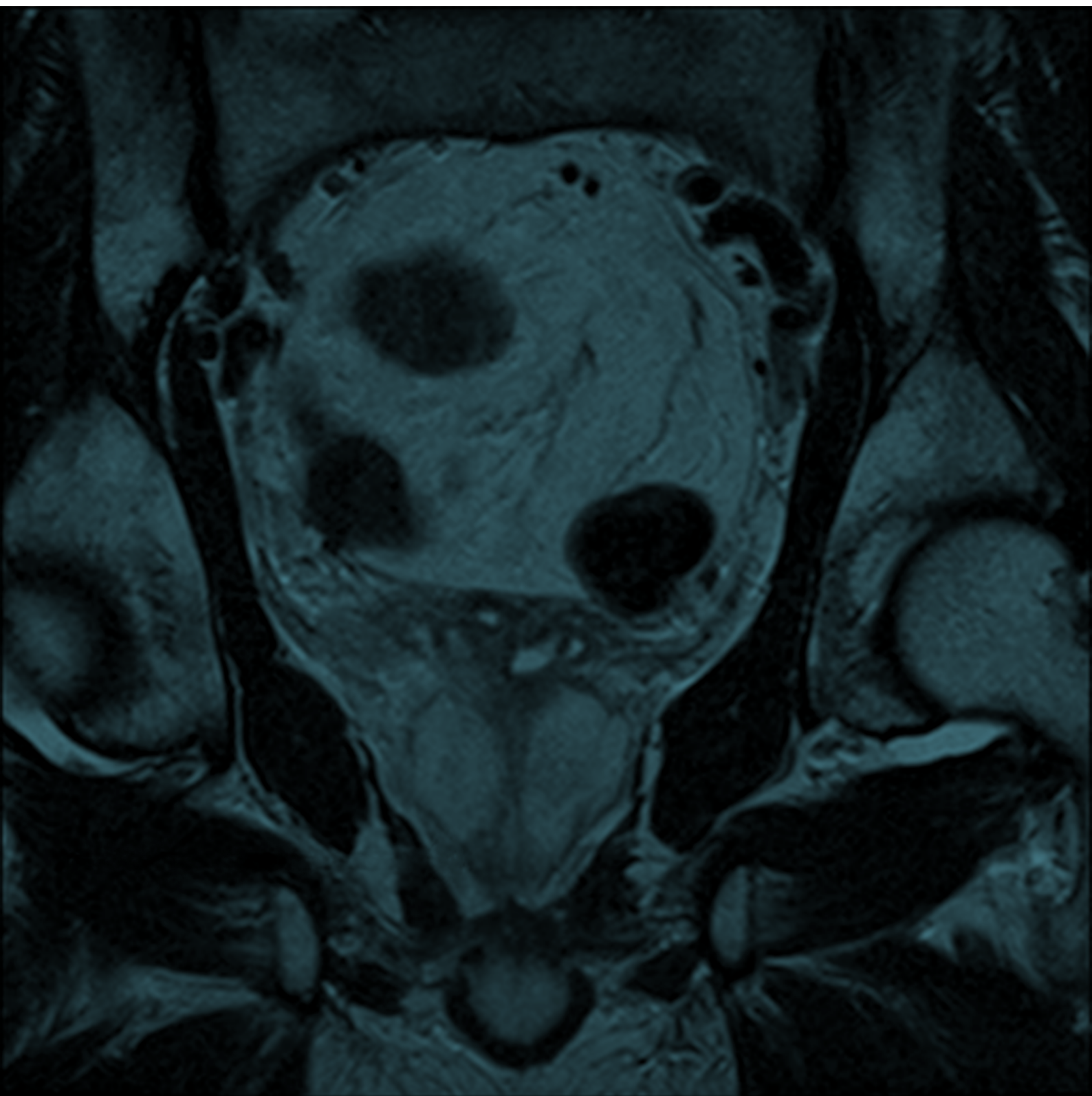


Third Year Annual Report – Results of the NPCA Prospective Audit and Patient Survey 2016



National Prostate Cancer Audit

Third Year Annual Report – Results of the NPCA Prospective Audit and Patient Survey

London: The Royal College of Surgeons of England, 2016.



Registered Charity No: 212808

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The NCRAS is the data collection partner for the NPCA.

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The Royal College of Surgeons of England
35-43 Lincoln's Inn Fields
London
WC2A 3PE

T 020 7869 6601
E npca@rcseng.ac.uk
www.npca.org.uk

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Designed @ www.superbirdcreative.co.uk

Published December 2016 by the National Prostate Cancer Audit

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Acronym list

American Society of Anaesthesiologists (ASA) score
Clinical nurse specialist (CNS)
Clinical Effectiveness Unit (CEU)
Cancer Outcomes and Services Dataset (COSD)
Cancer Information System for Wales (Canisc)
Disclosure Barring Service (DBS)
English national Cancer Data Repository (NCDR)
EuroQoL five domain, five level questionnaire (EQ-5D-5L)
Expanded Prostate Cancer Index Composite 26-item questionnaire (EPIC-26)
External beam radiation therapy (EBRT)
High-intensity focused ultrasound (HIFU)
Health Quality Improvement Partnership (HQIP)
Hospital Episodes Statistics (HES)
Intensity modulated radiotherapy (IMRT)
Minimum dataset (MDS)

Multi-parametric MRI (mpMRI)
Multi-disciplinary teams (MDT)
National Prostate Cancer Audit (NPCA)
National Cancer Registration and Analysis Service (NCRAS)
Public Health England (PHE)
Patient reported experience measures (PREMs)
Patient reported outcomes measures (PROMs)
Personal demographic service (PDS)
Prostate specific antigen (PSA)
Quality of Life (QoL)
Radiotherapy dataset (RTDS)
Radical prostatectomy (RP)
Specialist multi-disciplinary team (sMDT)
Transrectal ultrasound biopsy (TRUS)
Tumour, nodes, metastases (TNM) staging system
University Health Board (UHB)
Welsh Cancer Intelligence and Surveillance Unit (WCISU)

Acknowledgements

The National Prostate Cancer Audit (NPCA) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit Programme. The audit is based at the Clinical Effectiveness Unit (CEU) at the Royal College of Surgeons of England (RCS) and is managed in partnership with the British Association of Urological Surgeons (BAUS), the British Uro-oncology Group (BUG) and the National Cancer Registration and Analysis Service (NCRAS), Public Health England.

The NPCA Project Team would like to thank all men who completed the NPCA Patient Survey for sharing their views on the quality of care and the impact of radical treatment on their daily lives. A report summarising the key results in a patient friendly format will be published in February 2017.

The Project Team would also like to thank all urological and uro-oncological colleagues, and their clinical and non-clinical teams at NHS Trusts in England and Health Boards in Wales who collected and submitted data for the audit. Your continued support of the audit is essential to enable the NPCA to determine whether the care that men with prostate cancer receive is of high quality and is in keeping with recommended practice. The data will highlight areas where improvements are needed and where better patient care can be put in place.

We are grateful to the NPCA data collection partners including NCRAS, Public Health England and the Wales Cancer Network, Public Health Wales for supporting NPCA data submissions from Trusts and Health Board and for supplying data for this report.

We would like to thank the British Association of Urological Surgeons (BAUS) and the British Uro-Oncology Group (BUG) for their continued professional guidance and for raising awareness amongst urological and uro-oncological colleagues.

This report was prepared by members of the NPCA Project Team:

Clinical Effectiveness Unit, The Royal College of Surgeons of England and LSHTM

Arunan Sujenthiran, NPCA Clinical Research Fellow
Julie Nossiter, NPCA Project Manager
Adam Bennett, NPCA Clinical Research Fellow (Wales)
Susan Charman, NPCA Statistician
Ajay Aggarwal, Clinical Audit Coordinator (Oncology)
Paul Cathcart, Clinical Audit Coordinator (Urology)
Jan van der Meulen, NPCA Chair and Methodological Lead

The British Association of Urological Surgeons

Noel Clarke, NPCA Urological Clinical Lead

The British Uro-Oncology Group

Heather Payne, NPCA Oncological Clinical Lead

With support from:

The National Cancer Registration and Analysis Service

Natasha Wood, NCRAS Audit Manager
Jem Rashbass, Data Collection System Lead

Wales Cancer Networks

Julia Davies, Wales Information Specialist
Hywel Morgan, Wales Cancer Network Lead

With review by the NPCA Clinical Reference Group:

Philippa Aslet
Alison Cooper
Adam Glaser
Chris Harrison
Julia Hill
Luke Hounsome
Larissa Moniz
Roger Kockelbergh
Raj Persad
Howard Kynaston
Michael Kirby
Mick Peake
Janet Rimmer
Simon Russell
Vijay Sangar
Julia Verne
Roger Wootton

Foreword

This third Annual Report from the National Prostate Cancer Audit (NPCA) presents current data regarding prostate cancer care in England and, for the first time, in Wales. In this report, the NPCA has taken things further by gathering information directly from patients to find out their views of their experience of care and the functional impact of radical treatments on their lives.

Underpinning this report is the collection of a large body of data and we are grateful to everyone involved including Trust and Health Board teams, in addition to the NPCA data collection partners in England and Wales, the National Cancer Registration Service (NCRAS) and the Wales Cancer Network. We are also grateful to the Clinical Effectiveness Unit at the Royal College of Surgeons of England and the NPCA team for their analysis and interpretation of the collected data and for their management of the Audit.

Most importantly, we are particularly grateful to the men with prostate cancer who completed the patient survey. This gives us a unique insight into the effects of therapy and we look forward to building further this important work as the audit continues so that we can continue to improve the experience of men diagnosed with prostate cancer in England and Wales.

It is very encouraging that the number of men with locally advanced prostate cancer who receive curative primary treatment is still going up, although there is some regional variation. We know, in particular, that healthy older men have the potential for long-term cancer cure with multimodal therapies. The NPCA will provide more detailed information on the types of multimodality received by these men and will show whether this is in line with current recommendations.

The data from the NPCA has confirmed the initial findings from the second report that the number of men with low risk disease receiving radical therapies has reduced overtime and now is stable at one in eight men. Further work needs to be done to evaluate the treatment pathway for these men and whether or not they are being offered balanced information regarding active surveillance as part of their initial counselling.

We are very encouraged by the first results from the NPCA patient survey. It is welcome news that men report a good experience of care and that they are involved in the decision-making process regarding their management. It is also welcome news that the majority of men have access to a specialist nurse, who plays an important role when these decisions are being made and who will later provide further support when primary treatment is completed.

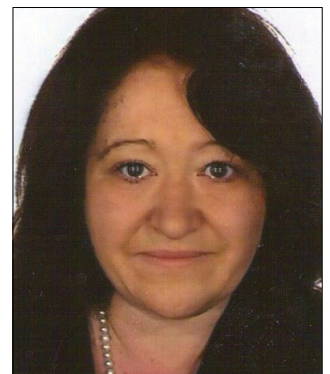
The results show that men clearly experience poor sexual function as a side-effect of their curative radical treatment (radical prostatectomy or radical radiotherapy). All men undergoing radical treatments for prostate cancer should be counselled honestly about this issue and they should have early and ongoing access to erectile dysfunction and incontinence services after treatment, in keeping with national recommendations.

The value of the annual report is dependent on the quality of the data submitted by each multidisciplinary team. The high level of data completeness in Wales is most encouraging. However, although there has been some improvement in England overtime it is clear that there are still significant deficiencies in data collection in some areas. Clinical ownership and review of the data submitted by each Trust and Health Board is essential to improve data completeness. We therefore make a plea for clinicians, administrators and commissioners involved in prostate cancer care to continue, and where possible, step up their efforts in this critically important aspect of prostate cancer management. This will enable the NPCA to perform robust, risk-adjusted future analyses of the quality of care to improve outcomes for men with prostate cancer in England and Wales.



Noel Clarke

Noel Clarke
Urological Clinical Lead
representing the British
Association of Urological
Surgeons



Heather Payne

Heather Payne
Oncological Clinical Lead
representing the British Uro-
oncology Group

Executive Summary

Background

Prostate cancer is the most frequently diagnosed solid cancer in men and the second most common cause of cancer-related death in the UK.¹ The National Prostate Cancer Audit (NPCA) was commissioned by the Healthcare Quality Improvement Partnership (HQIP) and funded by NHS England and the Welsh Government with the aim of assessing the process of care and its outcomes in all men diagnosed with prostate cancer in England and Wales. This is the third Annual Report (2016) of the National Prostate Cancer Audit (NPCA).

The NPCA is based at the Clinical Effectiveness Unit (CEU) at the Royal College of Surgeons of England. In collaboration with its data collection partners, the National Cancer Registration and Analysis Service (NCRAS), Public Health England, and the Wales Cancer Network, Public Health Wales, the Audit has collected a large body of information which, in this and previous reports, provides important data regarding the provision and homogeneity of services and treatment in England and Wales in relation to the type and extent of prostate cancer. In this 2016 report the NPCA has taken things further by gathering information directly from patients about the benefits and side effects of treatment, in addition to consolidating prospectively collected data relating to treatment.

This third Annual Report presents preliminary results of the first year of the prospective audit for men diagnosed with prostate cancer between 1st April 2014 and 31st March 2015 in England. We also present results of the prospective audit in Wales, where NPCA data collection started one year later, for men diagnosed between 1st April 2015 – 31st September 2015. Patient-reported outcomes and experience measures (PROMs and PREMs) following radical local treatment of prostate cancer were collected using a survey distributed to individual patients in England 18 months after diagnosis and subsequent treatment. These results, representing one of the largest individual patient treatment surveys undertaken in the UK, are presented for the first time in this Annual Report. They will provide valuable information enabling clinicians to assess the overall effects of treatment and health care providers to study and understand variation in practice and outcomes in different geographical areas.

The report is primarily written for clinicians, providers of prostate cancer services, commissioners and health care regulators. A version presenting the results to patients and the wider public is being produced separately and will be available on the NPCA's website (www.npca.org.uk) in Spring 2017.

It is important to note that the NPCA is an evolving audit and one of the NPCA's key priorities is to improve data completeness in collaboration with the NCRAS, the NPCA's data collection partner in England. The NPCA uses data from multiple sources and as such the complexity of available data can produce inconsistencies with respect to crucial data items such as date of diagnosis, cancer stage and prostate cancer service provider. Further development of the approach taken to resolve these inconsistencies is a priority area for the NPCA. Despite these limitations, the NPCA presents provider-level results based on data without adjustment for differences in case mix in the current Annual Report. This provides a "blueprint" demonstrating the potential of the NPCA as a source of information for the assessment of prostate cancer services. Improved data completeness will allow robust provider comparisons that will be presented in the Annual Report in 2017.

English Prospective Audit: Key Findings

Trust participation, case-ascertainment and data quality

- 99% of 139 NHS Trusts in England that provide prostate cancer services submitted an NPCA record and were also considered to be participating (defined on the basis of submitting at least one staging data items for at least 5 patients).
- The NPCA received 36,048 patient records which could be linked to an NHS provider resulting in an overall case ascertainment of 93%.
- Completeness of staging items (Gleason score & prostate specific antigen [PSA] level) has improved but other key data items are completed poorly (eg. performance status and American Society of Anaesthesiologists (ASA) score [ASA]). Disease status could be determined in 82% of men (ranging from 34% to 97% across specialist multidisciplinary teams (MDTs)).
- Radical prostatectomy key data items were completed poorly with only 13 of the 55 surgical centres providing more than 50% of data for key NPCA data items. External beam radiotherapy (EBRT) items were also poorly completed with only three of the 50 centres submitting more than 50% of the data.

Prostate Cancer Diagnostics

- New biopsy methods using template based approaches have been introduced but transrectal ultrasound (TRUS) biopsy still remains the most commonly utilised nationwide (85% of men).

¹ Cancer Research UK, Prostate Cancer Statistics 2014

- There has also been an increase in prostate multiparametric MRI use compared with preliminary data presented in the Annual Report 2015 (from 21% to 44%) but this is still low. Of the 44% of men who had a record indicating that a staging multiparametric MRI scan had been performed, more than half of these scans (55%) were performed prior to biopsy.

Performance Indicators

- The level of “over-treatment” (proportion of men with low-risk localized disease undergoing radical prostate cancer therapy) varied amongst specialist MDTs. The overall proportion (12%) was about the same as the percentage we reported in 2010-13 data (13%) (Annual Report 2015). This maintains the shift which was seen between 2006-08 and 2010-13 where a reduction in “over-treatment” was observed.
- There was also considerable variation across specialist MDTs in the level of “under-treatment” (proportion of men with locally advanced disease who were reported as not having received radical treatment) with an overall proportion of 39% which is an improvement compared to 2010-13 when 53% of men were potentially “under-treated” (Annual Report 2015).
- The proportion of patients with a length of stay of more than 3 days following radical prostatectomy has fallen from 22% to 14% compared with 2010-13 data (Annual Report 2015). However, variation existed between surgical centres in relation to the proportion of patients staying in hospital for longer than 3 days following radical prostatectomy.

Welsh Prospective Audit: Key Findings from preliminary data

Trust participation, case-ascertainment and data quality

- All six Health Boards participated in the NPCA with an overall case ascertainment rate of 65% (based on a definition of the expected number of patients for whom an NPCA record was submitted containing at least one tumour staging item).
- All Health Boards achieved data completion rates of 100% for all NPCA data items apart from PSA and Gleason score which were still high (89% for both across all Health Boards).

Prostate Cancer Diagnostics

- TRUS biopsy was the commonest prostate biopsy technique (92% of men), a result which mirrored that

seen in England but multiparametric MRI was used more frequently. Of the 65% of patients who received multiparametric MRI scans as part of staging, 22% of these were before biopsy which may improve prostate cancer detection.

Patient-reported outcomes and experience measures: Key Findings from preliminary data in England

- The response rate for the patient survey of men 18 months after diagnosis who underwent radical treatments was excellent (73%) in comparison with other national PROMs studies.

Patient experience of care following diagnosis of prostate cancer

- The overall picture regarding men’s experience of care post-diagnosis is very positive with 90% of men undergoing radical treatment for prostate cancer rating their care as 8 or above on a scale of 0 (‘very poor’) to 10 (‘very good’).
- In keeping with recommended standards² the majority of men were given the name of a clinical nurse specialist (CNS) to support them throughout their treatment (83% of radical prostatectomy patients and 85% of EBRT patients).

Patient outcomes following radical treatment for prostate cancer

- Overall, radical treatment had the strongest impact on the sexual functioning EPIC-26³ domain with very low scores for both radical prostatectomy and EBRT.
- Patients undergoing either radical treatment reported good outcomes with regards to urinary irritation or bowel functioning with high domain scores obtained. Relatively lower urinary incontinence scores were observed following radical prostatectomy and lower hormonal domain scores for patients undergoing radical radiotherapy predominantly in combination with androgen deprivation therapy.

Variation by provider

- Overall, there was limited variation in patient functional outcomes across providers of radical prostatectomy or radiotherapy with some variation in sexual functioning and urinary incontinence across surgical providers.
- Patient-reported experience was good overall. There was limited variation across providers in contrast to the findings of the National Cancer Patients Experience Survey 2015, which reported high levels of variation.

² NICE, 2015. Prostate Cancer. NICE Quality Standard 91. Quality Statement 1: ‘Men with prostate cancer have a discussion about treatment options and adverse effects with a named nurse specialist.’

³ The Expanded Prostate Cancer Index Composite 26-item version (EPIC 26) is a validated instrument to measure prostate cancer related quality of life (QoL). Scores range from 0 to 100 with higher scores representing a better QoL.

Implications & Key Recommendations for clinical practice

- The initial results of the NPCA Prospective Audit in England demonstrate the potential to evaluate practice using both existing core and newly developed performance indicators. However, there is a **need for further improvements in data quality and completeness of each section of the NPCA minimum dataset⁴ in order to enable the rigorous risk-adjustment required to identify outlying performance of providers.**
- **Providers should consider if and when (before or after biopsy) to use multiparametric MRI for the diagnosis of prostate cancer. Improved data completeness is required to reliably monitor use of multiparametric MRI in the future.**
- **The trend seen towards a reduction in the potential “under-treatment” of locally advanced prostate cancer is encouraging and is in line with current guidelines.** In future reports, the NPCA will provide more detailed information on the types of multi-modal treatments received by these men in line with current recommendations.⁶
- **The proportion of men with low-risk disease being potentially “over-treated” is stable at about one in eight men.** This level of “over-treatment” of low-risk localized disease still remains an area of concern and further work is required to evaluate treatment pathways for these men and whether active surveillance is being offered appropriately in line with current standards.⁵
- **The high level of data completeness for preliminary Welsh NPCA data** was very encouraging and is likely to be due to the mandated input of a health care professional in the clinical-sign off. Similar strategies engaging health care professionals may help to improve data completeness in England.
- **The high response rate for the NPCA patient survey indicated the successful engagement of patients in the collection of NPCA PROMs and PREMs** and we hope this is repeated with the next patient survey which will include all men who are candidates for radical treatment.
- **Overall, men report a good experience of care and our preliminary results demonstrate that there is limited variation in the experience that patients reported across specialist MDTs.** In some specialist MDTs the provision of information about treatment options and the making of decisions about treatment may need further improvement.

- Men undergoing radical treatment (surgery or radiotherapy) experience significant sexual dysfunction. **All men undergoing radical prostatectomy or radical radiotherapy treatment for prostate cancer should be counselled honestly about this issue and they should have early and ongoing access to erectile dysfunction services after treatment in keeping with national recommendations⁷**

Implications for the NPCA & Future Plans

- The NPCA will continue engagement with Trusts to achieve improved data completeness and will work with NCRAS to remove data inconsistencies.
- The Audit will perform risk-adjusted prospective audit and PROMs analyses for presentation in the 2017 Annual Report.
- In 2017 the Audit will develop plans with HQIP for the inclusion of appropriate NPCA performance measures as part of the Clinical Outcomes Programme (COP).
- The NPCA will work with the Care Quality Commission (CQC), the independent regulator of health and adult social care in England, to explore the utilisation of NPCA data and key measures to inform their inspection processes.
- The findings from the NPCA will be presented at key professional conferences and stakeholder meetings.
- The Audit will carry out a review of the performance indicators that have been developed to compare providers.
- A website is under development which will provide easy access to the performance indicators for individual providers of prostate cancer care in England and Wales.

⁴ <http://www.npca.org.uk/prospective-audit-tools/>

⁵ NICE, 2015. Prostate Cancer. NICE Quality Standard 91. Quality Statement 3: ‘men with intermediate- or high-risk localised prostate cancer who are offered non-surgical radical treatment are offered radical radiotherapy and androgen deprivation therapy in combination.’

⁶ NICE, 2015. Prostate Cancer. NICE Quality Standard 91. Quality Statement 1: ‘men with low-risk prostate cancer for whom radical treatment is suitable are also offered the option of active surveillance’

⁷ NICE, 2015. Prostate Cancer. NICE Quality Standard 91. Quality Statement 4: ‘Men with adverse effects of prostate cancer treatment are referred to specialist services’

1. The National Prostate Cancer Audit (NPCA): Introduction

1.1 Introduction

This is the third Annual Report of the NPCA. The Audit was commissioned by the Healthcare Quality Improvement Partnership (HQIP)⁸ as part of the National Clinical Audit Programme. We present preliminary results of the prospective audit for men diagnosed with prostate cancer between 1st April 2014 and March 31st 2015 in England (Chapter 2). We also present preliminary results of the prospective audit in Wales for men diagnosed between 1st April 2015 and 30th September 2015 (Chapter 3). The results for England and Wales are presented separately as they refer to different audit periods with data captured in slightly different ways.

This Annual Reports is primarily written for providers of prostate cancer services, commissioners and health care regulators. A version presenting the results to patients and the wider public is being produced separately and will be available on the NPCA's website (www.npca.org.uk) in Spring 2017.

A new element in this report is the presentation of outcomes reported by patients following radical treatment and their experience of care in England (Chapter 4). The patient-reported outcomes (PROMs) and experience measures (PREMs) were collected with a survey that was mailed out 18 months after diagnosis. The collection of PROMs and PREMs started a year later for patients diagnosed in Wales and we will present results for Welsh patients in the Annual Report 2017

It is important to note that the NPCA is an audit in development. Currently, one of the NPCA's key priorities is to achieve better data completeness in collaboration with Public Health England's National Cancer Registration and Analysis Service (NCRAS), the NPCA's data partner in England. Similar issues are at stake, but to a considerably smaller degree, for data collected in Wales through the Wales Cancer Network, Public Health Wales, the Welsh NPCA Data Collection Partner. Also, the data that the NPCA uses is complex. For the audit in England for example, data from a number of sources have to be combined and linked at patient level, including the Cancer Outcomes and Services Data set (COSD), data collected specifically for the NPCA, National Cancer Data Repository (NCDR) data and Hospital Episode Statistics (HES) records and the National Radiotherapy Dataset (RTDS). The complexity of the available data can produce inconsistencies between the different sources with respect to crucial data items, such as date of diagnosis, cancer stage and the prostate cancer service provider where the patient was diagnosed or where he received his treatment. The solution of these inconsistencies will need be further developed. Despite the potential problems that may arise from analysing incomplete and potentially inaccurate data, we present in this Annual Report results at the level of specialist multidisciplinary teams (MDTs) and prostatectomy and

radiotherapy centres for England and at the level of Health Boards in Wales.

In our first and second Annual Report, we explained that the NPCA is developing a number of clinically relevant, methodologically rigorous and technically robust performance indicators that can be used as transparent comparative metrics of the care delivered by providers of prostate cancer services. The results based on these performance indicators, presented in this Annual Report, should be interpreted cautiously as observed variation between prostate cancer service providers can arise from the variations in data completeness and accuracy and from differences in case mix. Also, please note that given the developmental stage of the NPCA, we have not carried out any form of adjustment of these differences in case mix. There is a need for improvements in data completeness and quality to enable rigorous risk-adjustment required to identify outlying performance of providers.

However, the NPCA has decided that it was important to present provider-level results based on preliminary data and without adjustment for differences in case mix in this Annual Report for two reasons. Firstly, it highlights what the priorities are for further improvements in terms of data completeness and accuracy. Secondly, it demonstrates the potential of the NPCA as a source of information for the assessment of prostate cancer services and at the same time it gives a clear picture of the more robust provider comparisons that will be presented in the Annual Report 2017.

1.2 Background

Prostate cancer is the most frequently diagnosed solid cancer in men and the second most common cause of cancer-related death in the UK.⁹ Prostate cancer follows a variable course in different patients due to its highly heterogeneous nature. This ranges from clinically insignificant, slow-growing, localised tumours to clinically significant, aggressive, fast-growing tumours. This disparity that exists in the natural course of the disease between different patients with prostate cancer increases the complexity of its management.

The number of men living with a diagnosis of low-risk localised disease continues to increase, likely due to the increased use of PSA testing. Most of these men can be managed with active surveillance, a treatment programme that includes careful monitoring in order to detect disease progression early. A key concern is the possibility that patients with low-risk disease are over-treated and undergo unnecessary radical therapies which can result in potential avoidable treatment-related complications. Conversely, men with high-risk locally advanced disease, in particular healthy older men, may be under-treated and placed on hormonal treatments alone denying them more radical local treatments and the potential of a long-term cancer cure.

⁸ HQIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices. Its aim is to produce quality improvement, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales. HQIP holds the contract to manage and develop the National Clinical Audit Programme, comprising more than 30 clinical audits that cover care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual audits, also funded by the Health Department of the Scottish Government, DHSSPS Northern Ireland and the Channel Islands. www.hqip.org.uk

⁹ Cancer Research UK, Prostate Cancer Statistics 2014

1.3 Aim and objectives

The NPCA's aim is to determine whether the care received by men diagnosed with prostate cancer in England and Wales is consistent with current recommended practice, such as those outlined in the National Institute for Care Excellence (NICE) Guidelines and Quality Standards,^{10,11} as well as to provide information to support healthcare providers, commissioners and regulators in helping improve care for patients.

The NPCA's specific objectives are to investigate:

- Service delivery and organisation of care in England and Wales
- The characteristics of patients newly-diagnosed with prostate cancer
- The diagnostic and staging process and the planning of the initial treatment
- The initial treatments that men received
- The experiences of men receiving care as well their health outcomes 18 months after diagnosis
- Overall and disease-free survival

1.4 NICE Quality Standards

NICE published in 2015 the following five Quality Standards:

1. QS 1: men with prostate cancer have a discussion about treatment options and adverse effect with a named nurse specialist.
2. QS2: men with low-risk prostate cancer for whom radical treatment is suitable are also offered the option of active surveillance.
3. QS3: men with intermediate- or high-risk localised prostate cancer who are offered non-surgical radical treatment are offered radical radiotherapy and androgen deprivation therapy in combination.
4. QS4: men with adverse effects of prostate cancer treatment are referred to specialist services.
5. QS5: men with hormone-relapsed metastatic prostate cancer have their treatment options discussed by the urological cancer MDT.

The NPCA started before these Quality Standards were published but it does provide results that can be used to evaluate to what extent prostate cancer care providers meet these standards. We asked patients about how they were informed about their treatment options, how treatment decisions were made and to what extent they had access to a named clinical nurse specialist (CNS) (QS1). We present results for our indicators of potential over-treatment in men with low-risk localised disease and under-treatment in men with locally advanced disease (QS2 and QS3). In our organisational survey, presented in the NPCA Annual Report 2014, we describe whether providers of cancer services have specialist services on-site (QS4). In later years, when we will have longer follow-up, we will be able to assess to what extent the treatment options of men with hormone-relapsed metastatic cancer have been discussed at an MDT (QS5).

In addition to the results directly linked to the NICE Quality Standards, the NPCA will report on aspects of care that capture the ongoing development in the way men with prostate cancer are treated. This will include the use of multiparametric MRI scanning before the prostate biopsy, the type of biopsy used, the type of radical prostatectomy, and the type of radiotherapy.

1.5 Previous Annual Reports

In its first Annual Report, published in 2014,¹² the NPCA has reported on:

- An organisational audit of service delivery and prostate cancer care in England and Wales.
- An analysis of existing data on patients diagnosed between 1 April 2006 and 31 March 2008 in England to provide comparative baseline data for the prospective audit

The second Annual Report, published in 2015,¹³ the following results we presented:

- Based on analysis of existing data of men diagnosed with prostate cancer between 1 April 2010 and 31 March 2013 in England, we demonstrated a decrease in the percentage of men with low-risk prostate cancer who received radical treatment from 28% between 2006 and 2008 to 13% between 2010 and 2013
- We demonstrate an increase in the percentage of men with locally advanced disease who had radical treatment from 27% to 47% in corresponding time periods.

¹⁰ NICE, 2014: <https://www.nice.org.uk/guidance/cg175>

¹¹ NICE, 2015: <https://www.nice.org.uk/guidance/qs91>

¹² NPCA, 2014: <http://www.npca.org.uk/reports/>

¹³ NPCA, 2015: <http://www.npca.org.uk/reports/>

1.6 2016 Annual Report overview and current status of the NPCA

In this third Annual Report, we present in **Chapter 2** an analysis of data submitted to the NCRAS during the first year of the NPCA prospective audit (1st April 2014 and 31st March 2015). Firstly, we report on the participation of NHS providers, and the completeness and quality of the key NPCA data items. Secondly, we present information on the characteristics of men diagnosed with prostate cancer, the diagnostic and staging process they underwent and the treatments they received. Thirdly, we present the results of six key performance indicators previously developed for the NPCA related to disease presentation, treatment allocation and treatment outcomes across NHS providers. Finally, we introduce two new indicators related to complications following radical prostatectomy and access to pelvic node radiotherapy for men with high-risk disease.

In **Chapter 3**, we report for the first time on Health Board participation in the NPCA prospective audit in Wales and the completeness and quality of data submitted to the Wales Cancer Network, the Welsh NPCA data collection partner, during the first six months of the Audit (1 April 2015 and 30 September 2015). We present the first preliminary results with respect to the diagnostic and staging process they underwent, initial planned treatments, type of radical surgery and two performance indicators reflecting cancer stage at diagnosis.

Finally, in **Chapter 4**, we present the first results from the NPCA patient-reported outcome and experience measures survey to determine patient's views of their experience of care following diagnosis, in addition to the functional impact of radical treatment on patients' lives 18 months after diagnosis. The analysis presented in this chapter describes the results for men diagnosed in England between 1 April 2014 and 31 October 2014.

In **Appendix 1**, we present participation in the NPCA Prospective Audit, case-ascertainment and data completeness of key data items by Trust and specialist MDT in England over the period 1 April 2014 and 31 March 2015. This allows staff in local Trust and specialist MDTs to explore how well their Trust is participating in the NPCA as well as to have an assessment of their patients and treatments compared to national results.

Appendix 2 provides a comparison of data completeness for Gleason score and TNM staging in the NPCA and NCDR.

Appendix 3 presents a flowchart of patient inclusion for the data completeness analysis of MDS2 (radical prostatectomy) and MDS3 (planned radical radiotherapy).

In **Appendix 4**, we present key patient experience measures by Trust and specialist MDT in England for men diagnosed between 1 April 2014 and 31 October 2014.

2. The diagnosis, staging and treatment of prostate cancer: results from the first year of NPCA Prospective Audit in England

2.1 Introduction

The NPCA's prospective audit was designed with the aim of assessing the process of care and its outcomes in all men diagnosed with prostate cancer. Two specific areas of concern have been highlighted that relate to the management of patients with prostate cancer. Firstly, for patients with low-risk localised disease there are concerns that men may be receiving immediate radical therapy that may not improve outcomes ('are we over-treating patients that could be appropriately managed by active surveillance?'). Secondly, there are concerns about the availability and provision of multimodal radical therapy for patients with more advanced disease ('are we under-treating patients with locally advanced or high-risk disease?').

NPCA prospective audit data collection in England

The NPCA prospective audit started on the 1st April 2014 in England and in this chapter we present the first year of NPCA data: First, we report on the participation of NHS providers, and the completeness of the key NPCA data items submitted to the National Cancer Registration and Analysis Service (NCRAS) between 1st April 2014 and 31st March 2015. Second, we present the information on patients diagnosed with prostate cancer over this date range, the diagnostic and staging process they underwent and the treatments they received. Third, we measure six previously developed performance indicators across NHS providers related to disease presentation, treatment allocation and treatment outcomes (NPCA Annual Report 2015). Finally we developed and have reported for the first time two new indicators related to complications following radical prostatectomy and access to pelvic node radiotherapy for men with high-risk disease.

2.2 Methods

2.2.1 Inclusion criteria

Patients are eligible for inclusion in the prospective audit if they are newly diagnosed with an ICD-10 diagnostic code of "C61" (malignant neoplasm of the prostate) in England from 1 April 2014.

2.2.2 Data collection

The NPCA is the first national cancer audit to work with the National Cancer Registration and Analysis Service (NCRAS) as data collection partner, collecting patient-level data from all NHS acute providers and from a range of national data feeds. This includes the Cancer Outcomes and Services Dataset (COSD), which specifies the data items to be submitted routinely by service providers via MDT electronic data collection systems to the NCRAS on a monthly basis.

2.2.3 NPCA dataset: first year of the NPCA prospective audit

The audit collected data on the diagnosis, management and treatment of every patient newly diagnosed with prostate cancer and discussed at a MDT meeting in England from the 1st April 2014. The NPCA dataset comprises three broad categories:

1. NPCA Minimum data set 1 (MDS-1): The first category of data items are collected for **all men newly diagnosed with prostate cancer** during the initial phase of management.
2. NPCA Minimum data set 2 (MDS-2): The second category of data items are collected for all patients who have **undergone radical prostatectomy**.
3. NPCA Minimum data set 3 (MDS-3): The third category of data items are collected for **all men for whom external beam radiation therapy or brachytherapy is planned with or without hormone deprivation therapy**.

A summary of the NPCA dataset collected for patients diagnosed between 1st April 2014 and 31st March 2015 can be found on the website¹⁴. The majority of these data items are part of the COSD dataset (n = 29) and 20 items are not. Minor changes to the dataset have been implemented for patients diagnosed from the 1st April 2015. Details of these changes and the current dataset specification and data dictionary are published on the NPCA website.¹⁴

¹⁴ <http://www.npca.org.uk/prospective-audit-tools/>

2.2.4 Prospective audit period

The data collection period reported here includes men diagnosed between 1st April 2014 and the 31st March 2015. Trusts were provided with an extended cut-off date for the annual report (19th April 2016) to enable Trusts to ensure that data submissions for the diagnostic period were as complete as possible.

The data collection period corresponding to the first year of the audit, represents the most extensive diagnostic data extract available to the NPCA Project Team for the analysis and preparation of this annual report.

2.2.5 Level of reporting

It is recommended that the care of patients eligible for radical prostate cancer treatments should be coordinated by specialist MDTs.¹⁵ These hubs are made up of one or more specialist cancer centres coordinating services for referring local Trust MDTs.

The arrangement of NHS Providers, both local and specialist MDTs, and the range of services they provide for the staging and management of prostate cancer was determined by the NPCA Organisational Audit. All data presented in this chapter are reported at specialist MDT level with the exception of data specific to surgery, radiotherapy or brachytherapy which is presented according to specialist treatment centre. An overview of the organisation of prostate cancer services and the Trusts that host specialist MDTs have previously been reported by the NPCA.^{16,17} Data for local Trust MDTs can be found in Appendix 1.

2.2.6 Patient inclusion and case ascertainment

A patient is considered to be included in the prospective audit if an NPCA record was present and could be linked to a record from the English National Cancer Data Repository (NCDR) using a unique patient identifier.

The total expected number of cases was the number of men newly diagnosed with prostate cancer in the English NCDR between 1st April 2014 and the 31st March 2015. Expected numbers of radical prostatectomy operations performed by surgical centres (MDS-2) were based on the presence of a "M61" OPCS-4¹⁸ procedure code in the linked Hospital Episodes Statistics (HES) database for men within the NPCA prospective audit. The expected numbers of external beam radiotherapy and brachytherapy treatments performed by radiotherapy/brachytherapy centres (MDS-3) were based on the number of men within the NPCA prospective audit who had a linked record to the National Radiotherapy Dataset (RTDS). Follow-up data was available up to August 2015 within RTDS.

In the NPCA's Annual Report 2015 case ascertainment for Trusts and specialist MDTs was defined as the proportion of the expected number of patients for whom an NPCA record was submitted containing at least one NPCA tumour staging data item recorded. As this value was largely influenced by data completeness, the definition of case ascertainment has been adapted. Case ascertainment presented in this Annual Report is calculated as the number of NPCA records received and linked to an NHS provider divided by the number expected according to the English NCDR.

2.2.7 Definition of disease status and disease risk stratification

Men were assigned to a disease status category according to their TNM stage, "Gleason score of biopsy" and PSA using a previously developed algorithm (see NPCA risk algorithm, page 25). PSA was derived from the NPCA data set as it is not routinely collected within the NCDR. Both Gleason score and TNM stage were collected in the NPCA data set and in the NCDR. Prior to the analysis for this Annual Report, we compared data completeness for these two data items (Appendix 2) and found that the Gleason score had a higher level of completeness in the NPCA data set and that TNM stage completeness was higher in the NCDR. Therefore, in order to increase the proportion of patients for whom a disease status could be determined, we used PSA and the Gleason score from the NPCA data set and the TNM stage from the NCDR ("integrated" staging items). In this report, disease status is determined using "integrated" staging items however we also present disease status using only NPCA staging items and NCDR staging items as these definitions were used previously (see NPCA Annual Report 2015). This allowed a comparison to be made with regard to the distribution of disease statuses using the three different groups of staging items (Table 2.8).

¹⁵ NICE 2002. Improving outcomes in urological cancer.

¹⁶ <http://www.npca.org.uk/annual-report-2014/>

¹⁷ Organisation of Prostate Cancer Services in the English National Health Service. Aggarwal A, Nossiter J, Cathcart P, van der Meulen J, Rashbass J, Clarke N, Payne H. Clin Oncol (R Coll Radiol). 2016;28(8):482-9.

¹⁸ Classification of surgical operations and procedures (4th revised edn). OPCS: London, 1987.

NPCA risk stratification algorithm developed to allocate disease status category using the following steps:	
Step 1	select all patients with a metastasis M1 (irrespective of whether or not information is available on tumour stage, Gleason grade or nodes) and label these as “ advanced disease ”
Step 2	select all remaining patients with positive nodes N1 (irrespective of whether or not information is available on tumour stage and Gleason grade) and label these as “ locally advanced disease ”
Step 3	select all remaining patients without information on metastatic and nodal status (MX/missing and NX/missing) with Gleason grade of 8 or above (irrespective of whether or not information on tumour stage is available) OR tumour stage T3 or T4 (irrespective of whether or not Gleason grade is available) OR PSA >20 and label these as a mixed group of “ advanced or locally advanced disease ”
Step 4	select all remaining patients with PSA>20 and label these as “ locally advanced disease ”
Step 5	select all remaining patients with Gleason grade of 8 or above (irrespective of whether or not information on tumour stage is available) and label these as “ locally advanced disease ”
Step 6	select all remaining patients with tumour stage T3 or T4 (irrespective of whether or not Gleason grade is available) and label these as “ locally advanced disease ”
Step 7	select all remaining patients with PSA ≥10 & PSA ≤20 and label these as “ intermediate-risk localised disease ”
Step 8	select all remaining patients with tumour stage T2 and (Gleason grade 6 or 7) and label these as “ intermediate-risk localised disease ”
Step 9	select all remaining patients with tumour stage T1 and Gleason grade 7 and label these as “ intermediate-risk localised disease ”
Step 10	select all remaining patients with tumour stage T1 and Gleason 6 grade or lower and label these as “ low-risk localised disease ”
Step 11	consider all other patients as having insufficient information about disease status

2.2.8 Definition of Radical Prostate Cancer Treatment

A patient was considered to have undergone radical prostate cancer therapy if he was identified as having received radical prostatectomy, radical external beam radiotherapy, brachytherapy or high-intensity focused ultrasound (HIFU).¹⁹ No men were identified as having received cryotherapy so this modality was not included in the analysis.

HES records were used to identify patients who had undergone either **radical prostatectomy** or HIFU using the following OPCS-4 procedure codes (“M61” for radical prostatectomy; “M711” for HIFU). The RTDS data-item “treatment modality” was used to identify men who received **external beam radiotherapy** and/or **brachytherapy** (see Appendix 2.2 & 2.3 for flow chart). HES records were also used to identify brachytherapy patients, not identified in RTDS, using OPCS-4 procedure codes (“M706” + “X653” + “Y363 / M706 + “X653/ M712” + “X653”). HES and RTDS records provided the procedure date of the radical treatments. Patients were only considered to have undergone radical treatment as **primary prostate cancer treatment** if this procedure date was within 12 months of the diagnosis date.

2.2.9 Definition of six core performance indicators

We previously defined six performance indicators relating to disease presentation, treatment allocation, and treatment outcomes. These indicators were previously applied to existing data for patients diagnosed with prostate cancer between 2010 and 2013 according to Cancer Network (Annual Report 2015). In this chapter these six indicators are applied to prospective data from 1st April 2014 to 31st March 2015 and presented according to the current framework for delivery of prostate cancer care (specialist MDTs). Men were therefore only included in this analysis if their record contained information of which specialist MDT they were diagnosed in. The indicators are summarised below:

Disease presentation

The first two performance indicators are the **proportion of men diagnosed with advanced disease** and the **proportion of men diagnosed with locally advanced disease**. These indicators were chosen as they provide information on prostate cancer stage at diagnosis.

¹⁹ Please note that HIFU is often given as focal therapy with ongoing active surveillance to the rest of the prostate. As such it is used to delay other radical therapies and not as a radical treatment in itself.

Treatment allocation to evaluate over- and under-treatment

The third indicator is the **proportion of men with low-risk localised prostate cancer undergoing radical prostate cancer therapy**. This indicator was chosen as it may provide information about the potential “overtreatment” of men with low-risk prostate cancer.

The fourth indicator was **proportion of men with locally advanced disease receiving radical prostate cancer therapy**. This indicator was chosen as it may provide information about potential “under-treatment”.

Outcomes of treatment

The fifth indicator was **length of hospital stay for radical prostate cancer surgery**. Length of stay was derived from HES as the difference between the dates of admission and discharge. This indicator is being used as it may reflect the occurrence of complications of surgery in hospital. Length of in-hospital stay was considered to be “prolonged” if it was longer than 3 days.

The sixth indicator was the **proportion of patients who had an emergency readmission within 90 days of radical prostate cancer surgery**. This indicator was derived from HES admissions. Emergency readmission may reflect that patients experienced a complication after discharge from hospital.

2.2.10 Funnel plots

Unadjusted funnel plots were generated for performance indicators 3 and 4 to explore the variation in the proportion of men being potentially “over-treated” or “under-treated” across specialist MDTs. Funnel plots were generated using two-side control limits defining differences corresponding to two standard deviations (inner limits) and three standard deviations (outer limits) from the national average proportion. Low volume (<10 patients) specialist MDTs were excluded from the funnel plots. We opted to produce anonymised funnel plots and not detect outliers as the NPCA is a maturing audit with data completeness still improving. Furthermore, improved data completeness will be required to perform appropriate risk adjustment for case mix differences between specialist MDTs or specialist treatment centres.

2.2.11 Development of two new treatment-related indicators

Severe urinary complications following radical prostatectomy (RP)

We previously developed and validated a surgical performance indicator based on urinary complications severe enough to require an intervention that occur within two years after RP.²⁰ This was performed on existing data for men who underwent radical prostatectomy between 2008-2012 in England using Hospital Episode Statistics (HES) linked to NCDR data. We replicated a transparent coding-framework based on OPCS-4 procedure codes which acts as a surrogate for severe complications and applied it to a linked NPCA - HES database. As follow-up was only available until 31st December 2015, the indicator was used to capture severe urinary complications within 1 year of radical prostatectomy. Furthermore, only the first nine months of audit data (1st April 2014 to 31st December 2014) were used to ensure all patients had at least one year of follow-up.

Men with an associated diagnosis of bladder cancer were excluded as their surveillance often requires interval cystoscopies which could be incorrectly captured as treatment of a complication of RP. Men who received adjuvant or salvage radiotherapy within a year of radical prostatectomy were also excluded because it is not possible to distinguish between complications that occurred as a consequence of RP or the adjuvant radiotherapy. The overall proportion of men experiencing at least one severe urinary complication was reported and Kaplan-Meier curves were used to assess time to the first occurrence of a complication following RP.

Proportion of men with locally advanced disease with risk of pelvic lymph node involvement receiving pelvic radiotherapy.

It has been suggested that men with locally advanced prostate cancer with a >15% risk of pelvic lymph node involvement (Roach formula)²¹ and who receive hormonal and radical radiotherapy should receive additional pelvic radiotherapy.²² The use of nodal radiotherapy remains a matter of debate for No and N1 prostate cancer and information on current practice is a useful indicator as further research evidence becomes available from studies such as the PIVOTAL randomised phase II trial.

Using prospective audit data we identified men with >15% risk of pelvic lymph node involvement using the Roach formula. PSA level was taken from the NPCA data-set as was the Gleason score. However, if the Gleason score was not present, the NCDR Gleason score was used. The proportion of men receiving pelvic radiotherapy was deduced using the relevant data-item from the national radiotherapy data-set.

²⁰ Development of indicators to assess intermediate treatment-related urinary complications following radical prostatectomy. Sujenthiran A, Charman S, Nossiter J et al. Journal of Clinical Urology June 2016 vol. 9 no. 1 suppl 9-77.

²¹ Estimates using the Roach Formula, %lymph node risk= 2/3 PSA + (10x[Gleason score - 6])

²² NICE, 2014. Prostate cancer: diagnosis and treatment.

2.3 Results

2.3.1 Audit Participation

Prostate cancer services are provided at 139 NHS Trusts in England across 48 specialist MDTs. By the deadline for the submission for this report (19th April 2016), an NPCA record had been submitted by 138 NHS Trusts (Appendix 1). One Trust²³ which is a tertiary centre providing radical prostate cancer therapies did not submit any data.

138 (99%) Trusts were considered to have supplied sufficient information to fulfil the NPCA participation criteria. This was defined in the Annual Report 2015 as submitting at least one staging data item for at least 5 patients. The participation rate was higher than the 125 (88%) Trusts who met the minimum participation criteria from 1st April 2014 – 31st July 2014 (preliminary audit data).

2.3.2 Case-ascertainment

Based on the number of men newly diagnosed with prostate cancer in the NCDR, the NPCA expected to receive the records of 38,855 men diagnosed with prostate cancer in England between 1st April 2014 and 31st March 2015. The NPCA received 36,048 patient records which could be linked to a specialist MDT resulting in a case ascertainment of 93% (Table 2.1). However, only 22,780 records had at least one NPCA staging data item and if only these records are considered as was done for the Annual Report 2015 case ascertainment drops to 59%.

Case ascertainment was found to exceed 100% for 16 specialist MDTs. A possible explanation for this is related to a coding discrepancy between the site of a Trust / specialist MDT where a patient was diagnosed and where the treatment occurred. Further evaluation will be carried out in the future to explain the difference seen in these 16 specialist MDTs.

²³ Cambridge University Hospitals NHS Foundation Trust (tertiary surgical & radiotherapy centre)

Table 2.1 Estimated case-ascertainment rates for the 48 specialist MDTs in England coordinating prostate cancer services over the period 1 April 2014 and 31 March 2015.

Specialist MDT	Expected cases	No. patients with NPCA record	Case ascertainment: No. of NPCA records / Expected cases
Overall	38855	36048	93%
Barking, Havering and Redbridge University Hospitals NHS Trust	301	291	97%
Barts Health NHS Trust	553	439	79%
Bradford Teaching Hospitals NHS Foundation Trust	586	601	>100%
Brighton & Sussex University Hospitals NHS Trust	1285	1252	97%
Cambridge University Hospitals NHS Foundation Trust	1958	1450	74%
Central Manchester University Hospitals NHS Foundation Trust	705	605	86%
City Hospitals Sunderland NHS Foundation Trust	354	455	>100%
Colchester Hospital University NHS Foundation Trust	1176	1131	96%
Derby Hospitals NHS Foundation Trust	719	666	93%
East & North Hertfordshire NHS Trust	787	805	>100%
East Kent Hospitals University NHS Foundation Trust	804	601	75%
Gloucestershire Hospitals NHS Foundation Trust	664	583	88%
Guy's and St Thomas' NHS Foundation Trust	1130	754	67%
Heart of England NHS Foundation Trust	759	617	81%
Hull and East Yorkshire Hospitals	925	942	>100%
Imperial College Healthcare NHS Trust	914	689	75%
Lancashire Teaching Hospitals NHS Foundation Trust	1047	1043	100%
Leeds Teaching Hospitals NHS Trust	537	593	>100%
Medway NHS Foundation Trust	893	793	89%
Newcastle upon Tyne Hospitals NHS Foundation Trust	992	1059	>100%
Norfolk & Norwich University Hospitals NHS Foundation Trust	825	789	96%
North Bristol NHS Trust	1425	1512	>100%
Northampton General Hospital NHS Trust	448	463	>100%
Nottingham University Hospitals NHS Trust	524	548	>100%
Oxford University Hospitals NHS Trust	982	859	87%
Plymouth Hospitals NHS Trust	739	746	>100%
Portsmouth Hospitals NHS Trust	528	456	86%
Princess Alexandra Hospital NHS Trust	384	273	71%
Royal Berkshire NHS Foundation Trust	353	329	93%
Royal Devon & Exeter NHS Foundation Trust	1247	1224	98%
Royal Surrey County Hospital NHS Foundation Trust	1558	1635	>100%
Salford Royal Hospitals NHS Foundation Trust	509	396	78%
Sheffield Teaching Hospitals NHS Foundation Trust	1245	1043	84%
South Tees Hospitals NHS Foundation Trust	799	686	86%
Stockport NHS Foundation Trust	622	554	89%
The Christie NHS Foundation Trust	116	478	>100%
The Mid Yorkshire Hospitals NHS Trust	351	276	79%
The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	772	837	>100%
The Royal Liverpool & Broadgreen University Hospitals NHS Trust	809	769	95%
The Royal Marsden NHS Foundation Trust	1213	915	75%
University College London Hospitals NHS Foundation Trust	808	703	87%
University Hospital Southampton NHS Foundation Trust	615	592	96%
University Hospital of North Staffordshire NHS Trust	1304	1345	>100%
University Hospital of South Manchester NHS Foundation Trust	200	89	45%
University Hospitals Birmingham NHS Foundation Trust	619	724	>100%
University Hospitals Coventry and Warwickshire NHS Trust	1021	900	88%
University Hospitals of Leicester NHS Trust	995	760	76%
Wirral University Teaching Hospitals NHS Foundation Trust	755	778	>100%

2.3.3 Data completeness of submitted data

This section provides an indication of the completeness of data for all 36,048 patient records submitted to the NPCA which can be linked to a NHS provider, by examining the level of completeness for six key NPCA data items (from MDS-1). This included the percentage of patients with performance status, American Society of Anaesthesiologists (ASA) score,²⁴ PSA, Gleason score and TNM staging information at diagnosis, and at least one planned prostate cancer treatment. Level of completeness was also examined for the COSD data-item “cancer treatment modality” as a comparison. The level of completeness for the six NPCA data items varied markedly between specialist MDTs (from 0% to 99%) and NHS Trusts (from 0% to 100%; Table 2.2 and Appendix 2).

Completeness of data items to determine patients’ overall physical condition and presence of comorbidities

Performance status provides an indication of a patient’s overall physical and functional condition and ASA grade provides a measure of co-existent morbidity. These data items are important determinants of treatment decision-making. Without these data items it is not possible to appropriately risk-adjust patient outcomes following treatment.

Performance status and ASA score were poorly completed (specialist MDT completion overall was 42% and 35%, respectively) (Table 2.2). 17 specialist MDTs submitted a performance score for less than 30% of patients and two specialist MDTs did not submit this data item for any patients. 20 specialist MDTs recorded an ASA score for less than 30% of patients and two specialist MDTs did not collect this data item at all. Only 12 specialist MDTs provided information for both performance status and ASA for greater than 50% of patients.

Completeness of data items to determine patients disease status and initial treatments

There was also marked variation in the completeness of information to determine disease status (Table 2.2). Overall PSA level and Gleason score were complete for 73% and 66% of patients, respectively. Both PSA level and Gleason score were recorded for less than 30% of patients by five specialist MDTs. Overall TNM completeness was 55% with six specialist MDTs providing complete TNM staging for less than 30% of their patients. Half of the 48 specialist MDTs completed greater than 50% of all three of these data items.

Completeness of “planned treatments agreed at MDT” and “cancer treatment modality”

At least one planned treatment was recorded for 31% of patients and 23 specialist MDTs submitted this data for less than 30% of patients (Table 2.2). Cancer treatment modality, a COSD data item, was recorded in 71% of patients with only 1 specialist MDT submitting data for less than 30% of patients.

²⁴ The ASA score is a grading system for preoperative health that is widely used to assess a patient’s fitness for surgery ranging from ASA grade 1 (normal healthy patient) to grade 5 (moribund patient who is not expected to survive without the operation).

Table 2.2. Overview of data completeness for selected data items in the NPCA record by specialist MDTs in England over the period 1 April 2014 and 31 March 2015. Specialist MDTs completing PSA, Gleason and TNM for ≥50% patients are highlighted in grey. Specialist MDTs also completing ASA and performance status for ≥50% patients are highlighted in pink.

Specialist MDT	No. patients with NPCA record	Performance status completed N(%)	ASA completed N(%)	PSA completed N(%)	Gleason score completed N(%)	NCPA TNM completed* N(%)	At least one planned treatment recorded N(%)	At least one treatment modality recorded (COSD)
Overall	36048	15208 (42%)	12754 (35%)	26266 (73%)	23835 (66%)	19809 (55%)	11119 (31%)	25595 (71%)
Barking, Havering and Redbridge University Hospitals NHS Trust	291	72 (25%)	84 (29%)	158 (54%)	145 (50%)	192 (66%)	5 (2%)	187 (64%)
Barts Health NHS Trust	439	263 (60%)	105 (24%)	323 (74%)	360 (82%)	346 (79%)	85 (19%)	269 (61%)
Bradford Teaching Hospitals NHS Foundation Trust	601	287 (48%)	377 (63%)	535 (89%)	486 (81%)	183 (30%)	216 (36%)	478 (80%)
Brighton & Sussex University Hospitals NHS Trust	1252	580 (46%)	12 (1%)	841 (67%)	743 (59%)	742 (59%)	230 (18%)	881 (70%)
Cambridge University Hospitals NHS Foundation Trust	1450	905 (62%)	587 (40%)	1374 (95%)	1121 (77%)	965 (67%)	562 (39%)	990 (68%)
Central Manchester University Hospitals NHS Foundation Trust	605	467 (77%)	220 (36%)	535 (88%)	503 (83%)	548 (91%)	290 (48%)	334 (55%)
City Hospitals Sunderland NHS Foundation Trust	455	437 (96%)	436 (96%)	389 (85%)	281 (62%)	375 (82%)	290 (64%)	343 (75%)
Colchester Hospital University NHS Foundation Trust	1131	58 (5%)	109 (10%)	854 (76%)	698 (62%)	422 (37%)	207 (18%)	912 (81%)
Derby Hospitals NHS Foundation Trust	666	233 (35%)	240 (36%)	417 (63%)	458 (69%)	294 (44%)	409 (61%)	469 (70%)
East & North Hertfordshire NHS Trust	805	157 (20%)	332 (41%)	609 (76%)	402 (50%)	270 (34%)	146 (18%)	531 (66%)
East Kent Hospitals University NHS Foundation Trust	601	393 (65%)	0	13 (2%)	416 (69%)	319 (53%)	0	409 (68%)
Gloucestershire Hospitals NHS Foundation Trust	583	169 (29%)	186 (32%)	277 (48%)	165 (28%)	105 (18%)	236 (40%)	392 (67%)
Guy's and St Thomas' NHS Foundation Trust	754	272 (36%)	308 (41%)	673 (89%)	640 (85%)	524 (69%)	561 (74%)	431 (57%)
Heart of England NHS Foundation Trust	617	63 (10%)	532 (86%)	590 (96%)	560 (91%)	209 (34%)	410 (66%)	446 (72%)
Hull and East Yorkshire Hospitals	942	565 (60%)	630 (67%)	834 (89%)	670 (71%)	596 (63%)	3 (0%)	718 (76%)
Imperial College Healthcare NHS Trust	689	424 (62%)	332 (48%)	629 (91%)	564 (82%)	556 (81%)	463 (67%)	469 (68%)
Lancashire Teaching Hospitals NHS Foundation Trust	1043	832 (80%)	419 (40%)	892 (86%)	842 (81%)	846 (81%)	318 (30%)	882 (85%)
Leeds Teaching Hospitals NHS Trust	593	30 (5%)	155 (26%)	170 (29%)	441 (74%)	160 (27%)	8 (1%)	434 (73%)
Medway NHS Foundation Trust	793	651 (82%)	497 (63%)	622 (78%)	415 (52%)	601 (76%)	241 (30%)	564 (71%)
Newcastle upon Tyne Hospitals NHS Foundation Trust	1059	421 (40%)	393 (37%)	800 (76%)	719 (68%)	418 (39%)	256 (24%)	793 (75%)
Norfolk & Norwich University Hospitals NHS Foundation Trust	789	711 (90%)	511 (65%)	758 (96%)	650 (82%)	356 (45%)	484 (61%)	599 (76%)
North Bristol NHS Trust	1512	444 (29%)	335 (22%)	1185 (78%)	1062 (70%)	926 (61%)	229 (15%)	1066 (71%)
Northampton General Hospital NHS Trust	463	220 (48%)	180 (39%)	452 (98%)	396 (86%)	390 (84%)	312 (67%)	343 (74%)
Nottingham University Hospitals NHS Trust	548	10 (2%)	25 (5%)	517 (94%)	364 (66%)	261 (48%)	235 (43%)	371 (68%)
Oxford University Hospitals NHS Trust	859	159 (19%)	371 (43%)	588 (68%)	326 (38%)	129 (15%)	151 (18%)	577 (67%)
Plymouth Hospitals NHS Trust	746	278 (37%)	278 (37%)	704 (94%)	524 (70%)	521 (70%)	271 (36%)	516 (69%)
Portsmouth Hospitals NHS Trust	456	169 (37%)	316 (69%)	407 (89%)	218 (48%)	205 (45%)	287 (63%)	120 (26%)
Princess Alexandra Hospital NHS Trust	273	0	0	129 (47%)	9 (3%)	131 (48%)	1 (0%)	176 (64%)
Royal Berkshire NHS Foundation Trust	329	0	50 (15%)	0	1 (0%)	4 (1%)	0	260 (79%)
Royal Devon & Exeter NHS Foundation Trust	1224	761 (62%)	800 (65%)	1088 (89%)	961 (79%)	988 (81%)	805 (66%)	959 (78%)
Royal Surrey County Hospital NHS Foundation Trust	1635	305 (19%)	402 (25%)	938 (57%)	827 (51%)	533 (33%)	227 (14%)	1198 (73%)

/Table 2.2 continued

Specialist MDT	No. patients with NPCA record	Performance status completed N(%)	ASA completed N(%)	PSA completed N(%)	Gleason score completed N(%)	NCPA TNM completed* N(%)	At least one planned treatment recorded N(%)	At least one treatment modality recorded (COSD)
Salford Royal Hospitals NHS Foundation Trust	396	305 (77%)	313 (79%)	373 (94%)	362 (91%)	321 (81%)	64 (16%)	213 (54%)
Sheffield Teaching Hospitals NHS Foundation Trust	1043	696 (67%)	582 (56%)	734 (70%)	728 (70%)	818 (78%)	366 (35%)	773 (74%)
South Tees Hospitals NHS Foundation Trust	686	537 (78%)	2 (0%)	634 (92%)	580 (85%)	307 (45%)	42 (6%)	522 (76%)
Stockport NHS Foundation Trust	554	122 (22%)	36 (6%)	393 (71%)	315 (57%)	292 (53%)	124 (22%)	371 (67%)
The Christie NHS Foundation Trust	478	261 (55%)	180 (38%)	353 (74%)	342 (72%)	387 (81%)	153 (32%)	294 (62%)
The Mid Yorkshire Hospitals NHS Trust	276	274 (99%)	273 (99%)	271 (98%)	243 (88%)	273 (99%)	1 (0%)	238 (86%)
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	837	331 (40%)	10 (1%)	672 (80%)	588 (70%)	400 (48%)	217 (26%)	630 (75%)
The Royal Liverpool & Broadgreen University Hospitals NHS Trust	769	369 (48%)	447 (58%)	618 (80%)	602 (78%)	602 (78%)	172 (22%)	559 (73%)
The Royal Marsden NHS Foundation Trust	915	271 (30%)	190 (21%)	479 (52%)	391 (43%)	676 (74%)	355 (39%)	656 (72%)
University College London Hospitals NHS Foundation Trust	703	55 (8%)	26 (4%)	191 (27%)	191 (27%)	289 (41%)	47 (7%)	530 (75%)
University Hospital Southampton NHS Foundation Trust	592	260 (44%)	187 (32%)	368 (62%)	431 (73%)	345 (58%)	293 (49%)	431 (73%)
University Hospital of North Staffordshire NHS Trust	1345	84 (6%)	130 (10%)	436 (32%)	874 (65%)	340 (25%)	218 (16%)	1052 (78%)
University Hospital of South Manchester NHS Foundation Trust	89	41 (46%)	15 (17%)	76 (85%)	70 (79%)	27 (30%)	1 (1%)	51 (57%)
University Hospitals Birmingham NHS Foundation Trust	724	106 (15%)	113 (16%)	621 (86%)	601 (83%)	298 (41%)	274 (38%)	577 (80%)
University Hospitals Coventry and Warwickshire NHS Trust	900	533 (59%)	486 (54%)	840 (93%)	752 (84%)	508 (56%)	334 (37%)	568 (63%)
University Hospitals of Leicester NHS Trust	760	47 (6%)	16 (2%)	197 (26%)	146 (19%)	161 (21%)	8 (1%)	523 (69%)
Wirral University Teaching Hospitals NHS Foundation Trust	778	580 (75%)	526 (68%)	709 (91%)	652 (84%)	650 (84%)	512 (66%)	490 (63%)

*% of total for whom all three T, N and M are non-missing (X allowed)

Completeness of radical prostatectomy (MDS-2) data items

5,393 NPCA records of men who underwent radical prostatectomy (RP) and could be allocated to a surgical centre were identified (Table 2.3; Appendix 3). “Type of RP”, “nerve-

sparing status” and “RP margin status” was completed in 53%, 37% and 51% of men, respectively. 12 surgical centres submitted >50% of records for all three data items. 5 surgical centres did not provide any information on these data items.

Table 2.3. Overview of data completeness for selected Radical Prostatectomy (RP) (MDS-2) data items in the NPCA record by radical prostatectomy centres in England over the period 1 April 2014 and 31 March 2015. Surgical centres completing type of RP, nerve sparing status and margin status for ≥50% patients are highlighted in green.

Trust Performing RP	No. patients with NPCA record	Type of RP recorded N(%)	Nerve Sparing recorded N(%)	RP Margin status recorded N(%)
Overall	5393	2878 (53%)	1979 (37%)	2740 (51%)
Barking, Havering and Redbridge Hospitals NHS Trust	65	14 (22%)	3 (5%)	6 (9%)
Bradford Teaching Hospitals NHS Foundation Trust	125	116 (93%)	28 (22%)	116 (93%)
Brighton and Sussex University Hospitals NHS Trust	11	0	0	0
Buckinghamshire Healthcare NHS Trust	48	39 (81%)	19 (40%)	29 (60%)
Cambridge University Hospitals NHS Foundation Trust	113	0	0	0
Central Manchester University Hospitals NHS Foundation Trust	75	51 (68%)	49 (65%)	55 (73%)
City Hospitals Sunderland NHS Foundation Trust	74	69 (93%)	10 (14%)	72 (97%)
Colchester Hospital University NHS Foundation Trust	101	0	0	2 (2%)
Derby Hospitals NHS Foundation Trust	58	37 (64%)	34 (59%)	21 (36%)
East Kent Hospitals NHS Trust	153	4 (3%)	0	5 (3%)
East Lancashire Hospitals NHS Trust	47	35 (74%)	45 (96%)	44 (94%)
East Sussex Healthcare NHS Trust	78	42 (54%)	6 (8%)	17 (22%)
East and North Hertfordshire NHS Trust	110	62 (56%)	52 (47%)	36 (33%)
Frimley Park Hospital NHS Foundation Trust	37	1 (3%)	7 (19%)	13 (35%)
Gloucestershire Hospitals NHS Foundation Trust	94	25 (27%)	22 (23%)	25 (27%)
Guy's and St Thomas' NHS Foundation Trust	196	141 (72%)	138 (70%)	140 (71%)
Heart of England NHS Foundation Trust	135	125 (93%)	124 (92%)	124 (92%)
Hull and East Yorkshire Hospitals NHS Trust	118	59 (50%)	54 (46%)	81 (69%)
Imperial College Healthcare NHS Trust	120	59 (49%)	43 (36%)	38 (32%)
Lancashire Teaching Hospitals NHS Foundation Trust	71	65 (92%)	18 (25%)	64 (90%)
Leeds Teaching Hospitals NHS Trust	106	96 (91%)	0	96 (91%)
Medway NHS Foundation Trust	107	48 (45%)	37 (35%)	46 (43%)
Newcastle Upon Tyne Hospitals NHS Trust	159	84 (53%)	17 (11%)	48 (30%)
Norfolk and Norwich University Hospital NHS Trust	118	1 (1%)	2 (2%)	0
North Bristol NHS Trust	261	39 (15%)	39 (15%)	127 (49%)
Nottingham University Hospitals NHS Trust	77	36 (47%)	27 (35%)	32 (42%)
Oxford University Hospitals NHS Trust	81	56 (69%)	18 (22%)	44 (54%)
Plymouth Hospitals NHS Trust	60	39 (65%)	3 (5%)	35 (58%)
Portsmouth Hospitals NHS Trust	40	19 (48%)	18 (45%)	8 (20%)
Royal Berkshire NHS Foundation Trust	59	45 (76%)	47 (80%)	44 (75%)

/Table 2.3 continued

Trust Performing RP	No. patients with NPCA record	Type of RP recorded N(%)	Nerve Sparing recorded N(%)	RP Margin status recorded N(%)
Royal Devon and Exeter NHS Foundation Trust	226	210 (93%)	210 (93%)	211 (93%)
Royal Liverpool and Broadgreen University Hospitals NHS Trust	116	107 (92%)	69 (59%)	107 (92%)
Royal Surrey County Hospital NHS Trust	129	57 (44%)	53 (41%)	47 (36%)
Royal United Hospital Bath NHS Trust	34	0	5 (15%)	27 (79%)
Salford Royal Hospitals NHS Foundation Trust	20	19 (95%)	15 (75%)	19 (95%)
Sheffield Teaching Hospitals NHS Foundation Trust	148	64 (43%)	59 (40%)	107 (72%)
South Tees Hospitals NHS Trust	87	83 (95%)	0	80 (92%)
Southend Hospital NHS Trust	14	0	0	10 (71%)
St George's Healthcare NHS Trust	120	0	0	0
Stockport NHS Foundation Trust	102	2 (2%)	6 (6%)	0
The Christie Hospital NHS Trust	104	55 (53%)	50 (48%)	55 (53%)
The Mid Yorkshire Hospitals NHS Trust	78	60 (77%)	9 (12%)	60 (77%)
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	124	91 (73%)	54 (44%)	80 (65%)
The Royal Marsden NHS Foundation Trust	66	42 (64%)	41 (62%)	42 (64%)
The Royal Wolverhampton Hospitals NHS Trust	121	117 (97%)	116 (96%)	99 (82%)
The Shrewsbury and Telford Hospital NHS Trust	41	0	1 (2%)	1 (2%)
United Lincolnshire Hospitals NHS Trust	21	0	0	0
University College London Hospitals NHS Foundation Trust	290	192 (66%)	135 (47%)	85 (29%)
University Hospital Birmingham NHS Foundation Trust	176	107 (61%)	105 (60%)	88 (50%)
University Hospital Southampton NHS Trust	113	66 (58%)	33 (29%)	47 (42%)
University Hospital of North Staffordshire NHS Trust/University Hospital of North Midlands	34	0	0	0
University Hospitals Coventry and Warwickshire NHS Trust	88	55 (63%)	38 (43%)	50 (57%)
University Hospitals of Leicester NHS Trust	50	28 (56%)	13 (26%)	24 (48%)
Wirral University Teaching Hospital NHS Foundation Trust	108	91 (84%)	88 (81%)	72 (67%)
Worcestershire Acute Hospitals NHS Trust	86	25 (29%)	19 (22%)	61 (71%)

Completeness of external beam radiotherapy / brachytherapy (MDS-3) data items

10,596 NPCA records of patient who received external beam radiotherapy (EBRT) and could be linked to a radiotherapy centre were identified (Table 2.4; Appendix 3). “Planned EBRT type”, “planned type of image guidance for EBRT”

and “planned duration of neoadjuvant and adjuvant androgen deprivation therapy” was recorded for 25%, 23% and 18% of patients. Only three radiotherapy centres provided all three data items in >50% of patients. 975 NPCA records of patient who received brachytherapy and could be linked to a Trust were identified (Table 2.5). “Planned brachytherapy type” was recorded in 25% of patients.

Table 2.4 Overview of data completeness for selected External Beam Radiotherapy (EBRT) (MDS-3) data items in the NPCA record by NHS Trusts providing radiotherapy in England over the period 1 April 2014 and 31 March 2015. NHS Trusts providing radiotherapy completing planned EBRT type, planned type of image guidance for EBRT and planned duration of neoadjuvant androgen deprivation therapy for ≥50% patients are highlighted in green.

Trust Performing Radiotherapy	No. patients with NPCA record ¹	Planned EBRT type recorded N(%)	Planned type of image guidance for EBRT recorded N(%)	Planned duration of neoadjuvant androgen deprivation therapy recorded N(%)
Overall	10596	2618 (25%)	2395 (23%)	1939 (18%)
Barking, Havering and Redbridge Hospitals NHS Trust	115	20 (17%)	22 (19%)	28 (24%)
Barts Health NHS Trust	95	32 (34%)	32 (34%)	30 (32%)
Brighton and Sussex University Hospitals NHS Trust	299	0	0	5 (2%)
Cambridge University Hospitals NHS Foundation Trust	201	0	0	64 (32%)
Clatterbridge Cancer Centre NHS Foundation Trust	509	187 (37%)	181 (36%)	134 (26%)
Colchester Hospital University NHS Foundation Trust	175	0	0	0
Derby Hospitals NHS Foundation Trust	156	95 (61%)	95 (61%)	88 (56%)
East and North Hertfordshire NHS Trust	361	41 (11%)	41 (11%)	48 (13%)
Gloucestershire Hospitals NHS Foundation Trust	185	48 (26%)	1 (1%)	69 (37%)
Guy's and St Thomas' NHS Foundation Trust	170	60 (35%)	60 (35%)	21 (12%)
Hull and East Yorkshire Hospitals NHS Trust	232	47 (20%)	47 (20%)	46 (20%)
Imperial College Healthcare NHS Trust	161	49 (30%)	49 (30%)	26 (16%)
Lancashire Teaching Hospitals NHS Foundation Trust	436	281 (64%)	281 (64%)	192 (44%)
Leeds Teaching Hospitals NHS Trust	464	60 (13%)	59 (13%)	216 (47%)
Maidstone and Tunbridge Wells NHS Trust	368	55 (15%)	55 (15%)	57 (15%)
Newcastle Upon Tyne Hospitals NHS Trust	300	229 (76%)	228 (76%)	36 (12%)
Norfolk and Norwich University Hospital NHS Trust	276	45 (16%)	1 (0%)	25 (9%)
North Bristol NHS Trust	159	0	0	1 (1%)
North Cumbria Acute Hospitals NHS Trust	76	30 (39%)	27 (36%)	10 (13%)
North Middlesex University Hospital NHS Trust	137	1 (1%)	1 (1%)	0
Northampton General Hospital NHS Trust	86	22 (26%)	22 (26%)	15 (17%)
Nottingham University Hospitals NHS Trust	195	0	0	6 (3%)
Oxford University Hospitals NHS Trust	266	1 (0%)	0	30 (11%)
Peterborough and Stamford Hospitals NHS Foundation Trust	97	54 (56%)	54 (56%)	29 (30%)
Plymouth Hospitals NHS Trust	58	28 (48%)	28 (48%)	40 (69%)
Poole Hospital NHS Foundation Trust	239	5 (2%)	5 (2%)	4 (2%)
Portsmouth Hospitals NHS Trust	225	71 (32%)	41 (18%)	117 (52%)
Royal Berkshire NHS Foundation Trust	179	22 (12%)	21 (12%)	18 (10%)
Royal Cornwall Hospitals NHS Trust	83	4 (5%)	4 (5%)	3 (4%)
Royal Devon and Exeter NHS Foundation Trust	242	190 (79%)	190 (79%)	141 (58%)
Royal Free Hampstead NHS Trust	28	1 (4%)	3 (11%)	0
Royal Surrey County Hospital NHS Trust	414	8 (2%)	8 (2%)	0
Royal United Hospital Bath NHS Trust	144	11 (8%)	11 (8%)	10 (7%)
Sheffield Teaching Hospitals NHS Foundation Trust	313	31 (10%)	15 (5%)	13 (4%)
South Devon Healthcare NHS Foundation Trust	75	7 (9%)	7 (9%)	55 (73%)
South Tees Hospitals NHS Trust	238	5 (2%)	1 (0%)	105 (44%)
Southend Hospital NHS Trust	99	72 (73%)	72 (73%)	13 (13%)
Taunton and Somerset NHS Trust	117	44 (38%)	44 (38%)	25 (21%)
The Christie Hospital NHS Trust	741	474 (64%)	437 (59%)	5 (1%)
The Ipswich Hospital NHS Trust	133	70 (53%)	66 (50%)	72 (54%)

Trust Performing Radiotherapy	No. patients with NPCA record ¹	Planned EBRT type recorded N(%)	Planned type of image guidance for EBRT recorded N(%)	Planned duration of neoadjuvant androgen deprivation therapy recorded N(%)
The Royal Marsden NHS Foundation Trust	261	92 (35%)	84 (32%)	65 (25%)
The Royal Wolverhampton Hospitals NHS Trust	132	15 (11%)	15 (11%)	0
The Shrewsbury and Telford Hospital NHS Trust	110	1 (1%)	1 (1%)	0
United Lincolnshire Hospitals NHS Trust	170	6 (4%)	6 (4%)	5 (3%)
University College London Hospitals NHS Foundation Trust	51	22 (43%)	11 (22%)	10 (20%)
University Hospital Birmingham NHS Foundation Trust	437	4 (1%)	0	18 (4%)
University Hospital Southampton NHS Trust	190	31 (16%)	30 (16%)	26 (14%)
University Hospital of North Staffordshire NHS Trust/University Hospital of North Midlands	149	0	0	0
University Hospitals Coventry and Warwickshire NHS Trust	132	5 (4%)	1 (1%)	17 (13%)
University Hospitals of Leicester NHS Trust	117	42 (36%)	38 (32%)	1 (1%)

¹ This number reflects all patients who were treated in each Trust. It also includes patients who were diagnosed elsewhere.

Table 2.5. Overview of data completeness for selected Brachytherapy (MDS-3) data items in the NPCA record by Brachytherapy Centres in England over the period 1 April 2014 and 31 March 2015. Brachytherapy centres completing planned brachytherapy type for ≥50% patients are highlighted in green.

Trust Performing Brachytherapy ¹	No. patients with NPCA record	Planned Brachytherapy type recorded N(%)
Overall	975	242 (25%)
Brighton and Sussex University Hospitals NHS Trust	39	0
Cambridge University Hospitals NHS Foundation Trust	40	0
Clatterbridge Cancer Centre NHS Foundation Trust	25	4 (16%)
Guy's and St Thomas' NHS Foundation Trust	30	23 (77%)
Leeds Teaching Hospitals NHS Trust	138	1 (1%)
Maidstone and Tunbridge Wells NHS Trust	49	19 (39%)
Newcastle Upon Tyne Hospitals NHS Trust	17	14 (82%)
North Bristol NHS Trust	34	0
Northampton General Hospital NHS Trust	20	1 (5%)
Plymouth Hospitals NHS Trust	14	7 (50%)
Poole Hospital NHS Foundation Trust	38	4 (11%)
Portsmouth Hospitals NHS Trust	11	6 (55%)
Royal Berkshire NHS Foundation Trust	28	2 (7%)
Royal Devon and Exeter NHS Foundation Trust	55	43 (78%)
Royal Surrey County Hospital NHS Trust	180	1 (1%)
The Christie Hospital NHS Trust	153	99 (65%)
The Royal Marsden NHS Foundation Trust	13	5 (38%)
United Lincolnshire Hospitals NHS Trust	48	4 (8%)
University Hospital Southampton NHS Trust	43	9 (21%)

¹ This table only includes Trusts performing brachytherapy for which we had NPCA records of 10 or more patients. This means that the following NHS Trusts were not included: Gloucestershire Hospitals NHS Foundation Trust, Royal Free Hampstead NHS Trust, Royal United Hospital Bath NHS Trust, University College London Hospitals NHS Foundation Trust, Barts Health NHS Trust, University Hospital Birmingham NHS Foundation Trust.

2.3.4 NPCA prospective audit cohort in England: Findings

Patient characteristics

Data on patient characteristics were available for 36,166 patients. Men diagnosed with prostate cancer were typically over 70 years of age (50%; Table 2.6). Overall, the majority of men were in good health (68% with a performance status score of 0 and only 4% had a performance status of 3 or more). More than half of men did not have any co-existent systemic illnesses (52% with an ASA score of 1) and 39% of

men were categorised as having a mild systemic disease (an ASA score of 2). Almost all men were of white ethnic origin (94%). Approximately one-quarter of the men (24%) were in the least deprived socioeconomic national quintile group as measured by the Index of Multiple Deprivation (IMD). Those men in the most deprived quintile group constituted 13% of the cohort. There was no missing data for age however performance status and ASA score had a high proportion of missing/not recorded data (58% and 65%, respectively). Ethnicity and socioeconomic status had a lower proportion of missing data (9% and 10%, respectively).

Table 2.6. Summary of patient information (diagnosed 1 April 2014 – 31 March 2015, N = 36,166)			
	No. of patients		
Age (years)			
	<60	4268	12%
	60 to 70	13942	38%
	>70	17956	50%
	Missing	None	
Performance status¹			Denominator = 15210 (patients with PS recorded)
	0	10375	68%
	1-2	4462	28%
	≥3	373	4%
	Not recorded	4006	
	Missing	16950	
ASA score²			Denominator = 12755 (patients with ASA recorded)
	1	6608	52%
	2	4989	39%
	≥3	1158	9%
	Missing	23411	
Ethnicity			Denominator = 32487 (patients with ethnicity recorded)
	White	30483	94%
	Asian	543	2%
	Black	983	3%
	Mixed or Other	478	1%
	Missing	3431	
Socioeconomic status (quintile of IMD)			Denominator = 32670 (patients with valid geographical information)
	(least deprived) 1	7944	24%
	2	7884	24%
	3	6997	22%
	4	5522	17%
	(most deprived) 5	4323	13%
	Missing	3496	
¹ WHO classification (also known as Eastern Cooperative Oncology Group score) of a patient's performance status: 0 denotes perfect health (able to carry out all normal activity without restriction); patients scoring 1-2 are able to walk and are capable of all self-care, includes patients who can (1) and cannot (2) do light work; 3 denotes a patient who is capable of limited self-care and confined to bed >50% of the time; patients scoring ≥4 are bed-bound, completely disabled and unable to carry out any self-care.			
² American Society of Anaesthesiologists (ASA) classification of a patient's physical status; 1 denotes a normal healthy patient without any systemic disturbance or abnormality; 2 denotes a patient with mild systemic disease (which may be the result of a comorbid condition); patients scoring 3-4 have severe systemic disease that limits functions but is not incapacitating (3) or is a constant threat to life (4); 5 denotes a moribund patient			

NPCA Cancer stage, tumour grade and disease status at presentation

Among the 26,362 patients with information about PSA at diagnosis, 44% had a PSA level of <10, 23% had a level between 10 and 20 and 33% had a PSA higher than 20 (Table 2.7). Gleason score was available for 23,835 men, of

whom 28% had a score ≤ 6 , 46% a Gleason score of 7 and 26% a score of 8 or higher. TNM stage was recorded for 29,799 patients and of these 19% were staged as having T1 disease, 43% T2, 33% T3 and 5% T4. N-stage was recorded for 25,399 men with 10% recorded as having "N1" and M-stage was available for 27,890 men with 16% recorded as having "M1" disease.

Table 2.7 Summary of "integrated" staging items (diagnosed 1 April 2014 – 31 March 2015, N = 36,166)

	No. of patients	Percentage
PSA level at diagnosis		Denominator = 26362 (patients with PSA recorded)
<10 ng/ml	11705	44%
10 to 20 ng/ml	6097	23%
>20 ng/ml	8560	33%
Missing	9804	
Gleason score		Denominator = 23835 (patients with Gleason ≤ 6 , =7 or ≥ 8 recorded)
≤ 6	6762	28%
7	10862	46%
≥ 8	6211	26%
Missing	12331	
TNM		
T score		Denominator = 29799 (patients with T1, T2, T3 or T4 recorded)
T1	5833	19%
T2	12721	43%
T3	9766	33%
T4	1479	5%
TX	25	
Missing	6342	
N score		Denominator = 25399 (patients with N1 or No recorded)
N1	2561	10%
No	22838	90%
NX	27	
Missing	10740	

In applying the risk stratification algorithm as outlined in section 2.2.7, disease status could be defined for 25,460 men using NPCA staging items and for 28,121 men using NCDR data items, and for 29,634 men using "integrated" staging items" (Table 2.8). Risk stratification using "integrated"

staging items identified 7% of men to be in the low-risk group, 32% in the intermediate group, 6% in the mixed group (either having locally advanced or advanced disease), 40% in the locally advanced group and 15% in the advanced group.

Table 2.8 Prostate cancer disease status distribution – NPCA patients diagnosed 1st April 2014 – 31st March 2015, N = 36,166) on the basis of NPCA risk stratification using NPCA staging items, National Cancer Data Repository (NCDR) staging items and “Integrated” staging items.

	Advanced	Locally advanced	Mixed	Intermediate	Low	Disease status not determined
NPCA (36,166 patients diagnosed 1 April 2014– 31 March 2015)						
Risk stratification according to <i>NPCA staging items</i> (N=25460)	2467 (10%)	8477 (33%)	4515 (18%)	8533 (34%)	1468 (5%)	10706
Risk stratification according to <i>NCDR* staging items</i> (N=28121)	4448 (16%)	11749 (42%)	1474 (5%)	8714 (31%)	1736 (6%)	8045
Risk stratification according to <i>“Integrated” staging items</i> (N=29634)	4448 (15%)	11993 (40%)	1626 (6%)	9407 (32%)	2160 (7%)	6532

*PSA not found in NCDR therefore taken from NPCA data set.

Diagnostic and staging investigations

Transrectal ultrasound biopsy (TRUS) was the most common prostate biopsy technique performed before treatment (84%

of patients who had a biopsy; Table 2.9). 44% of men had a record indicating that multiparametric MRI was performed in their diagnostic pathway with 25% being performed prior to prostate biopsy and 19% after biopsy.

Table 2.9 Summary of diagnostic and staging investigations (patients diagnosed 1st April 2014 – 31st March 2015, N =36,166)

	No. of patients	Percentage
Biopsy type		Denominator = 17175 (patients with biopsy technique recorded and known)
Transrectal ultrasound	14354	84%
Transrectal saturation	583	3%
Perineal sampling	807	5%
Perineal template	709	4%
Other	722	4%
Not known	1217	
None	2599	
Missing	15175	
Multiparametric MRI* performed		Denominator = 17791 (patients for whom it is known whether or not mpMRI was performed, and if so, before or after biopsy)
Before biopsy	4405	25%
After biopsy	3441	19%
Not performed	9945	56%
Not known whether mpMRI performed	1654	
Missing	16721	

* multiparametric MRI defined as an MRI with T1 and T2 sequences in addition to dynamic contrast enhancement and diffusion weighting for the NPCA.

Radical Prostatectomy (RP) Information

For men who had data completed regarding type of RP, robotic was the most commonly used approach (70%) followed by laparoscopic (19%) and then open (11%) (Table 2.10). Among the 2,699 men with information about nerve-sparing status,

just under half (46%) did not undergo nerve-sparing and for those who did 30% were bilateral and 24% unilateral nerve-sparing. Out of 2,222 men with information present on margin status 67% were negative and 33% were positive. Of the men for whom the specific information was available, 54% of men had organ-confined disease and 10% had seminal vesicle invasion.

Table 2.10. Summary of Radical Prostatectomy data items (patients diagnosed 1st April 2014 - 31st March 2015, N = 5422)

	No. of patients	Percentage
Type of Radical Prostatectomy		Denominator = 2699 (patients with type known)
Open	294	11%
Robotic	1888	70%
Laparoscopic	517	19%
Not known	191	
missing	2532	
Nerve Sparing		Denominator = 1986 (patients with status known)
Bilateral	593	30%
Unilateral	485	24%
None	903	46%
Missing	3436	
Organ Confined		Denominator = 2450 (non-missing)
No	862	35%
Yes	1329	54%
Not applicable	259	11%
Missing	2972	
Seminal Vesicles Invasion		Denominator = 2700 (non-missing)
No	2256	84%
Yes	268	10%
Not applicable	176	6%
Missing	2722	
Margin Status		Denominator = 2222 (patients with known status)
Negative	1484	67%
Positive (< 3mm)	245	11%
Positive (>= 3mm)	115	5%
Positive (length unknown)	378	17%
Not known	531	
Missing	2669	

External Beam Radiotherapy (EBRT) and Brachytherapy Information

Of the men who had information completed related to “planned radiotherapy intent”, the majority (80%) had primary radical radiotherapy followed by adjuvant (14%) and / or and palliative (6%) treatments (Table 2.11). More than 90%

of patients had received intensity modulated radiotherapy (IMRT) and approximately half of these men received arc IMRT. Cone beam CT (76%) was the commonest type of image-guidance used followed by fiducial markers (15%). For men who underwent brachytherapy, LDR monotherapy was the commonest type received (65%)

Table 2.11 Summary of Radiotherapy data items and Brachytherapy data items (patients diagnosed 1st April 2014 – 31st March 2015, N = 11272)

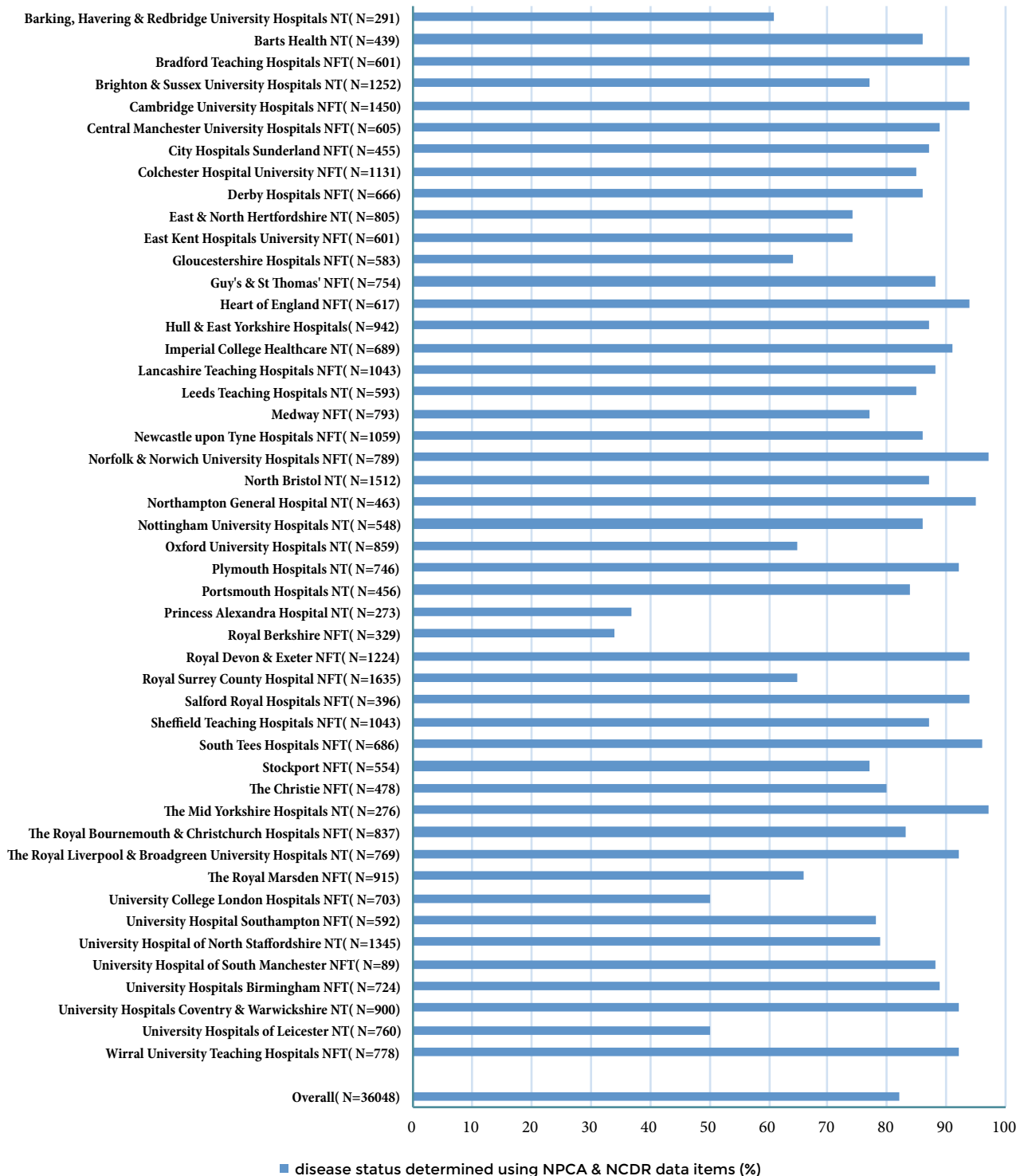
Patients undergoing EBRT (including 340 men who had both EBRT and Brachytherapy)	No. of patients (Total=10600)	Percentage
Planned Radiotherapy intent		Denominator = 3244 (patients with intent known)
Primary radical	2599	80%
Adjuvant	451	14%
Palliative	190	6%
Other	4	<0.5%
Not known/Missing	7356	
Planned radiotherapy type		Denominator = 2618 (patients with type known)
3D conformal	83	3%
IMRT	1172	45%
Arcing IMRT	1240	47%
SBRT	52	2%
Other	71	3%
Not known/Missing	7982	
Planned type of image-guidance for EBRT		Denominator = 2395 (patients with type known)
Cone beam CT	1816	76%
Fiducial markers	361	15%
Combined cone beam CT with fiducial markers	56	2%
KV imaging	68	3%
Other	94	4%
Not known/Missing	8205	
Planned Radiotherapy Field		Denominator = 2641 (patients with field known)
Prostate	1020	39%
Prostate and Seminal Vesicles	1217	46%
Prostate, seminal vesicles & lymph nodes	202	8%
Prostate bed	55	2%
Prostate bed & lymph nodes	34	1%
Other	113	4%
Not known/Missing	7959	

Planned duration of neoadjuvant androgen deprivation therapy		Denominator = 1939 (patients with known duration)
None	296	15%
Between 2& 6 months	1440	74%
Longer than 6 months	203	11%
Not known/Missing	8661	
Planned duration of adjuvant androgen deprivation therapy		Denominator = 1576 (patients with known duration)
None	443	28%
6 months	231	15%
18 months	53	3%
2 years	345	22%
3 years	314	20%
Indefinite	162	10%
Other	28	2%
Not known/Missing	9024	
Patients undergoing Brachytherapy (including 340 who had both EBRT and Brachytherapy)	No. of Patients (total=1012)	
Planned Brachytherapy Type		Denominator =244 (patient with type known)
LDR monotherapy	159	65%
LDR boost	3	1%
HDR monotherapy	2	1%
HDR boost	80	33%
Not known/Missing	768	

2.3.5 Six core performance indicators

The proportion of patients for whom disease status could be determined using “integrated” staging items varied across specialist MDTs (Figure 2.1). Overall, disease status could be determined for 82% of men. The distribution of disease status groups also varied across all 48 specialist MDTs (Figure 2.2).

Figure 2.1. Proportion of patients with complete information to determine disease status by specialist MDT using Integrated Staging items (36,048 patients diagnosed between 1st April 2014 – 31st March 2015)



NFT = NHS Foundation Trust and NT = NHS Trust

Performance indicators 1-4 were only applied to men with a record containing information about the diagnosing specialist MDT and for whom there was sufficient information to

determine disease status. Performance indicators 5 and 6 were only applied to men who could be linked to a surgical centre where their radical prostatectomy was performed.

Figure 2.2 Prostate cancer disease status distribution by specialist MDT (29,565 patients diagnosed between 1st April 2014 - 31st March 2015 with sufficient Integrated Staging information to determine status)



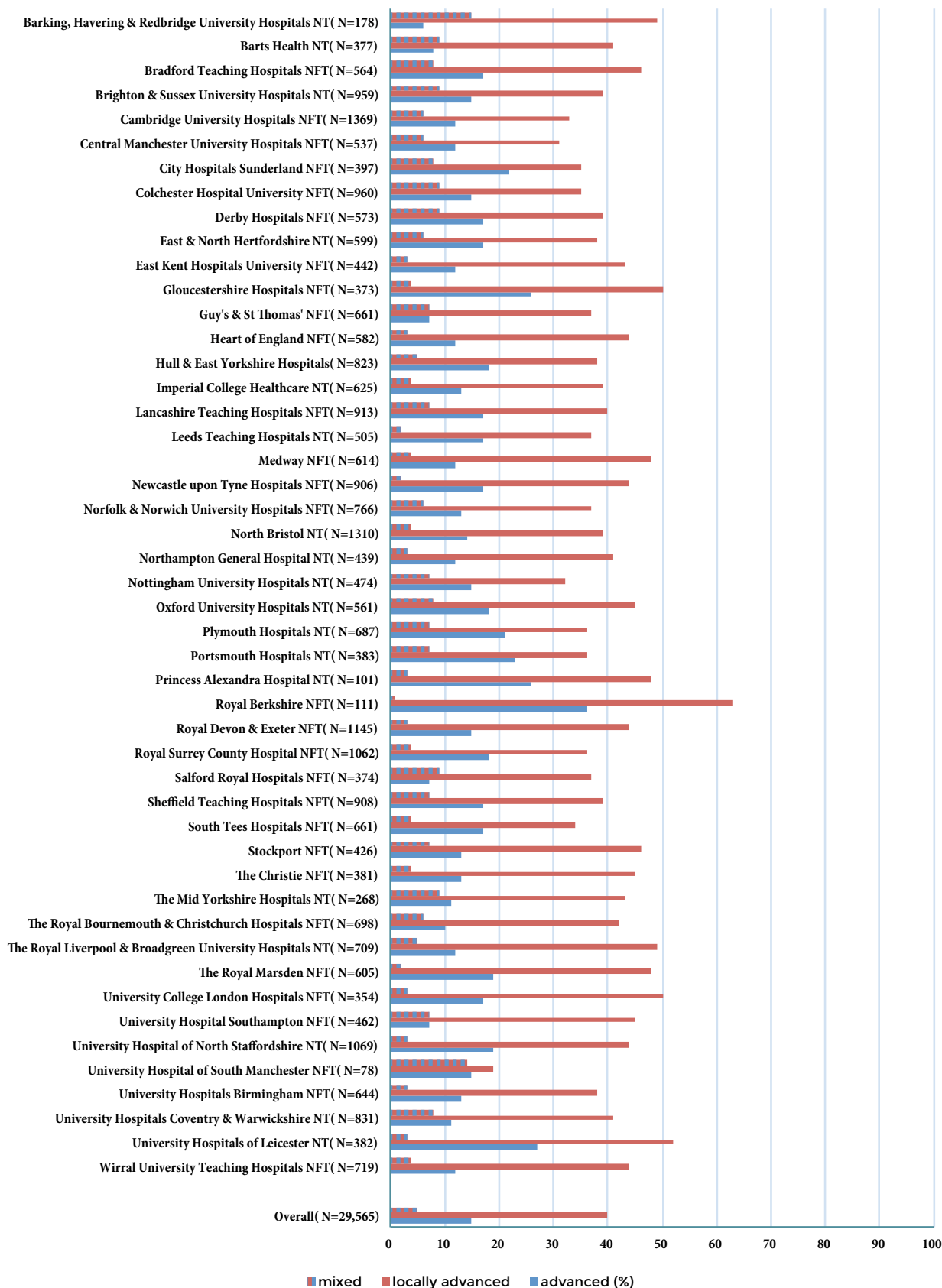
NFT = NHS Foundation Trust and NT = NHS Trust

Performance indicators 1 and 2: proportion of men diagnosed with locally advanced disease and proportion of patients diagnosed with advanced disease

The proportion of men who could be identified as having

locally advanced cancer and advanced disease at the time of diagnosis varied between specialist MDTs (Figure 2.3). Overall, 40% of men could be identified as having locally advanced disease (ranging from 19% to 63% between specialist MDTs) and 15% as having advanced disease (ranging from 6% to 36%).

Figure 2.3 Proportion of patients with locally advanced or advanced prostate cancer by specialist MDT (29,565 patients diagnosed between 1st April 2014 – 31st March 2015 with sufficient Integrated Staging information to determine disease status)



NFT = NHS Foundation Trust and NT = NHS Trust

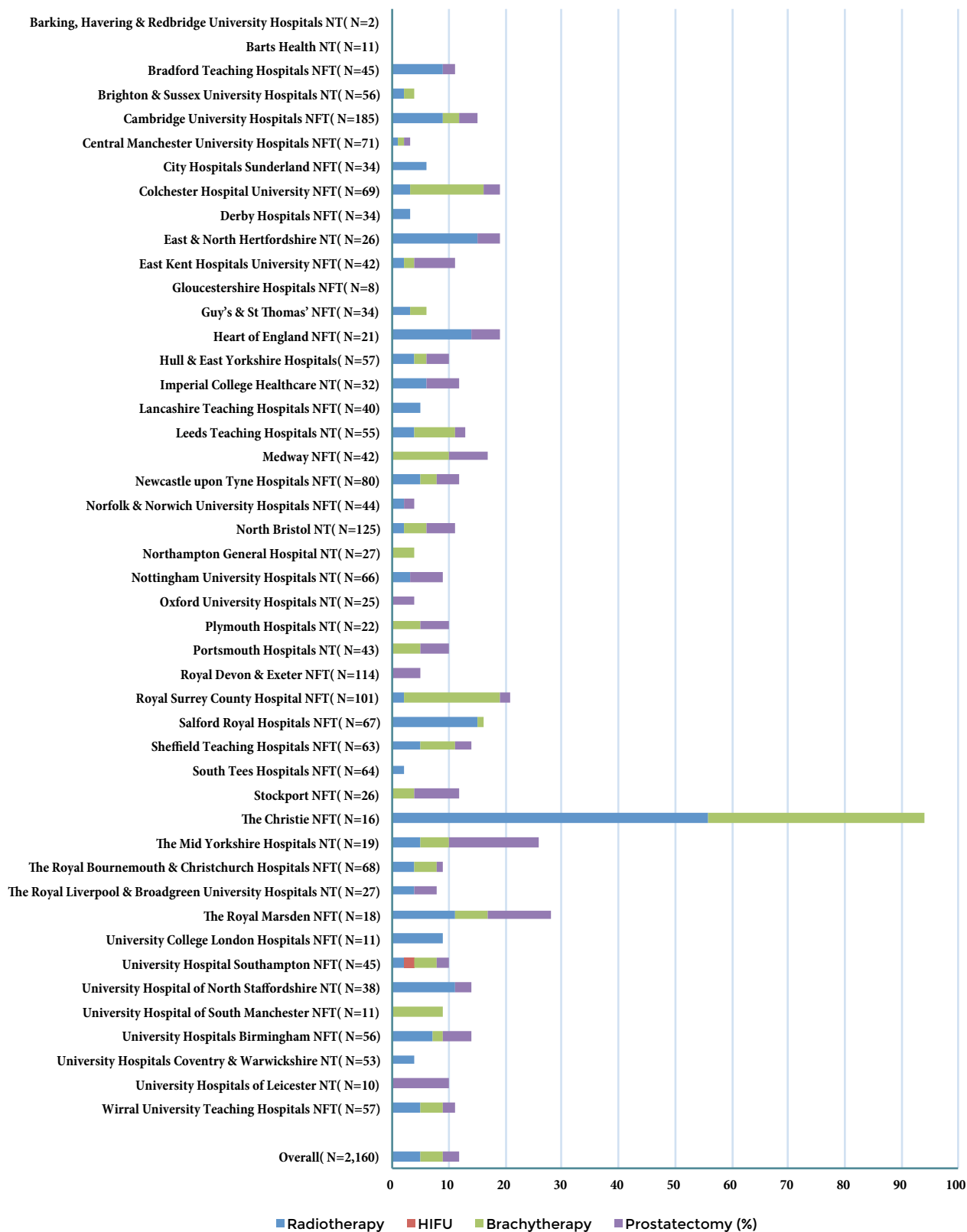
Performance indicator 3: proportion of men with low-risk localised cancer undergoing radical prostate cancer treatment

Overall, we identified that 12% of men (ranging from 0% to 94% across specialist MDTs) diagnosed with low-risk localised cancer underwent radical prostate cancer therapy within 12 months of their diagnosis (Figure 2.4). The unadjusted funnel plot demonstrated variation among specialist MDTs (Figure 2.5). Specialist MDTs that did not fall within the funnel are not outliers at this stage since the data is preliminary and not adjusted for differences in case mix. A possible explanation for specialist MDTs that lie outside the funnel is related to NHS Trust provider codes that the NPCA receives.

This provider code should be anchored to the “diagnosing Trust” of the NPCA patient record. However, it appears that this is sometimes incorrectly inputted by the “treating Trust”. This would explain why tertiary specialist Trusts which predominantly provide treatment such as The Christie appear to have higher levels of radical treatment than they should. This is another data-related issue which will have to be resolved prior to making comparisons between NHS providers.

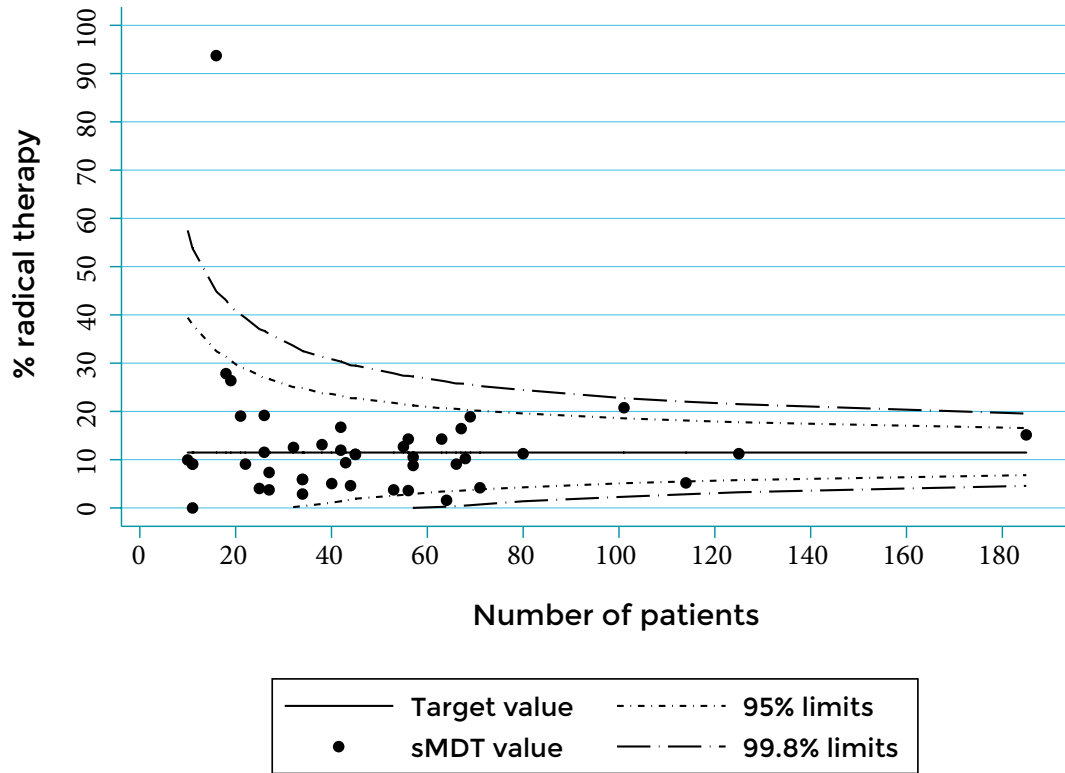
The majority of men undergoing radical treatment were reported to have had external beam radiotherapy (5%, range 0-56%). 4% of men received brachytherapy (range 0-38%) and 3% of men received radical prostatectomy (range 0-16%). Very few patients received HIFU (<1%).

Figure 2.4 Proportion of patients with low-risk localised prostate cancer undergoing radical prostate cancer therapy by specialist MDT (2160 patients diagnosed between 1st April 2014 - 31st March 2015 with low-risk localised disease)



NFT = NHS Foundation Trust and NT = NHS Trust

Figure 2.5 Unadjusted funnel plot for proportion of patients with low-risk localised prostate cancer undergoing radical prostate cancer therapy across specialist MDTs

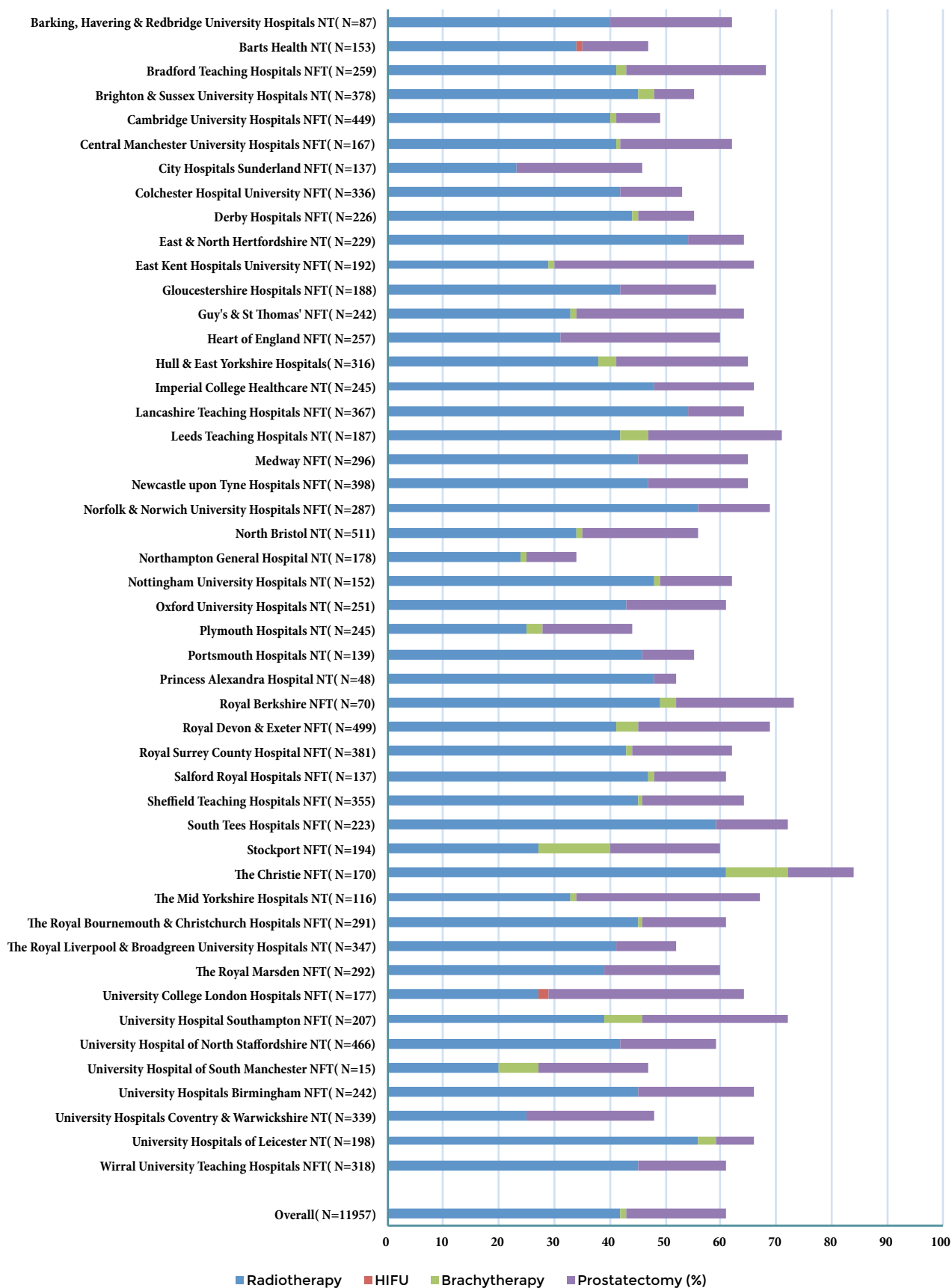


Performance indicator 4: proportion of men with locally advanced disease undergoing radical prostate cancer treatment

61% of men (ranging from 34% to 84% across specialist MDTs) diagnosed with locally advanced prostate cancer were found to have undergone some form of radical therapy within 12 months of diagnosis: 42% received external beam radiation therapy (range from 20% to 61%) and 18% (range from 4% to 36%) underwent radical prostatectomy (Figure 2.6). The unadjusted funnel plot demonstrated variation among specialist MDTs (Figure 2.7).

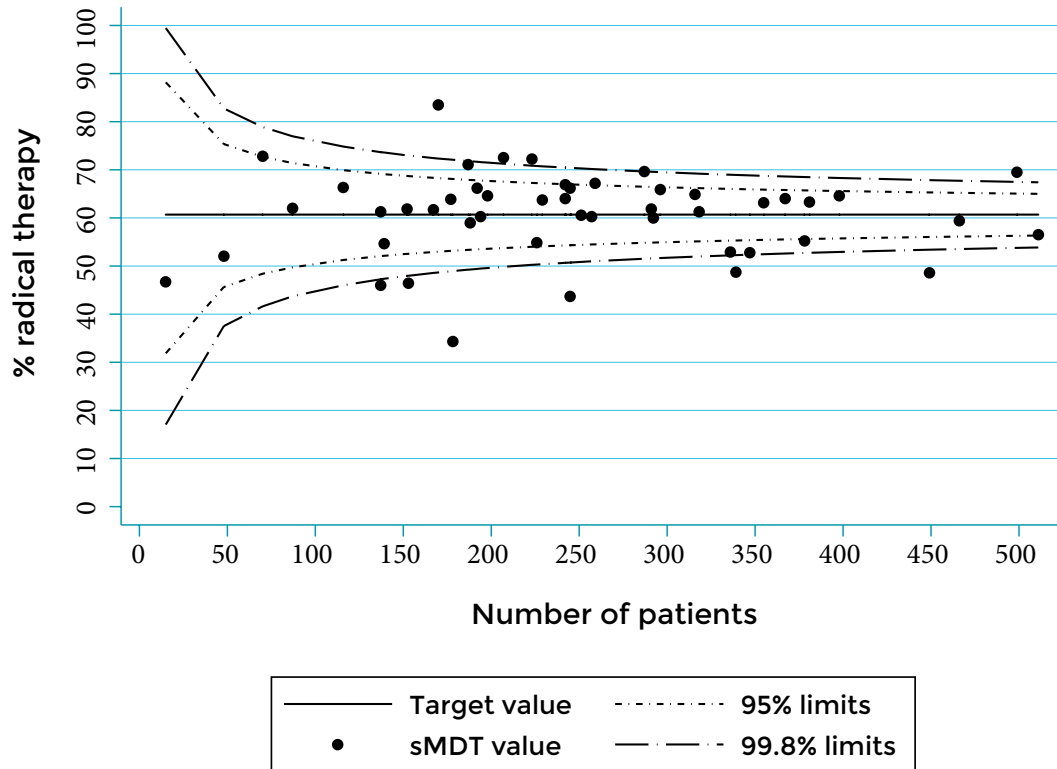
Brachytherapy (1%) and HIFU (<1%) were rarely used.

Figure 2.6 Proportion of patients with locally advanced prostate cancer undergoing radical prostate cancer therapy by specialist MDT (11,957 patients diagnosed between 1st April 2014 – 31st March 2015 with locally advanced disease)



NFT = NHS Foundation Trust and NT = NHS Trust

Figure 2.7 Unadjusted funnel plot for proportion of patients with locally advanced prostate cancer undergoing radical prostate cancer therapy across specialist MDTs



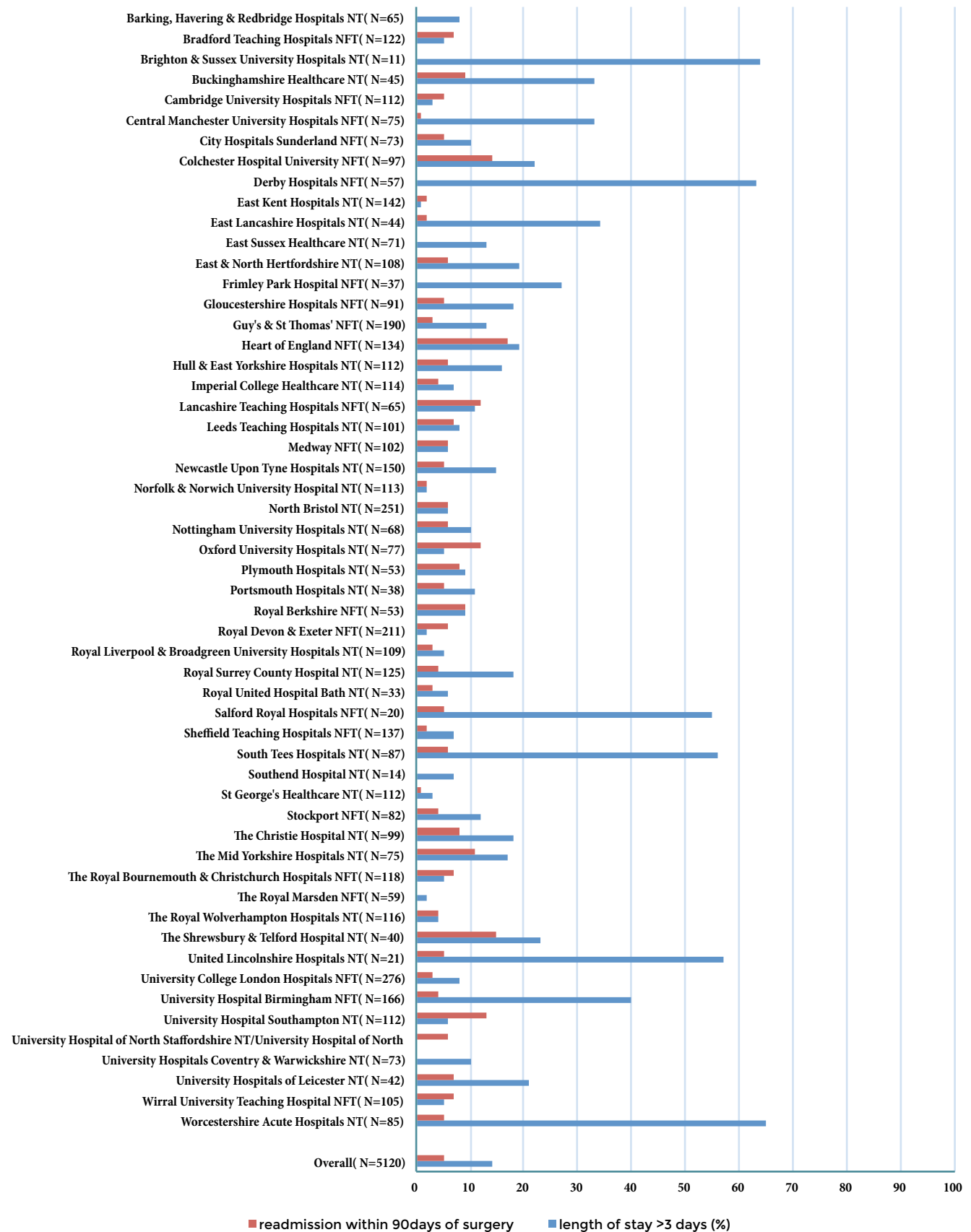
Performance indicator 5: Proportion of patients with a length of hospital stay for radical prostate cancer surgery longer than 3 days

Overall, 14% of patients who underwent a radical prostatectomy stayed longer than 3 days in hospital (Figure 2.8). This proportion varied greatly between surgical centres from 0% to 65%

Performance indicator 6: Proportion of patients readmitted as an emergency within 90 days of radical prostate cancer surgery

The emergency readmission rate within 90 days after radical surgery was 5%, ranging from 0% to 17% across surgical centres (Figure 2.8).

Figure 2.8 Proportion of patients with a length of hospital stay after RP longer than 3 days and proportion of patients readmitted as an emergency within 90 days of RP (5120 patients diagnosed between 1st April 2014 – 31st March 2015 who underwent RP)



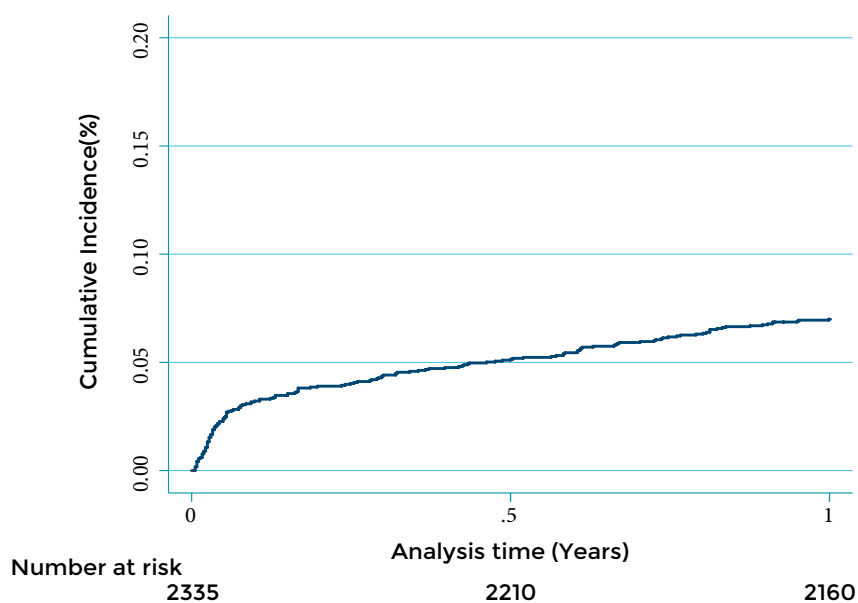
NFT = NHS Foundation Trust and NT = NHS Trust

2.3.6 Two new treatment-related indicators

Severe urinary complications following radical prostatectomy (RP)

We identified 2,613 men who underwent radical prostatectomy between 1st April 2014 and 31st December 2014. 278 men were excluded with a co-existing diagnosis of bladder cancer or for receiving adjuvant/salvage radiotherapy. Out of 2,335 men analysed, 163 (7%) experienced a urinary complication within one year (Figure 2.9). The proportion of complications was consistent with our previous findings²⁴ which suggested that this indicator can be applied to prospective NPCA data. However, due to the low absolute number of complications, this indicator was not used to compare surgical centres. In next year's report we will have a further year of follow-up and will aim to use this indicator to perform adjusted funnel plots for all surgical centres.

Figure 2.9 Kaplan-Meier cure for men experiencing a urinary complication within 1 year of radical prostatectomy of patients who underwent RP between 1st April 2014 -31st December 2014 (N=2335)



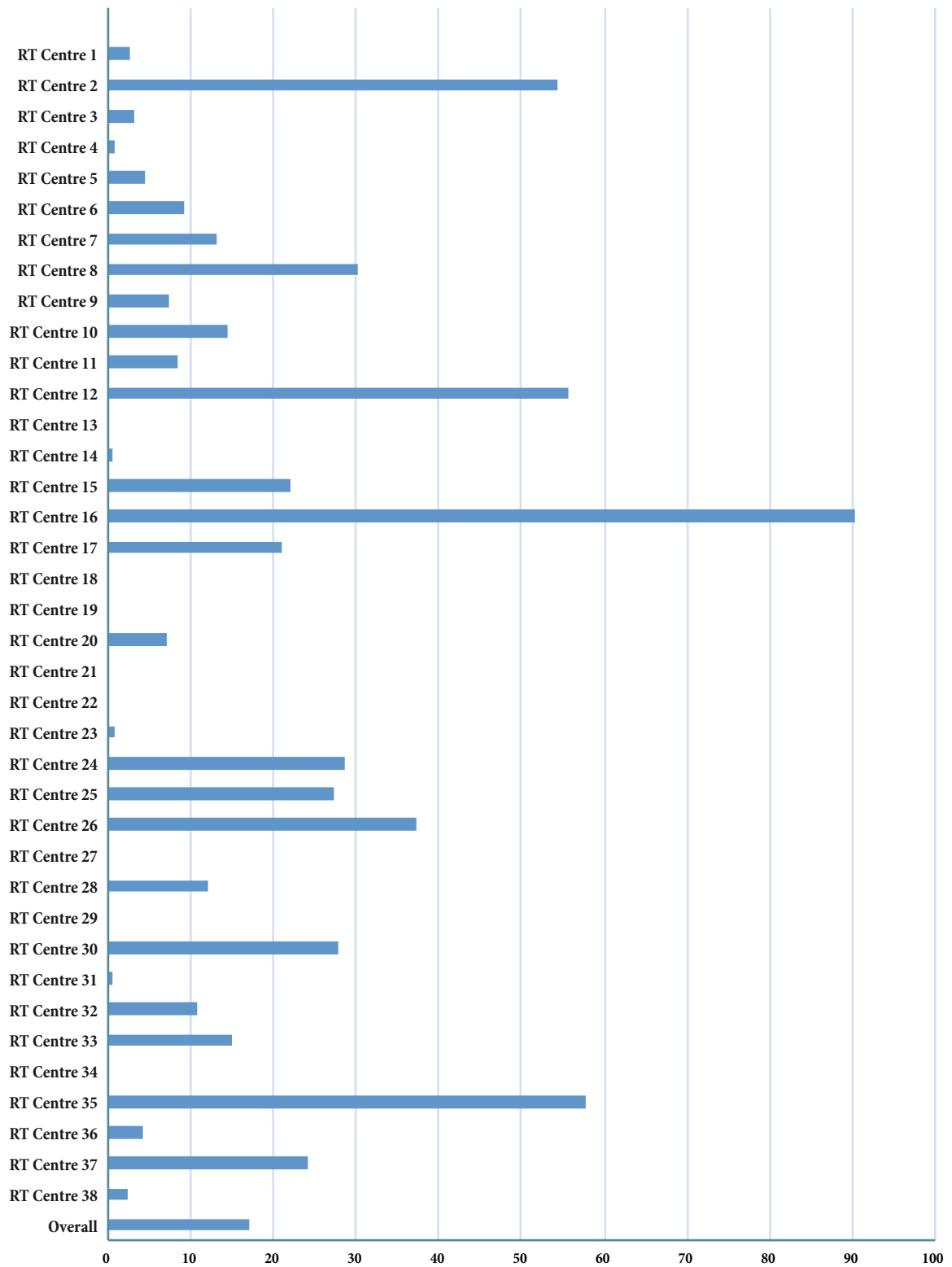
²⁴ Development of indicators to assess intermediate treatment-related urinary complications following radical prostatectomy. Sujenthiran A, Charman S, Nossiter J et al. Journal of Clinical Urology June 2016 vol. 9 no. 1 suppl 9-77.

Proportion of men with locally advanced disease with risk of pelvic lymph node involvement receiving pelvic radiotherapy.

10,600 men from the NPCA prospective audit were matched to a record from the radiotherapy data-set. Patients who were treated with palliative intent (1,192), with M1 disease (250), did not receive radiation to either the prostate or pelvic nodes (249) and those with missing data in any of these fields (101) were excluded.

6,392 out of these 8,808 men had sufficient information to determine a Roach score. 5,069 out of 6,392 men had a score indicating >15% chance of pelvic lymph node involvement. 876 (17%) of these men received pelvic radiotherapy in addition to radical radiotherapy to the prostate. The proportion of men receiving pelvic irradiation across radiotherapy centres has been presented anonymously to demonstrate the existing variation (Figure 2.10). In the next year's report we envisage that data completion will improve for items such as neoadjuvant hormonal therapy which are important for validation and adjustment prior to comparing centres on a named basis.

Figure 2.10: Proportion of men with Roach score >15% receiving pelvic radiotherapy by radiotherapy (RT) centres.



2.4 Discussion

This chapter presents the analysis of NPCA prospective audit data for men diagnosed in the first year of the audit (1st April 2014 – 31st March 2015). We report on the participation of NHS providers and the completeness of data submitted to the NCRAS, the NPCA data collection partner. We also present information related to staging, investigation and treatment of this cohort of men. We then show results for six performance indicators related to disease presentation, treatment allocation and treatment outcomes to assess variation amongst specialist MDTs. Finally, we report two new treatment-related performance indicators that have been developed and will be used in next year's Annual Report to assess management of men with prostate cancer against available standards and compare outcomes among specialist MDTs and centres providing radical treatments.

As it the first time that we present results at the level of specialist MDT, this chapter's main focus is on the impact of data completeness and accuracy on the results. For that reason, we did not adjust the results for possible differences in case mix across specialist MDTs or providers of radical treatments. It is therefore likely that a large extent of the observed variation between specialist MDTs and between prostatectomy and radiotherapy centres described in this report is due to issues related to data completeness (or, in other words, missing data) or differences in the clinical profile of the patients.

As a consequence, the results presented in this year's Annual Report are most informative when considered at national level. The results of individual specialist MDTs and prostatectomy and radiotherapy centres demonstrate the NPCA's potential to provide information that can guide quality improvement which can help providers to see how they compare with others. Most importantly, this year's Annual Report identifies key priorities for further improvement in data completeness so that the Annual Report that the NPCA will publish next year can present robust performance indicators that can be used to assess individual providers of prostate cancer care.

2.4.1 Participation, case ascertainment and data completeness

The analysis of the NPCA's first year of prospective data collection in England produced some encouraging results with 99% of Trusts participating in the NPCA, an improvement compared to participation in the first four months (85% in Annual report 2015). The NPCA and NCRAS will continue to liaise with Trusts not currently participating to encourage them to submit data routinely.

Variation exists in the overall completeness of data items found in MDS-1 with items used to derive staging being more often completed than items related to physical condition of the patient (eg. performance status and ASA).

The completeness of these individual data items also varies greatly between specialist MDTs. Radical prostatectomy key data items were poorly completed with only 13 of the 55 surgical centres providing more than 50% of data for key data items. External beam radiotherapy items were also poorly completed with only three of the 50 centres submitting more than 50% of the data.

These data items are important for the interpretation of our performance indicators (performance indicators 3 and 4 - related to the use of radical treatment according to cancer disease stage) and also important because they are a key component of the risk adjustment of comparisons of local and specialist MDTs. Data completeness is an important aspect of the Audit that the NPCA Project Team will continue to address through intensive communication with all participating English NHS Trusts.

2.4.2 Findings

Patient and Tumour Characteristics

The majority of men were reported to be of white ethnic origin (94%) which is higher than the 87% of men who classified themselves as white in the 2011 UK Census. Men from the lowest socioeconomic status quintile seem to be under-represented (13% whereas per definition 20% is expected).

Using the "integrated" staging items allowed disease status to be determined in 82% of men. We were able to classify more patients as locally advanced or advanced and the proportion in the mixed group decreased compared to the previous analysis of 2010-2013 data (Annual Report 2015). This improvement in disease status allocation is secondary to improved data completeness in the prospective audit when using "integrated" staging items. This is important as it allows NPCA prospective data to be more comparable to commonly used risk stratification models currently used in prostate cancer. The limitation of using NCDR TNM stage to determine disease status is that it contains a combination of clinical and pathological staging information. Consequently, some patients who have undergone radical prostatectomy will be up-staged as pathological stage will be used instead of clinical stage. This can impact indicators related to radical prostatectomy or comparisons with other radical treatment modalities, in which staging information will be predominantly clinical. This is a compromise that had to be accepted in order to increase the proportion of men for whom we can allocate a disease status and who we can include in the analysis of the performance indicators.

We found marked variation in the completeness of information on disease status among specialist MDTs ranging from 34% to 97% using "integrated" staging items. This also suggests that different local policies exist for data-inputting and this will need to be understood further to improve staging in specialist MDT'S with low data-completeness.

Prostate Cancer Diagnostics

Despite the introduction of new biopsy methods including template and fusion-guided biopsy, TRUS biopsy still remains the most popular choice nationwide. For men who had a multiparametric MRI scan, more than half of these scans were performed before biopsy. A number of Trusts have started to adopt pre-biopsy MRI protocols and it will be interesting to see whether this proportion – that is currently relatively low – will increase in coming years and whether it makes a significant impact on clinical practice and treatment patterns.

Performance Indicators

There was considerable variation regarding the distribution of men diagnosed with locally advanced and advanced prostate cancer between specialist MDTs. This may reflect regional differences in the use of PSA testing and may also be influenced by differences in the practice of diagnosing and staging patients with advanced disease.

We found that the level of potential “over-treatment” (proportion of men with low-risk localized disease undergoing radical prostate cancer therapy) varied amongst specialist MDTs. The overall proportion (12%) was about the same as the percentage we reported in 2010-13 data (13%) (Annual Report 2015). This overall percentage may be potentially over-reported as some men who were recorded as having received brachytherapy (4%) may have received high dose rate (HDR) brachytherapy boost which is a combination treatment with radical EBRT. As data completeness of this specific NPCA data item improves, we will be able to exclude this group of patients. There was marked variation in the percentage of potential “over-treatment” across specialist MDTs, ranging from 0% to 94%. However, these results should be interpreted carefully given the likely impact of variation in data completeness over time as well as across the specialist MDTs. Also, other factors, for example age and performance status, would need to be interrogated to try to understand this variation. These include patient fitness and choice of treatment to assess reasons for radical treatment options chosen in those specialist MDTs with high levels of interventions in men with low risk disease which we expect to be able to do for the NPCA’s next Annual Report (2017).

There was also considerable variation across specialist MDTs in the percentage of men with locally advanced disease who were reported as having received radical treatment. Again, this may reflect differences in the patients’ fitness for treatment, the availability of treatment modalities, and clinicians’ skills and preferences within each specialist MDT for radical treatment. The overall proportion receiving radical treatment (61%) was higher than in 2010-13 (47%) but there

results remain a concern given that radical treatment can be curative for this patient group. However, caution should be exercised in the comparison of the results over time as data from 2010-13 had a higher proportion of men allocated in the “mixed” disease status due to more incomplete staging data.

Furthermore, we found variation across specialist MDTs in the type of radical treatment that men with locally advanced disease received. This may be a reflection of the differences in the speed with which current guidance about the management of this patient group has been taken up.

There was also variation between surgical centres in relation to the proportion of patients staying in hospital for longer than 3 days as well as emergency readmissions within 90 days of surgery. 14% of patients had a length of stay greater than 3 days compared to 22% in the 2010-13 data (Annual Report 2015). This could reflect the increase in the use of robotic assisted radical prostatectomy which has been shown to be associated with a shorter length of stay. However, other contributing factors such as patient fitness and comorbidity would need to be explored further as well.

2.5 Implications and recommendations for clinical practice

There has been an improvement in the number of participating English Trusts in the NPCA with 137 out of 138 Trusts having submitted data for this Annual Report. However, low data completeness for many data items remains a concern. We sought to improve participation by communicating with Trusts not routinely submitting data and this appears to have resulted in a high participation rate. Improving data completeness has proven more difficult and further communication with Trusts through regional Data Improvement leads and the NPCA Project Team will aim to resolve this issue. Trusts are also now able to review the level of completeness of their NPCA data on the CancerStats website²⁶ and will be able to focus efforts towards improving poorly completed data items.

Our demographic data for men included in the Audit demonstrated under-representation of men from less affluent backgrounds and a higher proportion of white men compared to the 2011 UK census. These issues will need to be explored further as equity in access to prostate cancer services is one of the NPCA’s priority topics and will be evaluated further in the next Annual Report.

The proportion of men with low-risk disease being potentially “over-treated” is stable at about one in eight men. This level of potential “over-treatment” of low-risk localized disease is an area of concern, especially given the

²⁶ <https://nww.cancerstats.nhs.uk/>

recent publication of the Protect study²⁷ and other studies of surveillance which show excellent long-term cancer specific survival with active surveillance and the high risk of side effects in the patients with low-risk disease treated with surgery or radiotherapy. Further work is required to understand the balance between the potential for cancer cure on the one hand and the treatment-related morbidity experienced by these patients on the other.

The trend seen towards a reduction in potential “under-treatment” of locally advanced prostate cancer is encouraging and is in line with current guidelines. In future reports, the NPCA will provide more detailed information on the types of multi-modal treatments received by these men.

From a national perspective, it is also important to note the high level of variation between specialist MDTs with regard to “under-treatment” and “over-treatment” of prostate cancer patients. We have provided unadjusted anonymous funnel plots to demonstrate the variation at national level which provides a “blueprint” for how we will compare specialist MDTs and surgical and radiotherapy treatment centres in future reports.

At present the low level of data completeness as well as the difficulty in anchoring patients to a diagnosing Trust means that these funnel plots must be interpreted with caution. They cannot be used to identify “outlying performance”. We envisage that an increase in completion of NPCA data items will allow us perform rigorous risk adjustment when producing funnel plots comparing performance indicators in next year’s Annual Report (2017). Existing core performance indicators will also be evaluated further in next year’s Annual Report. For instance, we will explore the effect of age, ethnicity and patient fitness on potential “under-treatment” and “over-treatment” on a national and specialist MDT level. Furthermore, a composite indicator will be evaluated to assess if there is a correlation between specialist MDTs in terms of both potential “under-treatment” and “over-treatment”. A website is under development which will facilitate access to the performance indicators for individual providers of prostate cancer care in England and Wales.

²⁷ Hamdy FC, Donovan JL, Lane JA et al. 10-Year outcomes after monitoring, surgery, or radiotherapy for localized prostate cancer. *N Engl J Med* 2016;375:1415-1424

3. Preliminary results from the NPCA Prospective Audit in Wales

3.1 Introduction

The NPCA prospective audit in Wales started on 1st April 2015, one year later than in England. In this Chapter we report for the first time on Health Board participation in the NPCA prospective audit in Wales and the completeness and quality of data submitted to the Wales Cancer Network, the Welsh NPCA data collection partner, during the first six months of the Audit (1 April 2015 and 30 September 2015). We present the first preliminary results with respect to the diagnostic and staging process they underwent, initial planned treatments, type of radical surgery and two performance indicators reflecting cancer stage at diagnosis

3.2 Methods

3.2.1 Inclusion criteria, prospective audit period and level of reporting

The inclusion criteria for patients in Wales mirrors England (see section 2.2.1) only differing with a later date of diagnosis from 1 April 2015.

3.2.2 Data collection in Wales

The data collection process in Wales differs from England. The NPCA dataset (see section 2.2.3) is captured through a national system Canisc (Cancer information system for Wales) after identification by hospital cancer services and uploading via electronic MDT data collection systems. Prior to data submission to the NPCA each patient record is validated, frequently by an MDT coordinator, and signed off by a designated clinician. Patient records are signed off when all key data items have been completed.

3.2.3 Prospective audit period and level of reporting

The data collection period presented is for patients with a date of diagnosis between 1st April 2015 and 30th September 2015. Health Boards were provided with an extended cut-off date for the annual report (19th August) to enable Health Boards to verify as many patient records as possible. All data presented in this chapter are reported at Health Board level.

3.2.4 Patient inclusion and case ascertainment

A patient is considered to be included in the prospective audit in Wales if a completed NPCA record was present.

The total expected number of cases was the number of men newly diagnosed with prostate cancer in the Welsh Cancer Intelligence and Surveillance Unit (WCISU) between 1st April 2014 and 30th September 2014. Case ascertainment for the Health Boards in Wales was defined as the proportion of the expected number of patients for whom an NPCA record was submitted containing at least one NPCA tumour staging data item.

3.2.5 Definition of disease status, disease risk stratification and two core performance indicators

Cancer stage was defined using “T category (pre-treatment)”, “N category (pre-treatment)” and “M category (pre-treatment)”. Where pre-treatment information was missing for T or N, the corresponding pathological staging items were used if available. All men were assigned to a disease status category according to their TNM stage, Gleason score and PSA using the algorithm described in section 2.2.7. All data items were collected as part of the NPCA dataset in Wales.

Two performance indicators providing information on the **proportion of men diagnosed with advanced disease and the proportion of men diagnosed with locally advanced disease** were applied to the data for patients diagnosed during the reporting period.

3.3 Results

3.3.1 Audit participation

Six Health Boards provide prostate cancer services in Wales and each submitted verified NPCA reports for patients diagnosed 1 April 2015 and 30 September 2015. All Health Boards were considered to have supplied sufficient information to fulfill the NPCA participation criteria (at least one staging data item for at least 5 patients).

3.3.2 Case ascertainment

Based on the number of prostate cancer cases diagnosed between 1 April 2014 and 30 September 2014 according to WCISU, the NPCA expected 1,244 cases for the same period in 2015. The NPCA received at least one staging data item for 812 patients and the overall case ascertainment rate was 65% (Table 3.1). There was variation across Health Boards with two Boards achieving >90% case-ascertainment, three achieving rates of over 70% and one with a rate of 23%. (Table 3.1).

Table 3.1. Estimated case-ascertainment rates for the 6 Health Boards in Wales delivering prostate cancer services over the period 1 April 2015 and 30 September 2015. Case-ascertainment \geq 70% highlighted.

Health Board	Expected cases	No. patients with NPCA record	No. patients with \geq 1 TNM	Case ascertainment: % expected cases with NPCA record and \geq 1 TNM
Overall	1244	812	812	65%
Abertawe Bro Morgannwg UHB	190	137	137	72%
Aneurin Bevan UHB	199	185	185	93%
Betsi Cadwaladr UHB	344	78	78	23%
Cardiff and Vale UHB	158	146	146	92%
Cwm Taf Health UHB	115	86	86	75%
Hywel Dda UHB	238	180	180	76%

3.3.3 Data quality of submitted data

The quality of data submitted to the NPCA in Wales was determined by examining the level of completeness for the six key data items required to determine patients' overall condition (performance status), presence of comorbidities (ASA score), disease status (PSA, Gleason score and TNM staging) and planned treatments agreed at MDT (at least one planned prostate cancer treatment.)

Data completeness across all 6 Health Boards was excellent (Table 3.2). All Health Boards achieved completion rates of 100% for performance status, ASA score, TNM staging and at least one planned treatment was recorded. Completion rates for PSA and Gleason score were the only data items that failed to reach 100%, each with an overall rate of 89% ranging from 83-99% across health boards.(Table 3.2).

Table 3.2. Overview of data completeness for selected data items in the NPCA record by Health Boards in Wales over the period 1 April 2015 and 30 September 2015.

NHS Trust	No. patients with NPCA record	Performance status ¹ completed N (%)	ASA ² completed N (%)	PSA completed N (%)	Gleason score completed N (%)	TNM completed [*] N (%)	At least one planned treatment recorded N (%)
Overall	812	812 (100)	812 (100)	722 (89%)	720 (89%)	811 (100%)	812 (100%)
Abertawe Bro Morgannwg UHB	137	137 (100%)	137 (100%)	115 (84%)	115 (84%)	137 (100%)	137 (100%)
Aneurin Bevan UHB	185	185 (100%)	185 (100%)	154 (83%)	154 (83%)	185 (100%)	185 (100%)
Betsi Cadwaladr UHB	78	78 (100%)	78 (100%)	76 (97%)	75 (97%)	77 (99%)	78 (100%)
Cardiff and Vale UHB	146	146 (100%)	146 (100%)	145 (99%)	144 (99%)	146 (100%)	146 (100%)
Cwm Taf UHB	86	86 (100%)	86 (100%)	82 (95%)	82 (95%)	86 (100%)	86 (100%)
Hywel Dda UHB	180	180 (100%)	180 (100%)	150 (83%)	150 (83%)	180 (100%)	180 (100%)

¹ WHO classification (also known as Eastern Cooperative Oncology Group score) of a patient's performance status: 0 denotes perfect health (able to carry out all normal activity without restriction); patients scoring 1-2 are able to walk and are capable of all self-care, includes patients who can (1) and cannot (2) do light work; 3 denotes a patient who is capable of limited self-care and confined to bed >50% of the time; patients scoring \geq 4 are bed-bound, completely disabled and unable to carry out any self-care.

² American Society of Anaesthesiologists (ASA) classification of a patient's physical status; 1 denotes a normal healthy patient without any systemic disturbance or abnormality; 2 denotes a patient with mild systemic disease (which may be the result of a comorbid condition); patients scoring 3-4 have severe systemic disease that limits functions but is not incapacitating (3) or is a constant threat to life (4); 5 denotes a moribund patient

3.4 NPCA Prospective Audit in Wales: preliminary results *Missing data*

The distribution of data items corresponding to key patient characteristics, diagnostic and staging details, and planned treatments varies across Health Boards (Table 3.3).

Overall, there was minimal missing data. PSA level and Gleason score at diagnosis were missing for 11% of men. Data from one Health Board regarding use of mpMRI was missing from 9% of records (Table 3.3).

Table 3.3. Preliminary results for selected data items in the NPCA Prospective Audit in Wales by Health Board for patients newly diagnosed between 1 April 2015 and 30th September 2015.

Health Board	No. patients with NPCA record	Patients with age recorded		Performance status recorded		ASA score recorded		PSA level recorded		TNM recorded						recorded		Biopsy type recorded		mpMRI performed			Planned prostate cancer treatment		
		miss. (%)	age>70 (%)	miss. (%)	PS=0 (%)	miss. (%)	ASA=1 (%)	miss. (%)	PSA>10 (%)	miss. (%)	T3/4 (%)	miss. (%)	N1 (%)	miss. (%)	M1	miss. (%)	Gls≥8	miss. (%)	TRUS	miss. (%)	before biopsy	miss. (%)	Radical surgery	Radical RT	
Overall	812	0	438 (54%)	0	481 (59%)	0	316 (39%)	90 (11%)	332 (46%)	1 (<1%)	264 (33%)	0	66 (9%)	0	92 (14%)	92 (11%)	153 (21%)	0	667 (82%)	13 (2%)	115 (14%)	0	100 (12.3%)	255 (31.4%)	
Abertawe Bro Morgannwg UHB	137	0	73 (53%)	0	101 (71%)	0	94 (69%)	22 (16%)	73 (63%)	0	48 (38%)	0	6 (5%)	0	14 (10%)	22 (16%)	24 (21%)	0	104 (76%)	12 (9%)	20 (16%)	0	7 (5%)	41 (30%)	
Aneurin Bevan UHB	185	0	96 (52%)	0	84 (45%)	0	65 (35%)	31 (17%)	73 (47%)	0	58 (32%)	0	15 (11%)	0	21 (14%)	31 (17%)	25 (16%)	0	143 (77%)	0	13 (7%)	0	31 (17%)	50 (27%)	
Betsi Cadwaladr UHB	78	0	48 (62%)	0	46 (59%)	0	31 (40%)	2 (3%)	36 (47%)	1 (1%)	28 (38%)	0	4 (6%)	0	5 (7%)	3 (4%)	21 (28%)	0	64 (82%)	0	8 (10%)	0	13 (17%)	35 (45%)	
Cardiff and Vale UHB	146	0	75 (51%)	0	106 (73%)	0	43 (29%)	1 (1%)	58 (40%)	0	39 (27%)	0	13 (9%)	0	17 (20%)	2 (1%)	24 (17%)	0	136 (93%)	0	35 (24%)	0	24 (16%)	42 (29%)	
Cwm Taf UHB	86	0	38 (44%)	0	53 (62%)	0	45 (52%)	4 (5%)	37 (45%)	0	29 (34%)	0	12 (14%)	0	7 (14%)	4 (5%)	23 (28%)	0	80 (93%)	1 (1%)	13 (15%)	0	9 (10%)	37 (43%)	
Hywel Dda UHB	180	0	108 (60%)	0	91 (51%)	0	38 (21%)	30 (17%)	55 (37%)	0	62 (34%)	0	16 (9%)	0	28 (16%)	30 (17%)	36 (24%)	0	140 (78%)	0	26 (14%)	0	16 (9%)	50 (28%)	

Denominators –

PSA level – All those that had PSA level recorded

TNM staging - All those with missing data or Tx, Nx or Mx were excluded from the denominator.

Gleason score – All those with Gleason score recorded

Biopsy type – All those that had biopsy technique recorded

mpMRI timing – When mpMRI was known not to have been performed, or known to have been performed before or after biopsy

Patient information

The majority of men diagnosed with prostate cancer were over 70 years of age (54%; Table 3.4). They were in good health at diagnosis with 59% having a performance status of 0 and only 2% had a performance status of ≥ 3 . 39% of patients had no co-existing medical problems (ASA score of 1) and just under half (47.5%; Table 3.4) had only mild systemic disease. Just over 1 in 10 men had significant co-morbidity (13.5% with ASA score of 3; Table 3.4). We do not have information on ethnicity and socio-economic group for the Wales data.

Table 3.4. Summary of patient information for Wales (diagnosed 1 April – 30 September 2015, N = 812)

	No. of patients	Percentage
Age (years)		
<60	92	11%
60 to 70	282	35%
>70	438	54%
Missing	None	
Performance status¹		Denominator = 812 (patients with PS recorded)
0	481	59%
1-2	315	39%
≥ 3	16	2%
Not recorded	None	
Missing	None	
ASA score²		Denominator = 812 (patients with ASA recorded)
1	316	39%
2	386	47.5%
≥ 3	110	13.5%
Missing	None	

¹ WHO classification (also known as Eastern Cooperative Oncology Group score) of a patient's performance status: 0 denotes perfect health (able to carry out all normal activity without restriction); patients scoring 1-2 are able to walk and are capable of all self-care, includes patients who can (1) and cannot (2) do light work; 3 denotes a patient who is capable of limited self-care and confined to bed >50% of the time; patients scoring ≥ 4 are bed-bound, completely disabled and unable to carry out any self-care.

² American Society of Anaesthesiologists (ASA) classification of a patient's physical status; 1 denotes a normal healthy patient without any systemic disturbance or abnormality; 2 denotes a patient with mild systemic disease (which may be the result of a comorbid condition); patients scoring 3-4 have severe systemic disease that limits functions but is not incapacitating (3) or is a constant threat to life (4); 5 denotes a moribund patient

Cancer stage, tumour grade and disease status at presentation

Of the 722 (89%) patients where PSA level at diagnosis was recorded 53% had a level of <10, 23% were between 10 and 20 and 24% had a level >20 (Table 3.5). TNM staging was recorded for all but one patient, 21% were T1, 46% were T2, 26% were T3 and 7% were T4 (Table 3.5). Gleason score was recorded for 720 patients (89%), 38% had a score of ≤6, 41% had a score of 7 and 21% had a score of ≥ 8 (Table 3.5).

Table 3.5. Summary of staging information to determine disease status for Welsh NPCA patients (diagnosed 1 April – 30 September 2015, N = 812)

	No. of patients	Percentage
PSA level at diagnosis		Denominator = 722 (patients with PSA recorded)
<10 ng/ml	380	53%
10 to 20 ng/ml	168	23%
>20 ng/ml	174	24%
Missing	90	
Gleason score		Denominator = 720 (patients with Gleason ≤6, =7 or ≥8 recorded)
≤6	275	38%
7	292	41%
≥8	153	21%
Missing	92	
TNM		
T score		Denominator = 792 (patients with T1, T2, T3 or T4 recorded)
T1	164	21%
T2	364	46%
T3	206	26%
T4	58	7%
TX	19	
Missing	1	
N score		Denominator = 729 (patients with N1 or No recorded)
N1	66	9%
No	663	91%
NX	83	
Missing	0	
M score		Denominator = 666 (patients with M1 or Mo recorded)
M1	92	14%
Mo	574	86%
MX	146	
Missing	0	

In applying the NPCA risk stratification algorithm including PSA (section 2.2.7) disease status could be defined for 812 men. The inclusion of PSA in the algorithm had no effect on the percentage of men with advanced disease and little effect on those with mixed and intermediate disease. There was a small rise in men with locally advanced disease with inclusion of PSA (28% to 32%). Overall, risk stratification with PSA, identified 9% with low-risk disease, 43% with intermediate-risk disease, 3% in the mixed group, 32% in the locally advanced group and 11.3% in the advanced group (Table 3.6).

Table 3.6. Prostate cancer disease status distribution – Welsh NPCA patients diagnosed 1 April – 30 September 2015, (N = 812) on the basis of NPCA risk stratification with PSA (add reference to appropriate methods section).

	Advanced	Locally advanced	Mixed	Intermediate	Low	Insufficient stage info
NPCA (patients diagnosed 1 April – 30 September 2015)						
Risk stratification with PSA (N=812)	92 (11.3%)	257 (31.7%)	27 (3.3%)	352 (43.4%)	73 (9%)	11 (1.3%)

Diagnostic and staging investigations

Standard transrectal ultrasound (TRUS) guided biopsy was the most commonly performed prostate biopsy technique in the vast majority of cases (92%). Overall, 65% of men had a multi-parametric MRI (mpMRI) as part of their staging. Of these, 22% were performed prior to prostate biopsy. Excluding those patients where it was not known if a mpMRI was performed, 35% did not have a mpMRI performed as part of staging (Table 3.7).

Table 3.7. Summary of diagnostic and staging investigations (Welsh patients diagnosed 1 April – 30 September 2015, N = 812)

	No. of patients	Percentage
Biopsy type		Denominator = 723 (patients with biopsy technique recorded and known)
Transrectal ultrasound	667	92.3%
Transrectal saturation	8	1.1%
Perineal sampling	0	
Perineal template	16	2.2%
Other	32	4.4%
Not known	0	
None	89	
Missing	0	
mpMRI* performed		Denominator = 799 (patients for whom it is known whether or not mpMRI was performed, and if so, before or after biopsy)
Before biopsy	115	14%
After biopsy	407	51%
Not performed	277	35%
Not known whether mpMRI performed	13	
Missing	0	

* multiparametric MRI defined as an MRI with T1 and T2 sequences in addition to dynamic contrast enhancement and diffusion weighting for the NPCA.

Planned and initial treatments

All patients had at least one planned treatment recorded. Radical prostatectomy was performed in 12% of cases (100 patients) and 31% of cases (255 patients) received radical radiotherapy (excluding brachytherapy which only accounts for 0.5% of initial treatments). 33% of patients (267 patients) underwent active monitoring or watchful waiting. 20% of cases (160 patients) received hormones alone or in combination with chemotherapy.

The most common type of prostatectomy performed was robotic assisted, accounting for 60% of cases (Table 3.8). For all patients who received radiotherapy, 97% was given with radical intent (Table 3.8).

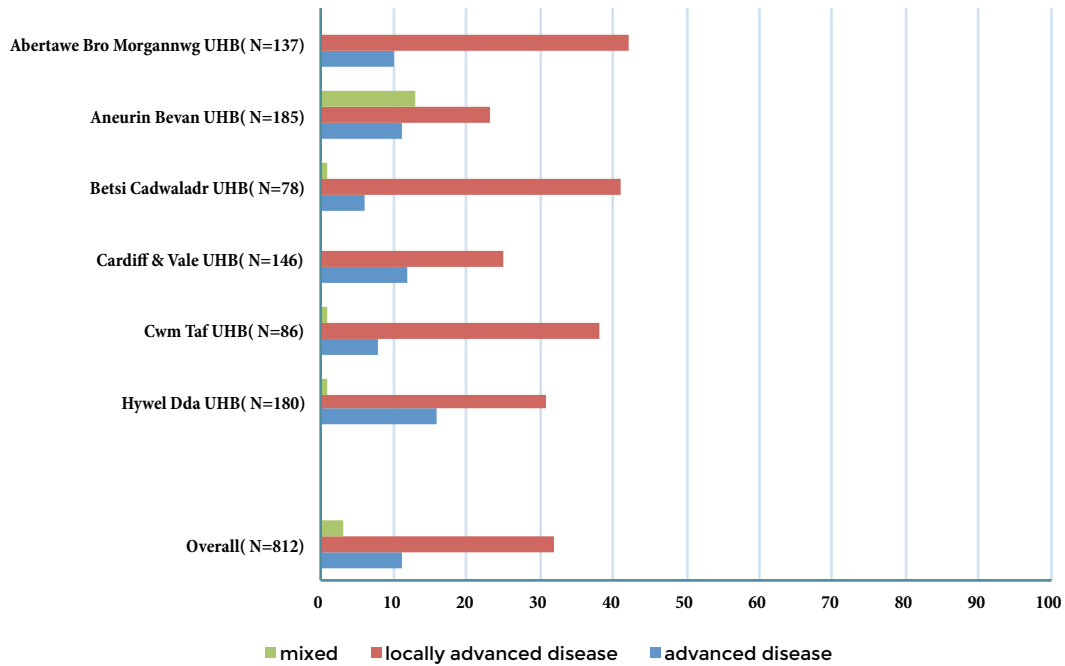
Table 3.8. Summary of type of prostatectomy performed and planned radiotherapy intent (Welsh patients diagnosed 1 April – 30 September 2015, N = 812)		
	No. of patients	Percentage
Type of radical prostatectomy		Denominator = 100 (patients with type of radical prostatectomy recorded, includes 'not known')
Robotic-assisted	60	60%
Open	15	15%
Laparoscopic	11	11%
Not known	14	14%
Missing	0	
Planned radiotherapy intent		Denominator = 263 (patients with planned RT intent recorded, includes 'other' and 'not known')
Radical	255	97%
Palliative	8	3%
Other	0	
Not known	0	
Missing	0	

Performance indicators 1 and 2: proportion of men with locally advanced disease and proportion of patients diagnosed with advanced disease

As previously stated, using the NPCA risk stratification algorithm, with the inclusion of PSA, 32% of patients had locally advanced disease and 11% had advanced disease.

The proportion of men presenting with advanced disease ranged from 6% to 16% between Health Boards. The proportion of men presenting with locally advanced disease ranged from 23% to 42% between Health Boards (Figure 3.1).

Figure 3.1: Proportion of men with locally advanced and advanced prostate cancer, in addition to the mixed group, at the time of diagnosis by Health Board (as per NPCA risk algorithm).



3.5 Discussion

This chapter presents the first analysis of the NPCA prospective audit data for Wales. In the first six months of the audit 812 patients were diagnosed between 1st April and 30th September 2015. We report on the participation of Health Boards within Wales and the completeness and quality of data submitted to the NPCA. We present information on patients diagnosed in the first 6 months of the audit, including the diagnostic and staging process they underwent and their initial planned treatment. We also present two performance indicators, the proportion of men presenting with advanced and locally advanced disease.

3.5.1 Participation, case ascertainment and data completeness

The analysis of the NPCA's first six months of data collection has produced some excellent results. All 6 Health Boards participated with an overall case ascertainment rate of 65%. Only one Health Board recorded poor ascertainment rates.

The most encouraging aspect of the preliminary results from Wales is the level of data completeness. ASA, performance status, TNM staging, biopsy type and planned treatment were recorded for all men in each Health Board. Overall completion rates of Gleason score and PSA level at diagnosis, although not reaching 100%, were high with data recorded for 89% of men although there was some variation across Health Boards.

The level of data completeness reflects the validation process that is mandated in Wales. Each patient record can only be submitted to NPCA after individual validation and clinical sign off. It is not possible to sign off a record if a data item is missing. The only exception to this rule is whereby a biopsy has not been taken and for technical reasons Canisc will not allow a PSA level to be uploaded. This would explain the almost identical data completeness levels for PSA level and Gleason score. It is assumed that these cases may represent clinical diagnoses of advanced prostate cancer whereby a biopsy was not thought necessary.

3.5.2 Preliminary findings

Based on the preliminary data for the first six months of data collection within Wales we found that just over half (54%) of all men diagnosed with prostate cancer were over 70 years of age and just under two-thirds (59%) of men were in very good health. Unfortunately data on ethnicity or socioeconomic status were unavailable for this analysis. Adjustment for possible differences in case mix across Health Boards will enable future comparisons between providers.

TRUS biopsy remains the predominant prostate biopsy technique with 92.3% having this performed. 65% of all patients received a mpMRI as part of staging with only 22% of these before the biopsy.

At diagnosis risk stratification with PSA identified 9% with low-risk disease, 43.4% with intermediate-risk disease, 3.3% in the mixed group, 31.7% in the locally advanced group and 11.3% in the advanced group. There was a more marked variation noted between Health Boards for the proportion of patients presenting with locally advanced disease compared to the variation in proportion of patients with advanced disease.

Data on planned treatments was completed well with all records having at least one planned treatment recorded. Only 12.3 % had a radical prostatectomy with two and half times this number receiving radical radiotherapy. The overall number having surgery does appear lower than expected. It will be interesting to see if this trend is replicated when more data is available for future reports. Nearly a third of all new diagnoses underwent active surveillance rather than immediate treatment.

3.6 Implications and recommendations for clinical practice

All six Health Boards in Wales participated in the NPCA from 1st April 2015 to 30th September 2015 which is encouraging. Overall case ascertainment was 65% and this varied between the Health Boards. The low case ascertainment should be interpreted with caution as for this preliminary data extract, the expected number of men with newly diagnosed prostate cancer was based on data from the previous year (1st April 2014 to 30th September 2014). In next year's Annual Report (2017) the case-ascertainment for Wales will be based on the same date-range as the prospective audit.

Data completion was excellent amongst Health Boards in Wales with most NPCA data items having a 100% level of completion. As previously mentioned, this can be most likely credited to the mandated involvement of healthcare professionals in the clinical sign-off in Wales. Further work will be performed to evaluate if men who have incomplete data for PSA and Gleason score are those with clinically diagnosed advanced prostate cancer not requiring a biopsy.

The findings from the preliminary analysis from Wales have been encouraging and demonstrate the potential for providers to achieve excellent levels of data completeness for the NPCA Prospective Audit. Improved case ascertainment in combination with continued participation and high rates of data completeness will enable the NPCA to identify potential areas for service improvement. In the next Annual Report, we will perform a detailed analysis of a year's worth of data from Wales (1st April 2015-30th March 2016) and will be able to incorporate all six core performance indicators. Given the high level of data completeness we also envisage that data can be presented using funnel plots that will be risk-adjusted for case-mix factors to assess variation amongst Health Boards.

4. Outcomes reported by patients following radical treatment for prostate cancer and their experience of care in England

4.1 Introduction

Men with localised prostate cancer who receive radical treatments (surgery and/or radiotherapy often with androgen deprivation therapy [ADT]) usually survive for many years with potential adverse consequences of these treatments on sexual, urinary or bowel function.

The NPCA initiated a two-year patient survey to determine patients' views of their experience of care following diagnosis, in addition to the functional impact of radical treatment on patients' lives. To quantitate this at a patient level questionnaires have been sent to men with localised prostate cancer 18 months post-diagnosis.

The patient survey started in England and included men diagnosed between 1st April 2014 and 31st March 2015 who underwent radical treatment. The survey will continue for men diagnosed after 1st April 2015 with two important changes. First, it will extend to men diagnosed in Wales and second, it will also include all men who were candidates for radical treatment (irrespective of whether or not radical treatment was received).

The analysis presented in this chapter describes the results for men diagnosed in England between 1st April 2014 and 31st October 2014 who underwent radical treatment.

4.2 Methods

4.2.1 Patient group & inclusion criteria

Patients are eligible for inclusion in the NPCA prospective audit if they are newly diagnosed with an ICD-10 diagnostic code of C61 (malignant neoplasm of the prostate) in England from 1st April 2014. For the NPCA PROMs and PREMs, men undergoing radical treatment were identified on the basis of two NPCA data items ("Type of radical prostatectomy", "Procedure date" of the radical prostatectomy) and one COSD data item ("Cancer Treatment Modality").

4.2.2 Survey design

The NPCA patient questionnaire was designed to determine patients' views of their outcomes and experience of care following diagnosis and treatment. This includes questions on the information patients received about their prostate cancer diagnosis and treatment options, the treatment options offered, how the decision for their initial treatment was made, further treatments, sexual, urinary, bowel, hormonal symptoms / function, and quality of life.

The questionnaire was designed by the NPCA Project Team following review of the current literature/guidelines and in consultation with clinical and patient representatives in the Audit's Clinical Reference Group. The content was informed by other UK and International PROMs and PREMs initiatives (for example, the *Life After Prostate Cancer Diagnosis*²⁸ research study and *National Cancer Patient Experience Survey*²⁹) and includes as much as possible relevant items from both generic and disease-specific validated instruments to allow direct comparison of results.

The questionnaire includes:

- Selected questions from the *National Cancer Patient Experience Survey*, a national survey commissioned by NHS England to monitor progress on cancer care, to determine patients' views of their experience of care following diagnosis and treatment.
- The *Expanded Prostate Cancer Index Composite 26-item version (EPIC 26)*, a validated instrument to measure prostate cancer related quality of life (QoL). EPIC-26 comprises 26 items measuring functioning in five domains (urinary incontinence; urinary irritation/obstruction; bowel function; sexual function; hormonal disturbance) and the extent to which a patient perceives functioning to be a problem. Each domain comprises 4 to 7 items scaled to 100. The validated summary score for each domain ranges from 0 to 100 with higher scores representing a better QoL.³⁰
- The *EuroQol (EQ)-5D-5L*, a generic validated PROM that describes generic health related QoL based on five domains (mobility, self-care, usual activities, pain/discomfort and anxiety/depression) with responses at 5 levels ('no problems', 'slight problems', 'moderate problems', 'severe problems', and 'unable to/extreme problems'). The EQ-5D-5L index score is calculated by matching the pattern of the five responses against a set of utilities derived from the general UK population. The score is expressed on a scale with 0 representing 'death' and 1 'perfect health'.³¹

The final NPCA patient questionnaire and information sheet can be found on our website.

Cognitive testing was performed by Quality Health, the NPCA Survey provider. Volunteers (n=20) who had previously undergone radical treatments for prostate cancer were identified by the NPCA clinicians and sent a questionnaire prior to participating in a telephone interview. No questions were found to be unacceptable or unclear.

²⁸ <http://www.lifeafterprostatecancerdiagnosis.com/>

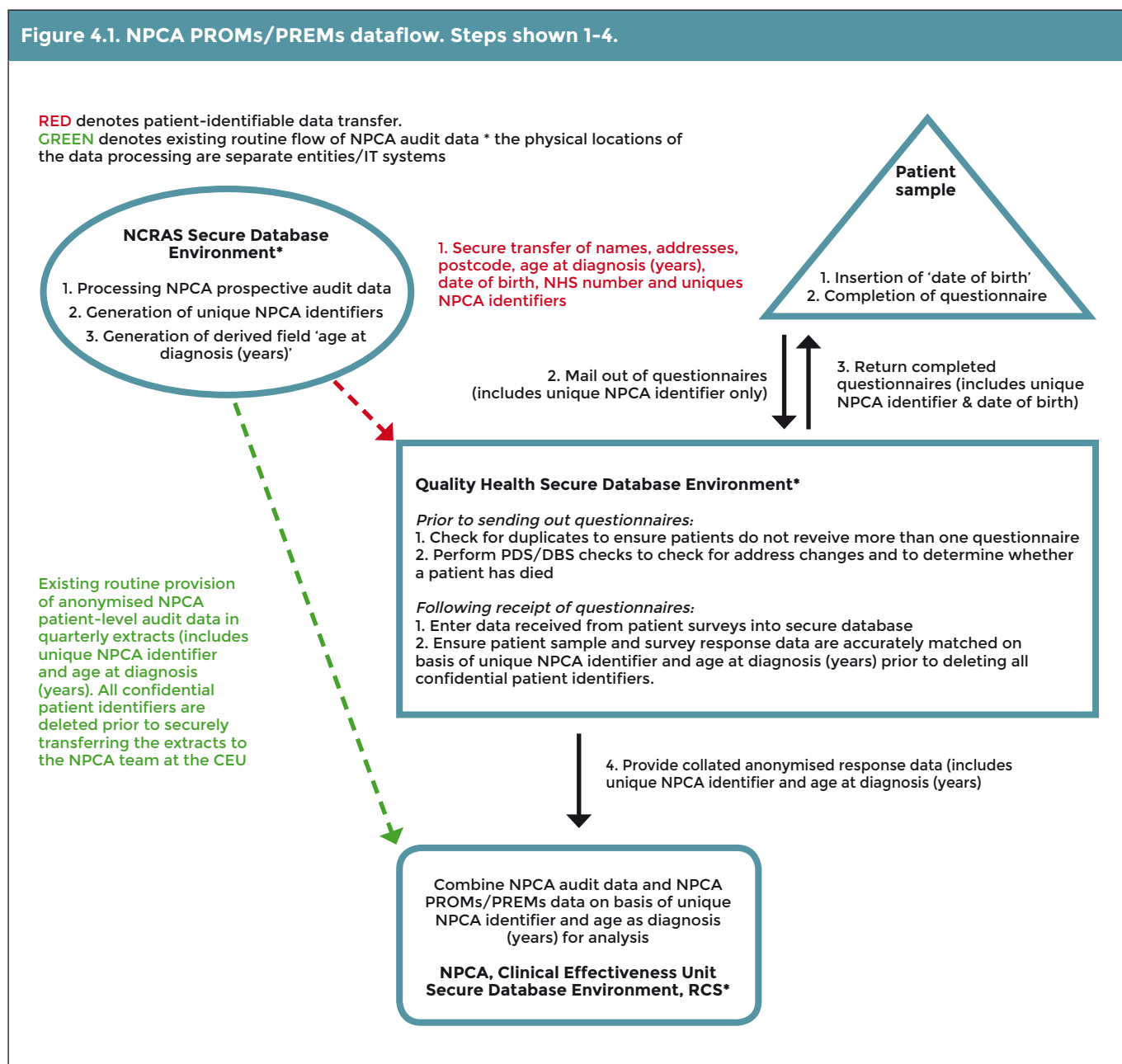
²⁹ <https://www.quality-health.co.uk/surveys/national-cancer-patient-experience-survey>

³⁰ Development and validation of an abbreviated version of the expanded prostate cancer index composite instrument for measuring health-related quality of life among prostate cancer survivors. Szymanski KM, Wei JT, Dunn RL, Sanda MG. *Urology*. 2010;76(5):1245-50

³¹ Development and preliminary testing of the new five-level version of EQ-5D (EQ-5D-5L). Herdman M, Gudex C, Lloyd A, Janssen M, Kind P, Parkin D, Bonsel G, Badia X. *Qual Life Res*. 2011;20(10):1727-36

4.2.3 Survey administration: data flow, collection and linkage

Figure 4.1 illustrates the data flow for the NPCA PROMs/PREMs. In summary, the NPCA Project Team identified men who needed to be sent a questionnaire. The National Cancer Registration and Analysis Service (NCRAS) securely transferred the relevant identifiable data for these men (names and addresses, date of birth, NHS number and a unique NPCA identifier) to Quality Health,³² the NPCA's survey provider.³³ Before sending out the surveys Quality Health used the Personal Demographic Service (PDS)/ Disclosure Barring Service (DBS) to check for address changes and to determine whether a patient had died.



³² www.quality-health.co.uk

³³ Approval for the transfer of patient identifiable information from NCRAS to Quality Health was granted by the Confidential Advisory Group, Health Research Authority (Reference: 15_CAG_0143_NPCA Patient survey)

Men consented by returning a completed questionnaire and declined by not returning a questionnaire. Two reminders were sent to non-responders. Men preferring not to receive a reminder could return a blank questionnaire. Quality Health provided a 24-hour Freephone telephone helpline for respondents.

4.2.4 Data linkage, level of reporting and analysis

Anonymised NPCA PROMs and PREMs response data were linked to patient level data from the NPCA prospective audit dataset, Hospital Episodes Statistics (HES) and Radiotherapy Dataset (RTDS) using a unique NPCA identifier. These linkages provided information about patient characteristics, tumour characteristics, disease status and validated the radical treatments received by patients. Disease status was determined using “integrated staging items” as described in section 2.2.7.

Level of reporting: provider comparisons

PROMs data are reported at overall national level and at surgical and/or radiotherapy centre level for centres with a volume of 10 or more patients. Unadjusted funnel plots were used to further analyse variation in patient outcomes across specialist centres. All PREMs data presented are reported at overall national level and at specialist MDT level.³⁴ This distinction was made as PROMs were considered to be most relevant for the providers of the radical treatment and PREMs data for the clinicians responsible for planning of the care from the time of diagnosis.

Data for local Trust MDTs can be found in Appendix 4.

Analysis

Descriptive results are given as means with standard deviations and as percentages.

We used funnel plots to explore the extent of variation in the PREMs and PROMs results across providers. The funnel plots are not used to identify outlying units given that at this stage we only present preliminary results only capturing a 7 months diagnosis period without applying an approach to adjust for variations in case mix.

The funnel plots are defined by three lines. The horizontal centre line represents the national average of a) the proportion of men selecting a particular answer for each PREMs question for all sMDTs combined and b) PROMs validated scores for all surgical or radiotherapy centres with a volume of > 10 men combined). The two funnel lines represent expected levels of random variation that are two standard deviations (inner funnel) or three deviations (outer funnel) away from the national sMDT average (PREMs) or surgical/radiotherapy centre average (PROMs). These control lines are shown by dashed lines and represent the 95% (inner funnel) and 99.8% (outer funnel) control limits.

If a result falls outside the control limits, it is considered to be different from the national average at a 5% or a 0.2% significance level, respectively.

4.3 Results

4.3.1 Response rate and data quality

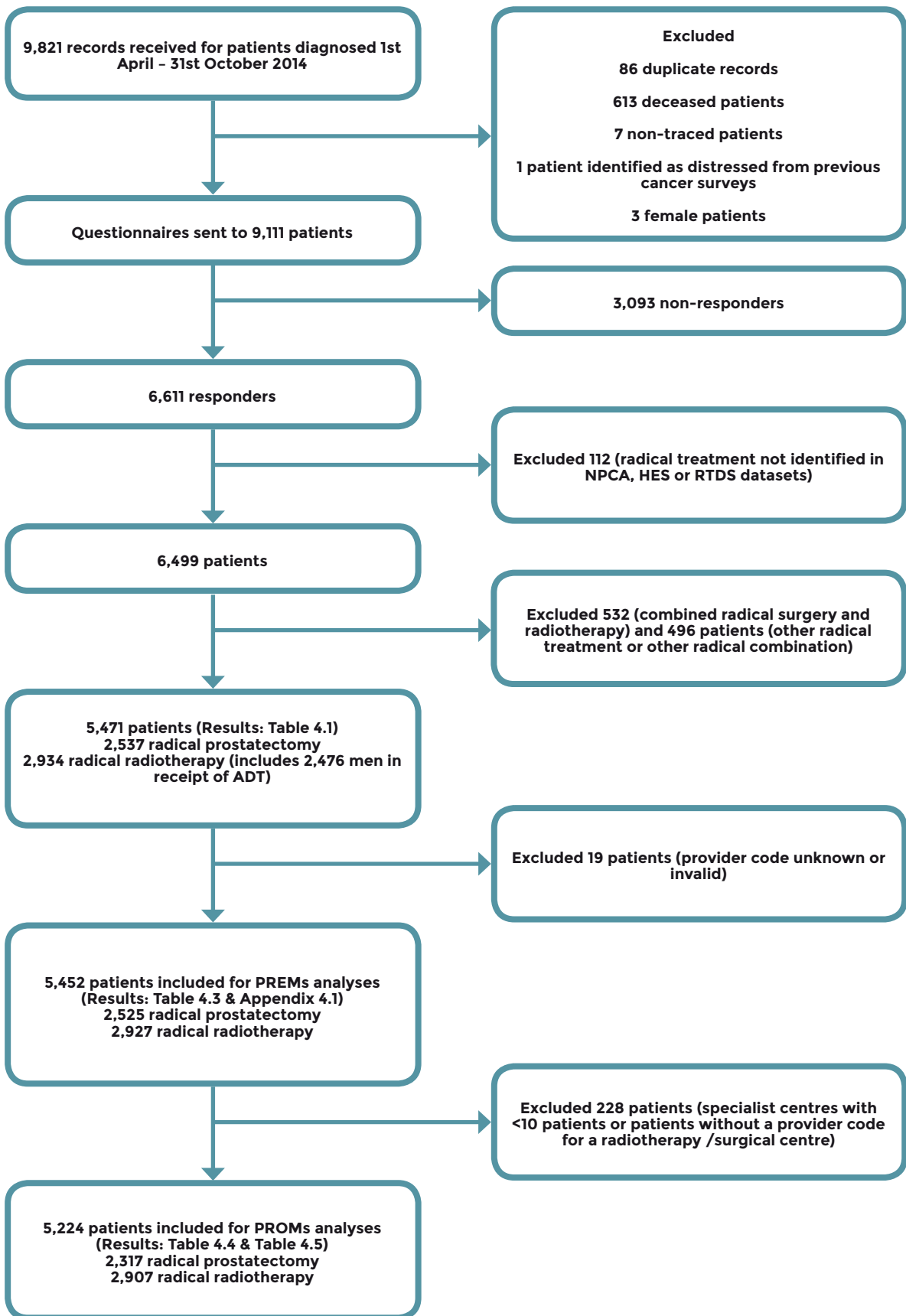
Of the 9,111 men who were eligible for the study and were sent a questionnaire, 6,611 (73%) returned a completed questionnaire (Figure 4.2).³⁵

Missing data levels were very low, typically less than 5% for the majority of fields in the questionnaire.

³⁴ The arrangement of prostate cancer services and the Trusts that host sMDTs have previously been described in the NPCA Organisational Audit <http://www.npca.org.uk/annual-report-2014/> Organisation of Prostate Cancer Services in the English National Health Service. Aggarwal A, Nossiter J, Cathcart P, van der Meulen J, Rashbass J, Clarke N, Payne H. Clin Oncol (R Coll Radiol). 2016;28(8):482-9.

³⁵ The response rate was 73% on completion of two rounds of follow-up for men diagnosed 1st April – 30th September. However, only one round of follow-up was completed for men diagnosed in October 2014 prior to the temporary interruption of the study following the decision of Public Health England's National Cancer Registration and Analysis Service to stop the transfer of names and addresses of patients to Quality Health, NPCA's survey provider, following the instruction of the Department of Health to NHS Digital (previously known as Health and Social Care Information Centre) not to release identifiable information for men who have made type 2 opt out requests. See for more information on type 2 opt out request: <http://content.digital.nhs.uk/article/7092/Information-on-type-2-opt-outs>

Figure 4.2. Flow chart of patient inclusion



4.3.2 Characteristics of the responders

In the analysis presented in the next section we describe the results for the 5452 men who had either radical prostatectomy (N=2,525) or radical radiotherapy (EBRT, N=2,927). Of the men who underwent EBRT, 2,476 were in receipt of concomitant androgen deprivation therapy (Figure 4.2). The 1159 men who had combined radical treatments (radical prostatectomy and radical radiotherapy) or other radical treatments were excluded from the current analysis. The results for these patients will be reported in a separate report that will be published later.

Men who had radical prostatectomy were on average younger than those who had EBRT and they were also less likely to report comorbidities (Table 4.1). In addition, 54% of men who underwent radical prostatectomy had low-risk or intermediate-risk localised disease whereas the corresponding percentage for men who had EBRT was 26%.

Table 4.1. Characteristics and disease status of men diagnosed with prostate cancer between 1st April and 31st October 2014 undergoing radical prostatectomy (N=2,525) or radical radiotherapy (N=2,927) who returned NPCA Patient Survey response data.

	Radical prostatectomy patients N(%)	Radical radiotherapy patients N(%)
No. of men in each group	2,525	2,927
Patient characteristics		
Age		
<60	557 (23%)	135 (5%)
61-65	607 (25%)	406 (14%)
66-70	755 (31%)	787 (27%)
71-75	278 (11%)	837 (29%)
76-80	121 (5%)	604 (21%)
>80	120 (5%)	119 (4%)
Missing	161 (4%)	39 (1%)
Ethnicity		
White	2,335 (94%)	2,727 (95%)
Mixed	15 (<1%)	18 (<1%)
Asian or Asian British	34 (1%)	45 (2%)
Black	74 (3%)	66 (2%)
Other	5 (<1%)	1 (<1%)
Don't want to answer question	14 (<1%)	9 (<1%)
Missing	48 (2%)	61 (2%)
Comorbidities		
0	789 (31%)	534 (18%)
1	826 (33%)	896 (30%)
2	509 (20%)	797 (27%)
3	401 (16%)	700 (27%)
Missing	0	0
Tumour Characteristics		
Disease status		
Low-risk localised	84 (4%)	30 (1%)
Intermediate-risk localised	1,030 (50%)	689 (25%)
Mixed: locally advanced or and advanced	79 (4%)	90 (4%)
Locally Advanced	834 (40%)	1,531 (61%)
Advanced	52 (3%)	170 (7%)
Insufficient staging info	446 (18%)	417 (14%)

4.3.3 Patient experience following diagnosis of prostate cancer reported by patients undergoing radical surgery alone or radical radiotherapy alone

Patient experience of care: variation by type of radical treatment and specialist MDT

Table 4.2 presents patient experience response data (mean proportion of patients selecting a particular answer for each question) for patients who underwent radical prostatectomy or radical radiotherapy (EBRT) stratified by sMDT. Overall, 2,525 men underwent radical prostatectomy and 2,927 EBRT across 48 specialist MDTs. Data for specialist MDTs with <10 responding patients are included in the overall analysis. However, data for individual specialist MDTs with less than 10 patients returning response data are not shown in Table 4.2.

Data for local MDTs can be found in Appendix 3.

87% of radical prostatectomy patients (ranging from 77% to 95% across s specialist MDTs) and 90% of men receiving EBRT (ranging from 77% to 95%) reported that they were given the 'right amount of information' about their condition and treatment (Tables 4.2a and b).

81% of men who had radical surgery (ranging from 63% to 94% across specialist MDTs) and 42% of men who had EBRT (27%-67%) said they were given a 'choice of different types of treatment' (Table 4.2a and 4.2b)

77% of men who had a radical prostatectomy (ranging from 59% to 93% across specialist MDTs) and 61% (ranging from 46% to 77%) who had EBRT thought 'their views were taken into account' by the clinical team when discussing treatment (Table 4.2a and 4.2b).

The proportion of radical prostatectomy patients responding that they were 'definitely involved in decisions' about their care and treatment was 79% (ranging from 60% to 93% across, which was 70% (ranging from 77% to 95%) for radical radiotherapy patients (Table 4.2a and 4.2b).

72% of men who had radical surgery (ranging from 61% to 87% across specialist MDTs) and 70% who had EBRT (ranging from 48% to 82%) said that possible treatment side effects of treatment were explained 'in a way they could understand' (Tables 4.2a and b).

83% of radical prostatectomy patients (ranging from 61% to 92% across specialist MDTs) and 85% of men receiving radical radiotherapy (ranging from 71% to 94%) were given the name of a Clinical Nurse Specialist who would support them through their treatment (Table 4.2a and 4.2b).

On a scale ranging from 0 ('very poor') to 10 ('very good'), 86% of radical prostatectomy patients (ranging from 50 – 100% across specialist MDTs) and 93% of radiotherapy patients (ranging from 75% to 100%) rated their care as 8 or above (Table 4.2a and 4.2b).

Table 4.2a The number (n) and proportion (%) of men returning the indicated response for each patient experience question (selected NCPES questions), in addition to the number of men completing each question, are presented for radical prostatectomy patients (N=2,525) stratified by sMDT (N=48). Data for sMDTs (indicated by *) where <10 men completed the patient survey are not shown in the table. However, these data contribute to the overall mean results (in red for each question).

Specialist MDT/ Trust	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
Overall (N=2,525)	2,146 (87%)	2,457	1,979 (81%)	2,449	1,892 (77%)	2,463	1,756 (72%)	2,454	1,934 (79%)	2,453	1,986 (83%)	2,396	2,026 (86%)	2,353
Barking, Havering and Redbridge Hospitals NHS Trust (n=14)	10 (77%)	13	11 (85%)	13	10 (77%)	13	7 (54%)	13	12 (86%)	14	10 (71%)	14	7 (50%)	14
Barts Health NHS Trust (n=7)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bradford Teaching Hospitals NHS Foundation Trust (n=53)	46 (90%)	51	42 (84%)	50	40 (78%)	51	40 (80%)	50	40 (78%)	51	40 (82%)	49	46 (90%)	51
Brighton and Sussex University Hospitals NHS Trust (n=64)	58 (91%)	64	45 (73%)	62	51 (80%)	64	45 (71%)	63	49 (80%)	61	48 (83%)	58	53 (88%)	60
Cambridge University Hospitals NHS Foundation Trust (n=42)	34 (83%)	41	25 (63%)	40	24 (59%)	41	26 (65%)	40	25 (64%)	39	31 (82%)	38	37 (97%)	38
Central Manchester University Hospitals NHS Foundation Trust (n=36)	31 (89%)	35	32 (91%)	35	28 (80%)	35	26 (74%)	35	25 (69%)	36	27 (77%)	35	29 (83%)	35
City Hospitals Sunderland NHS Foundation Trust (n=40)	32 (80%)	40	31 (78%)	40	32 (82%)	39	34 (87%)	39	30 (75%)	40	31 (82%)	38	32 (82%)	39
Colchester Hospital University NHS Foundation Trust (n=64)	59 (94%)	63	52 (83%)	63	49 (78%)	63	49 (78%)	63	52 (83%)	63	54 (86%)	63	50 (88%)	57
Derby Hospitals NHS Foundation Trust (n=29)	27 (96%)	28	19 (68%)	28	21 (72%)	29	20 (69%)	29	23 (82%)	28	24 (86%)	28	27 (100%)	27
East and North Hertfordshire NHS Trust (n=68)	59 (89%)	66	62 (94%)	66	56 (85%)	66	51 (77%)	66	58 (88%)	66	48 (73%)	66	55 (87%)	63
East Kent Hospitals NHS Trust (n=48)	43 (90%)	48	35 (73%)	48	38 (79%)	48	34 (72%)	47	38 (79%)	48	40 (87%)	46	39 (85%)	46
Gloucestershire Hospitals NHS Foundation Trust (n=30)	23 (82%)	28	19 (66%)	29	20 (69%)	29	17 (61%)	28	21 (72%)	29	23 (79%)	29	23 (85%)	27
Guy's and St Thomas' NHS Foundation Trust (n=67)	59 (88%)	67	50 (76%)	66	51 (76%)	67	52 (78%)	67	54 (81%)	67	57 (88%)	65	55 (90%)	61
Heart of England NHS Foundation Trust (n=76)	63 (84%)	75	61 (82%)	74	57 (77%)	74	44 (59%)	74	58 (77%)	75	62 (84%)	74	69 (92%)	75
Hull and East Yorkshire Hospitals NHS Trust (n=67)	60 (91%)	66	54 (83%)	65	48 (74%)	65	48 (73%)	66	58 (88%)	66	43 (66%)	65	50 (77%)	65
Imperial College Healthcare NHS Trust (n=39)	32 (86%)	37	34 (89%)	38	32 (84%)	38	30 (79%)	38	32 (86%)	37	32 (89%)	36	30 (83%)	36
Lancashire Teaching Hospitals NHS Foundation Trust (n=87)	67 (79%)	85	67 (80%)	84	66 (79%)	84	56 (67%)	84	63 (74%)	85	74 (87%)	85	72 (86%)	84

/Table 4.2a continued

Specialist MDT/ Trust	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
Leeds Teaching Hospitals NHS Trust (n=26)	22 (88%)	25	19 (76%)	25	17 (68%)	25	18 (72%)	25	15 (60%)	25	22 (88%)	25	20 (80%)	25
Medway NHS Foundation Trust (n=50)	42 (88%)	48	39 (83%)	47	34 (72%)	47	33 (70%)	47	40 (83%)	48	42 (93%)	45	35 (85%)	41
Newcastle Upon Tyne Hospitals NHS Trust (n=86)	77 (92%)	84	67 (80%)	84	65 (77%)	84	61 (73%)	83	69 (81%)	85	70 (86%)	81	76 (94%)	81
Norfolk and Norwich University Hospital NHS Trust (n=54)	47 (89%)	53	40 (75%)	53	45 (85%)	53	41 (77%)	53	47 (89%)	53	43 (83%)	52	45 (92%)	49
North Bristol NHS Trust(n=143)	119 (88%)	136	110 (81%)	136	107 (78%)	138	96 (71%)	136	103 (76%)	136	100 (75%)	134	109 (84%)	130
Northampton General Hospital NHS Trust (n=21)	19 (95%)	20	13 (68%)	19	11 (61%)	18	12 (63%)	19	12 (67%)	18	11 (61%)	18	13 (76%)	17
Nottingham University Hospitals NHS Trust(n=44)	36 (82%)	44	34 (77%)	44	32 (73%)	44	32 (73%)	44	34 (79%)	43	34 (81%)	42	38 (90%)	42
Oxford University Hospitals NHS Trust (n=61)	47 (81%)	58	45 (76%)	59	41 (69%)	59	40 (68%)	59	46 (79%)	58	51 (89%)	57	49 (88%)	56
Plymouth Hospitals NHS Trust (n=58)	49 (89%)	55	33 (61%)	54	37 (66%)	56	37 (67%)	55	39 (71%)	55	42 (81%)	52	43 (80%)	54
Portsmouth Hospitals NHS Trust (n=15)	14 (93%)	15	11 (73%)	15	14 (93%)	15	13 (87%)	15	14 (93%)	15	12 (92%)	13	12 (86%)	14
Princess Alexandra Hospital NHS Trust (n=7)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Royal Berkshire NHS Foundation Trust (n=24)	21 (88%)	24	19 (79%)	24	20 (83%)	24	14 (58%)	24	19 (79%)	24	18 (75%)	24	15 (65%)	23
Royal Devon and Exeter NHS Foundation Trust (n=96)	78 (86%)	91	68 (74%)	92	72 (77%)	93	67 (72%)	93	75 (81%)	93	74 (83%)	89	79 (89%)	89
Royal Surrey County Hospital NHS Trust (n=92)	78 (89%)	88	65 (74%)	88	69 (77%)	90	61 (68%)	90	70 (77%)	91	75 (83%)	90	76 (87%)	87
Salford Royal Hospitals NHS Foundation Trust (n=14)	14 (100%)	14	13 (93%)	14	12 (86%)	14	11 (79%)	14	10 (77%)	13	8 (73%)	11	10 (83%)	12
Sheffield Teaching Hospitals NHS Foundation Trust (n=81)	70 (89%)	79	74 (94%)	79	66 (83%)	80	61 (77%)	79	66 (84%)	79	66 (81%)	81	65 (83%)	78
South Tees Hospitals NHS Trust (n=55)	49 (92%)	53	43 (80%)	54	39 (72%)	54	36 (67%)	54	40 (75%)	53	46 (87%)	53	45 (88%)	51
Stockport NHS Foundation Trust (n=50)	44 (92%)	48	42 (89%)	47	39 (81%)	48	38 (79%)	48	41 (84%)	49	44 (92%)	48	43 (91%)	47

/Table 4.2a continued

Specialist MDT/ Trust	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
The Mid Yorkshire Hospitals NHS Trust (n=66)	53 (83%)	64	54 (83%)	65	47 (72%)	65	41 (63%)	65	48 (74%)	65	56 (90%)	62	49 (78%)	63
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (n=60)	52 (90%)	58	44 (77%)	57	46 (81%)	57	39 (68%)	57	43 (75%)	57	40 (71%)	56	47 (87%)	54
The Royal Marsden NHS Foundation Trust (n=68)	58 (91%)	64	59 (92%)	64	55 (86%)	64	51 (80%)	64	57 (90%)	63	58 (92%)	63	54 (87%)	62
University College London Hospitals NHS Foundation Trust(n=64)	59 (94%)	63	57 (90%)	63	52 (83%)	63	50 (79%)	63	55 (87%)	63	53 (88%)	60	51 (85%)	60
University Hospital Southampton NHS Trust (n=45)	39 (87%)	45	33 (75%)	44	29 (64%)	45	29 (66%)	44	29 (66%)	44	35 (88%)	40	35 (83%)	42
University Hospital of North Staffordshire NHS Trust/ University Hospital of North Midlands (n=97)	85 (89%)	96	81 (84%)	96	67 (70%)	96	69 (72%)	96	73 (78%)	94	81 (88%)	92	77 (86%)	90
University Hospital of South Manchester NHS Foundation Trust (n=1)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-
University Hospital Birmingham NHS Foundation Trust (n=82)	70 (86%)	81	68 (84%)	81	60 (75%)	80	55 (68%)	81	61 (75%)	81	65 (82%)	79	64 (86%)	74
University Hospitals Coventry and Warwickshire NHS Trust (n=73)	56 (77%)	73	65 (89%)	73	55 (76%)	72	54 (74%)	73	56 (78%)	72	57 (80%)	71	56 (80%)	70
University Hospitals of Leicester NHS Trust (n=35)	26 (81%)	32	27 (84%)	32	23 (70%)	33	22 (69%)	32	24 (73%)	33	29 (85%)	34	28 (80%)	35
Wirral University Teaching Hospital NHS Foundation Trust (n=51)	43 (86%)	50	38 (75%)	51	41 (80%)	51	32 (63%)	51	37 (73%)	51	42 (84%)	50	43 (90%)	48

Table 4.2b The number (n) and proportion (%) of men returning the indicated response for each patient experience question (selected NCPES questions), in addition to the number of men completing each question, are presented for radical radiotherapy (EBRT) patients (N=2,927) stratified by sMDT (N=48). Data for sMDTs (indicated by *) where <10 men completed the patient survey are not shown in the table. However, these data contribute to the overall mean results (in red for each question).

Specialist MDT/ Trust	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
Overall (N=2,927)	(2,586) 99%	2877 (98%)	1,201 (42%)	2870 (98%)	1,746 (61%)	2861 (98%)	2,008 (70%)	2877 (98%)	1,993 (70%)	2863 (98%)	2,382 (85%)	2797 (96%)	2,526 93%	2,725 (93%)
Barking, Havering and Redbridge Hospitals NHS Trust (n=31)	23 (77%)	30	16 (53%)	30	15 (50%)	30	17 (57%)	30	18 (62%)	29	21 (72%)	29	20 (77%)	26
Barts Health NHS Trust (n=31)	26 (87%)	30	20 (67%)	30	21 (70%)	30	21 (70%)	30	20 (65%)	31	22 (71%)	31	28 (93%)	30
Bradford Teaching Hospitals NHS Foundation Trust (n=44)	39 (89%)	44	13 (30%)	44	22 (50%)	44	30 (70%)	43	28 (65%)	43	32 (76%)	42	39 (91%)	43
Brighton and Sussex University Hospitals NHS Trust (n=121)	100 (84%)	119	44 (37%)	119	72 (61%)	118	89 (75%)	119	78 (66%)	119	98 (83%)	118	106 (89%)	119
Cambridge University Hospitals NHS Foundation Trust (n=42)	125 (92%)	136	72 (53%)	136	89 (66%)	135	98 (72%)	136	104 (77%)	135	122 (91%)	134	117 (94%)	125
Central Manchester University Hospitals NHS Foundation Trust (n=2)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-
City Hospitals Sunderland NHS Foundation Trust (n=30)	27 (90%)	30	12 (40%)	30	17 (57%)	30	23 (77%)	30	17 (57%)	30	29 (97%)	30	24 (86%)	28
Colchester Hospital University NHS Foundation Trust (n=121)	106 (88%)	120	50 (42%)	120	69 (58%)	119	87 (73%)	120	81 (68%)	120	105 (91%)	116	111 (94%)	118
Derby Hospitals NHS Foundation Trust (n=56)	49 (89%)	55	22 (40%)	55	29 (52%)	56	33 (59%)	56	38 (68%)	56	47 (84%)	56	50 (91%)	55
East and North Hertfordshire NHS Trust (n=38)	34 (89%)	38	18 (47%)	38	22 (59%)	37	28 (74%)	38	23 (62%)	37	34 (92%)	37	28 (90%)	31
East Kent Hospitals NHS Trust (n=36)	33 (94%)	35	14 (40%)	35	21 (58%)	36	27 (75%)	36	24 (69%)	35	28 (82%)	34	34 (100%)	34
Gloucestershire Hospitals NHS Foundation Trust (n=33)	29 (88%)	33	7 (21%)	33	20 (61%)	33	23 (70%)	33	21 (66%)	32	26 (79%)	33	31 (94%)	33
Guy's and St Thomas' NHS Foundation Trust (n=36)	31 (86%)	36	18 (50%)	36	21 (58%)	36	23 (66%)	35	24 (67%)	36	30 (86%)	35	30 (91%)	33
Heart of England NHS Foundation Trust (n=41)	36 (90%)	40	17 (43%)	40	19 (48%)	40	19 (48%)	40	27 (68%)	40	35 (88%)	40	34 (85%)	40
Hull and East Yorkshire Hospitals NHS Trust (n=94)	81 (89%)	91	42 (46%)	91	56 (63%)	89	61 (66%)	92	58 (65%)	89	74 (85%)	87	77 (88%)	88
Imperial College Healthcare NHS Trust (n=24)	21 (91%)	23	12 (52%)	23	14 (58%)	24	17 (71%)	24	17 (71%)	24	18 (90%)	20	17 (85%)	20

/Table 4.2b continued

Specialist MDT/ Trust	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
Lancashire Teaching Hospitals NHS Foundation Trust (n=159)	138 (87%)	158	61 (39%)	158	96 (61%)	157	110 (70%)	158	116 (74%)	156	128 (83%)	154	147 (95%)	154
Leeds Teaching Hospitals NHS Trust (n=39)	34 (89%)	38	20 (53%)	38	23 (61%)	38	28 (74%)	38	27 (71%)	38	32 (84%)	38	30 (88%)	34
Medway NHS Foundation Trust (n=97)	86 (90%)	96	36 (38%)	96	54 (57%)	94	67 (70%)	96	65 (70%)	93	79 (90%)	88	81 (92%)	88
Newcastle Upon Tyne Hospitals NHS Trust (n=118)	100 (90%)	111	43 (39%)	111	75 (67%)	112	81 (72%)	112	76 (67%)	113	103 (92%)	112	103 (96%)	107
Norfolk and Norwich University Hospital NHS Trust (n=95)	86 (91%)	95	27 (28%)	95	53 (56%)	95	63 (66%)	95	64 (69%)	93	85 (94%)	90	80 (92%)	87
North Bristol NHS Trust(n=109)	101 (94%)	107	36 (34%)	107	69 (64%)	107	76 (71%)	107	83 (77%)	108	93 (89%)	104	98 (94%)	104
Northampton General Hospital NHS Trust (n=35)	32 (94%)	34	19 (56%)	34	23 (68%)	34	29 (85%)	34	26 (76%)	34	29 (88%)	33	29 (94%)	31
Nottingham University Hospitals NHS Trust(n=37)	31 (84%)	37	14 (38%)	37	21 (57%)	37	26 (70%)	37	26 (70%)	37	29 (81%)	36	32 (91%)	35
Oxford University Hospitals NHS Trust (n=78)	71 (92%)	77	26 (34%)	77	51 (66%)	77	63 (82%)	77	58 (75%)	77	59 (79%)	75	67 (92%)	73
Plymouth Hospitals NHS Trust (n=42)	33 (83%)	40	12 (30%)	40	26 (67%)	39	26 (67%)	39	26 (63%)	41	36 (88%)	41	37 (93%)	40
Portsmouth Hospitals NHS Trust (n=21)	20 (95%)	21	10 (48%)	21	11 (52%)	21	14 (67%)	21	13 (65%)	20	18 (90%)	20	15 (75%)	20
Princess Alexandra Hospital NHS Trust (n=35)	32 (91%)	35	11 (31%)	35	17 (49%)	35	22 (63%)	35	18 (51%)	35	27 (79%)	34	29 (94%)	31
Royal Berkshire NHS Foundation Trust (n=33)	27 (84%)	32	13 (41%)	32	23 (72%)	32	25 (78%)	32	27 (82%)	33	28 (90%)	31	29 (97%)	30
Royal Devon and Exeter NHS Foundation Trust (n=118)	101 (89%)	114	26 (23%)	114	59 (52%)	114	67 (59%)	114	75 (66%)	114	94 (85%)	111	100 (94%)	106
Royal Surrey County Hospital NHS Trust (n=182)	164 (91%)	181	69 (38%)	181	112 (63%)	178	127 (71%)	180	133 (73%)	181	150 (87%)	172	162 (95%)	170
Salford Royal Hospitals NHS Foundation Trust (n=3)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sheffield Teaching Hospitals NHS Foundation Trust (n=124)	113 (91%)	124	73 (59%)	124	81 (65%)	124	90 (73%)	124	97 (80%)	122	88 (74%)	119	108 (96%)	113
South Tees Hospitals NHS Trust (n=91)	85 (93%)	91	40 (44%)	91	57 (65%)	88	62 (68%)	91	60 (69%)	87	76 (89%)	85	78 (95%)	82

/Table 4.2b continued

Specialist MDT/ Trust	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
Stockport NHS Foundation Trust (n=50)	44 (92%)	48	42 (89%)	47	39 (81%)	48	38 (79%)	48	41 (84%)	49	44 (92%)	48	43 (91%)	47
The Christie NHS Foundation Trust (n=7)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-
The Mid Yorkshire Hospitals NHS Trust (n=2)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (n=94)	84 (92%)	91	25 (27%)	91	41 (46%)	89	60 (66%)	91	53 (58%)	92	77 (85%)	91	83 (93%)	89
The Royal Liverpool and Broadgreen University Hospitals NHS Trust (n=1)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-
The Royal Marsden NHS Foundation Trust (n=76)	70 (93%)	75	47 (63%)	75	58 (77%)	75	53 (71%)	75	56 (77%)	73	61 (84%)	73	72 (97%)	74
University College London Hospitals NHS Foundation Trust (n=28)	24 (89%)	27	10 (37%)	27	16 (59%)	27	19 (70%)	27	18 (64%)	28	22 (81%)	27	25 (93%)	27
University Hospital Southampton NHS Trust (n=32)	30 (97%)	31	16 (52%)	31	20 (65%)	31	20 (65%)	31	23 (74%)	31	25 (86%)	29	26 (96%)	27
University Hospital of North Staffordshire NHS Trust/ University Hospital of North Midlands (n=152)	133 (89%)	149	65 (44%)	149	89 (60%)	148	102 (69%)	148	100 (68%)	148	120 (83%)	145	126 (89%)	141
University Hospital of South Manchester NHS Foundation Trust (n=4)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-
University Hospital Birmingham NHS Foundation Trust (n=127)	108 (87%)	124	67 (54%)	124	82 (66%)	124	87 (70%)	124	85 (70%)	122	104 (87%)	120	102 (89%)	114
University Hospitals Coventry and Warwickshire NHS Trust (n=22)	20 (95%)	21	10 (48%)	21	11 (52%)	21	15 (71%)	21	14 (64%)	22	15 (75%)	20	20 (100%)	20
University Hospitals of Leicester NHS Trust (n=86)	81 (95%)	85	33 (39%)	85	53 (63%)	84	62 (73%)	85	57 (66%)	86	64 (76%)	84	79 (95%)	83
Wirral University Teaching Hospital NHS Foundation Trust (n=11)	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Unadjusted funnel plots are shown representing the mean proportion of men by specialist MDT who returned a particular response to four selected patient experience questions (information given, involvement in care and treatment decisions, CNS specialist and overall care rating ≥ 8) for radical prostatectomy (Figure 4.3) and radical radiotherapy (EBRT; Figure 4.4) patients. The majority of the results across specialist MDTs were within the inner funnel limits for each experience measure.

Figure 4.3 Unadjusted funnel plots of the following patient experience measures (selected NCPES questions) according to sMDTs for radical prostatectomy patients (N=2,525):

- a) Q31: Before your cancer treatment started, how much information were you given about your condition and treatment? Proportion of men selecting 'The right amount'
- b) Q36: Were you involved as much as you wanted to be in decisions about your care and treatment? Proportion of men selecting 'Yes, definitely'
- c) Q39: Were you given the name of a Clinical nurse Specialist who would be in charge of your care? Proportion of men selecting 'Yes'
- d) Q41: Overall how would you rate your care (on a scale of 0 – 10, where 0 = 'very poor' and 10 = 'very good')? Proportion of men rating care as 8-10

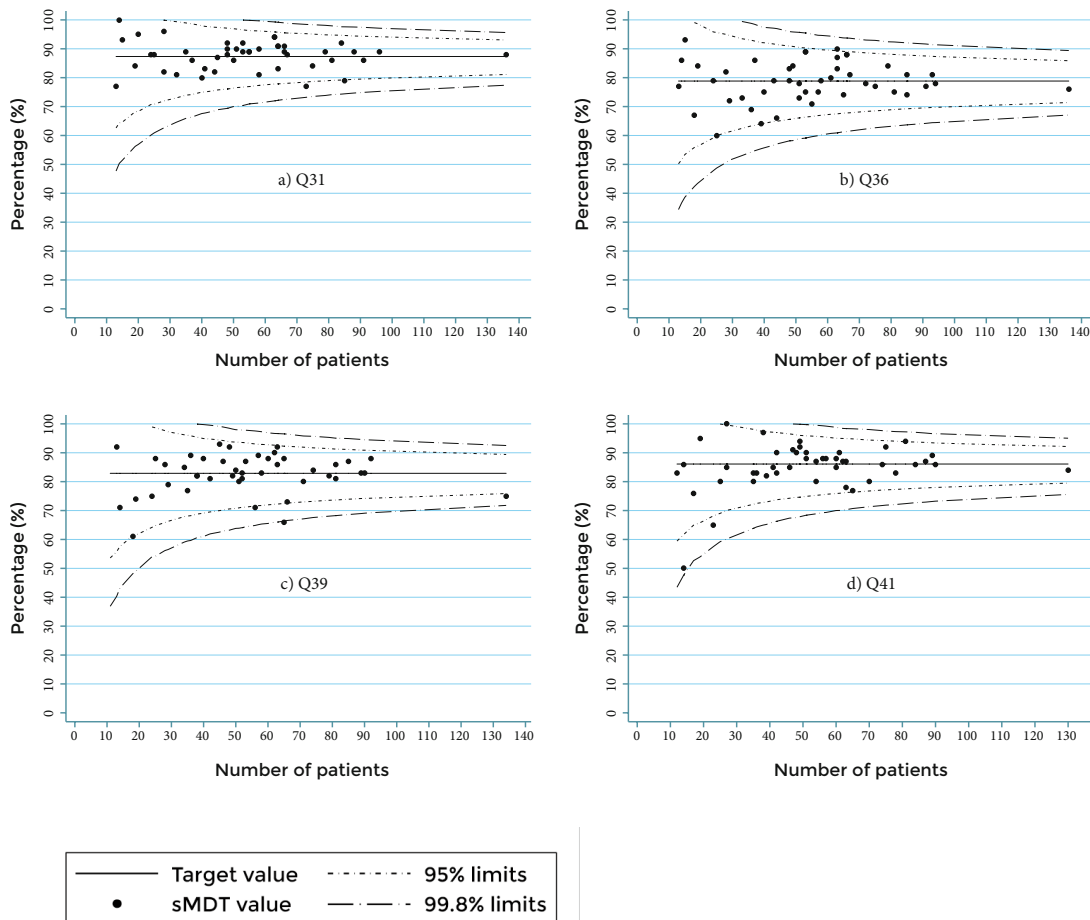
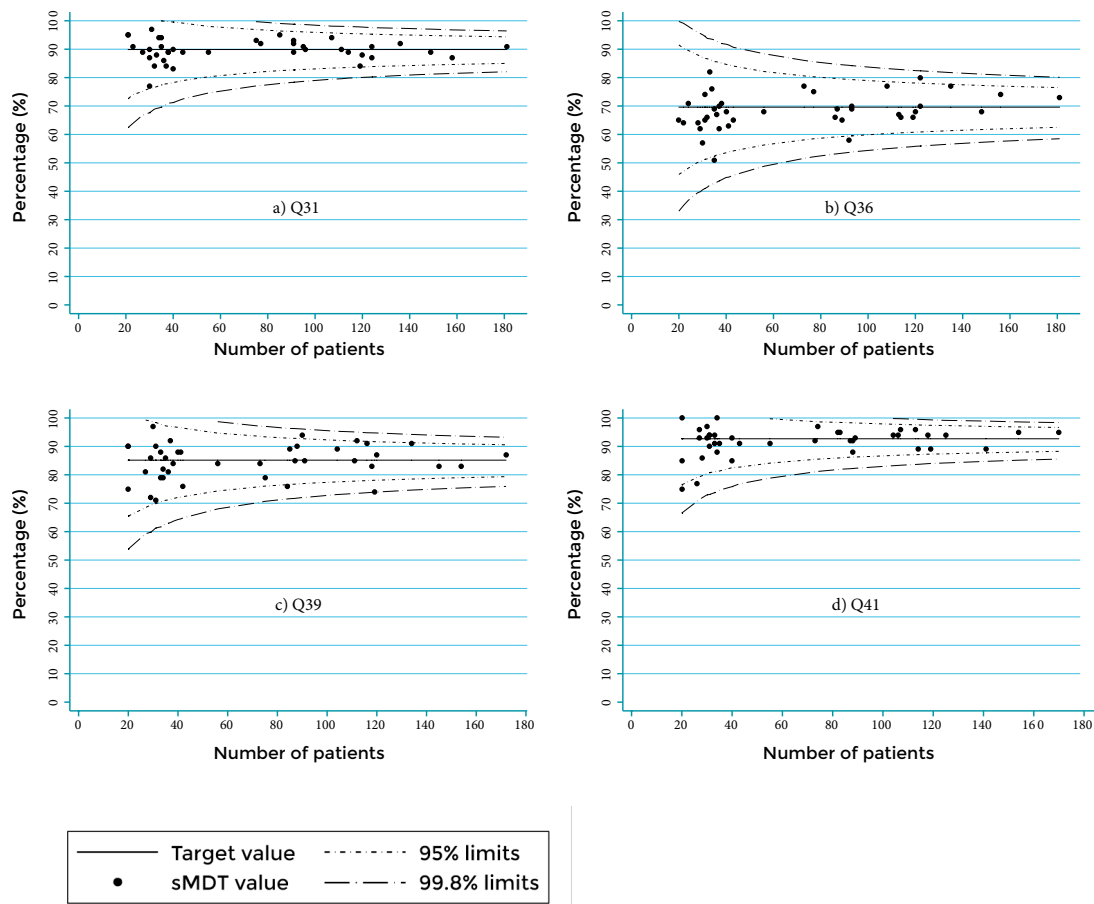


Figure 4.4 Unadjusted funnel plots of the following patient experience measures (selected NCPES questions) according to SMDTs for radical radiotherapy (EBRT) patients (N=2,927)

- a) Q31: Before your cancer treatment started, how much information were you given about your condition and treatment? Proportion of men selecting ‘The right amount’
- b) Q36: Were you involved as much as you wanted to be in decisions about your care and treatment? Proportion of men selecting ‘Yes, definitely’
- c) Q39: Were you given the name of a Clinical nurse Specialist who would be in charge of your care? Proportion of men selecting ‘Yes’
- d) Q41: Overall how would you rate your care (on a scale of 0 – 10, where 0 = ‘very poor’ and 10 = ‘very good’)? Proportion of men rating care as 8-10



4.3.4 Patient reported outcomes following radical surgery or radical radiotherapy

Specialist centres providing radical surgical and/or radiotherapy

Outcomes for patients undergoing radical prostatectomy or EBRT were analysed at the level of centres that provided the radical surgery or radiotherapy with a volume of 10 or more patients. 2,317 patients underwent radical prostatectomy across 55 surgical centres and 2,907 patients underwent radical radiotherapy at 50 radiotherapy centres (Table 4.3).

Three radiotherapy centres (Clatterbridge [n=2], Royal Free Hampstead NHS Trust [n=4] and University Hospitals Coventry and Warwickshire [n=4]) did not reach the threshold for inclusion in the analysis and therefore we only report results for 47 radiotherapy centres. Ten radical radiotherapy patients did not have a provider code for a radical radiotherapy centre and were excluded from analysis. 208 radical prostatectomy patients had provider codes for local Trusts that were not surgical centres and were also excluded from this analysis.

Patient-reported outcomes

Table 4.4 presents the mean EPIC-26 domain summary scores 18 months after diagnosis stratified by surgical (Table 4.3a, N=2,317) and radiotherapy centres (Table 4.3b, N=2,907) with a volume of 10 or more patients.

For radical prostatectomy patients, the overall mean index score post-surgery for bowel function was 95, ranging from 89 to 98 across the surgical centres (Table 4.3a). The mean urinary irritative score was 91 (ranging from 83 to 94), hormonal function 87 (ranging from 80 to 93) and urinary incontinence 72 (ranging from 55 to 89). Sexual function post-radical prostatectomy had the lowest mean index score of 23 (ranging from 11 to 40).

Overall mean index scores for radical radiotherapy patients (Table 4.3b) were 88 for each urinary domain (incontinence ranging from 74 to 92 by centre and irritative ranging from 76 to 93), 87 for bowel function (76 to 93), 70 for hormonal function (58 to 80) and 18 for sexual function (11 to 27).

Table 4.3a EPIC-26 mean (SD) domain scores for men who underwent radical prostatectomy (N=2,317) stratified by surgical centre (volume >10; N=55). The number (n) and proportion (%) of men included in the calculation of each validated domain are shown for centres where >10 men submitted response data. Individual domain scores for surgical centres where <10 men completed sufficient response data are not shown (indicated by --). However, these data contribute to the overall mean scores (in red for each domain).

EPIC-26 scores	Urinary incontinence score		Urinary irritative score		Bowel function score		Sexual function score		Hormonal function score	
	mean (SD)	n(%)	mean (SD)	n(%)	mean (SD)	n(%)	mean (SD)	n(%)	mean (SD)	n(%)
Surgical centre (No. of patients returning questionnaire)										
Overall (N=2,317)	72 (28)	2121 (92%)	91 (12)	1929 (83%)	95 (12)	2106 (91%)	23 (24)	2239 (97%)	87 (17)	2114 (91%)
Barking, Havering and Redbridge Hospitals NHS Trust (n=14)	74 (28)	13 (93%)	93 (12)	12 (86%)	97 (5)	13 (93%)	18 (16)	14 (100%)	91 (11)	14 (100%)
Bradford Teaching Hospitals NHS Foundation Trust (n=44)	76 (22)	41 (93%)	93 (9)	36 (82%)	94 (12)	42 (95%)	26 (26)	40 (91%)	88 (14)	43 (98%)
Buckinghamshire Healthcare NHS Trust (n=15)	71 (30)	15 (100%)	87 (15)	14 (93%)	93 (12)	14 (93%)	17 (17)	15 (100%)	86 (15)	14 (93%)
Cambridge University Hospitals NHS Foundation Trust (n=31)	76 (24)	30 (97%)	93 (9)	26 (84%)	96 (11)	28 (90%)	17 (18)	30 (97%)	85 (18)	29 (94%)
Central Manchester University Hospitals NHS Foundation Trust (n=31)	65 (26)	30 (97%)	91 (10)	25 (81%)	87 (22)	30 (97%)	17 (21)	30 (97%)	82 (21)	28 (90%)
City Hospitals Sunderland NHS Foundation Trust (n=38)	76 (27)	34 (89%)	91 (12)	32 (84%)	96 (10)	36 (95%)	18 (25)	38 (100%)	87 (20)	35 (92%)
Colchester Hospital University NHS Foundation Trust (n=45)	75 (27)	44 (98%)	91 (9)	35 (78%)	95 (10)	41 (91%)	19 (21)	43 (96%)	89 (12)	42 (93%)
Derby Hospitals NHS Foundation Trust (n=28)	65 (37)	23 (82%)	92 (10)	22 (79%)	94 (9)	25 (89%)	22 (22)	27 (96%)	86 (21)	26 (93%)
East and North Hertfordshire NHS Trust (n=66)	68 (27)	54 (82%)	92 (11)	55 (83%)	96 (8)	62 (94%)	24 (28)	63 (95%)	88 (14)	62 (94%)
East Kent Hospitals NHS Trust (n=48)	69 (27)	45 (94%)	90 (13)	35 (73%)	94 (10)	44 (92%)	30 (31)	46 (96%)	86 (20)	44 (92%)
East Lancashire Hospitals NHS Trust (n=30)	55 (32)	28 (93%)	89 (13)	23 (77%)	94 (15)	25 (83%)	18 (22)	30 (100%)	85 (19)	25 (83%)
East Sussex Healthcare NHS Trust (n=40)	70 (34)	38 (95%)	88 (13)	37 (93%)	97 (6)	37 (93%)	29 (27)	39 (98%)	89 (12)	39 (98%)
Frimley Park Hospital NHS Foundation Trust (n=20)	79 (19)	19 (95%)	92 (11)	17 (85%)	95 (12)	20 (100%)	27 (17)	19 (95%)	89 (10)	20 (100%)
Gloucestershire Hospitals NHS Foundation Trust (n=26)	59 (31)	26 (100%)	90 (14)	24 (92%)	96 (10)	25 (96%)	20 (24)	26 (100%)	90 (12)	25 (96%)
Guy's and St Thomas' NHS Foundation Trust (n=69)	74 (31)	63 (91%)	94 (10)	59 (86%)	97 (8)	61 (88%)	32 (26)	65 (94%)	87 (17)	60 (87%)
Heart of England NHS Foundation Trust (n=71)	73 (27)	67 (94%)	94 (10)	56 (79%)	96 (14)	62 (87%)	12 (15)	67 (94%)	87 (21)	58 (82%)
Hull and East Yorkshire Hospitals NHS Trust (n=48)	76 (26)	41 (85%)	90 (15)	38 (79%)	94 (9)	45 (94%)	24 (26)	45 (94%)	83 (18)	45 (94%)
Imperial College Healthcare NHS Trust (n=35)	73 (26)	32 (91%)	94 (10)	29 (83%)	89 (19)	31 (89%)	23 (21)	31 (89%)	89 (17)	31 (89%)
Lancashire Teaching Hospitals NHS Foundation Trust (n=47)	67 (26)	46 (98%)	94 (8)	37 (79%)	92 (14)	43 (91%)	19 (23)	47 (100%)	88 (17)	44 (94%)
Leeds Teaching Hospitals NHS Trust (n=37)	62 (34)	31 (84%)	91 (10)	29 (78%)	94 (10)	34 (92%)	13 (17)	37 (100%)	85 (16)	35 (95%)

/Table 4.3a continued

EPIC-26 scores	Urinary incontinence score		Urinary irritative score		Bowel function score		Sexual function score		Hormonal function score	
	mean (SD)	n(%)	mean (SD)	n(%)	mean (SD)	n(%)	mean (SD)	n(%)	mean (SD)	n(%)
Surgical centre (No. of patients returning questionnaire)										
Medway NHS Foundation Trust (n=42)	67 (27)	37 (88%)	92 (13)	34 (81%)	95 (11)	41 (98%)	25 (22)	42 (100%)	80 (22)	38 (90%)
Newcastle Upon Tyne Hospitals NHS Trust (n=81)	70 (28)	76 (94%)	91 (14)	73 (90%)	93 (14)	76 (94%)	16 (17)	78 (96%)	84 (20)	73 (90%)
Norfolk and Norwich University Hospital NHS Trust (n=47)	77 (26)	43 (91%)	92 (10)	45 (96%)	96 (7)	47 (100%)	22 (25)	47 (100%)	90 (9)	46 (98%)
North Bristol NHS Trust (n=123)	71 (28)	111 (90%)	90 (13)	101 (82%)	95 (10)	107 (87%)	30 (30)	115 (93%)	87 (15)	112 (91%)
Northampton General Hospital NHS Trust (n=12)	80 (28)	--	92 (12)	11 (92%)	92 (10)	11 (92%)	42 (24)	12 (100%)	94 (8)	10 (83%)
Nottingham University Hospitals NHS Trust (n=44)	84 (22)	41 (93%)	94 (9)	41 (93%)	95 (9)	41 (93%)	29 (26)	41 (93%)	90 (14)	39 (89%)
Oxford University Hospitals NHS Trust (n=45)	70 (28)	41 (91%)	90 (12)	39 (87%)	93 (14)	42 (93%)	26 (22)	44 (98%)	90 (12)	41 (91%)
Plymouth Hospitals NHS Trust (n=29)	84 (19)	27 (93%)	93 (14)	25 (86%)	96 (12)	26 (90%)	16 (17)	28 (97%)	91 (15)	25 (86%)
Portsmouth Hospitals NHS Trust (n=12)	85 (17)	11 (92%)	94 (10)	12 (100%)	97 (11)	12 (100%)	21 (20)	12 (100%)	93 (11)	11 (92%)
Royal Berkshire NHS Foundation Trust (n=25)	70 (26)	25 (100%)	89 (12)	21 (84%)	95 (8)	22 (88%)	19 (16)	25 (100%)	86 (16)	24 (96%)
Royal Cornwall Hospitals NHS Trust (n=19)	89 (14)	15 (79%)	86 (13)	14 (74%)	90 (15)	16 (84%)	20 (24)	18 (95%)	81 (20)	15 (79%)
Royal Devon and Exeter NHS Foundation Trust (n=85)	74 (26)	77 (91%)	93 (9)	76 (89%)	94 (11)	81 (95%)	25 (27)	84 (99%)	86 (18)	80 (94%)
Royal Liverpool and Broadgreen University Hospitals NHS Trust (n=50)	82 (22)	49 (98%)	93 (13)	45 (90%)	98 (5)	46 (92%)	40 (33)	50 (100%)	91 (14)	48 (96%)
Royal Surrey County Hospital NHS Trust (n=55)	74 (28)	53 (96%)	91 (11)	46 (84%)	95 (9)	46 (84%)	29 (30)	52 (95%)	87 (14)	48 (87%)
Royal United Hospital Bath NHS Trust (n=21)	84 (23)	18 (86%)	94 (11)	16 (76%)	97 (6)	17 (81%)	25 (27)	20 (95%)	92 (12)	17 (81%)
Sheffield Teaching Hospitals NHS Foundation Trust (n=72)	60 (33)	69 (96%)	89 (16)	58 (81%)	91 (18)	67 (93%)	18 (24)	72 (100%)	83 (20)	67 (93%)
South Tees Hospitals NHS Trust (n=51)	61 (30)	47 (92%)	86 (15)	42 (82%)	93 (15)	48 (94%)	16 (20)	51 (100%)	85 (20)	49 (96%)
St George's Healthcare NHS Trust (n=44)	72 (31)	40 (91%)	91 (12)	35 (80%)	94 (15)	39 (89%)	32 (25)	44 (100%)	87 (18)	41 (93%)
Stockport NHS Foundation Trust (n=45)	70 (27)	45 (100%)	90 (11)	38 (84%)	94 (8)	40 (89%)	27 (22)	43 (96%)	90 (12)	43 (96%)
The Christie Hospital NHS Trust (n=28)	76 (23)	27 (96%)	94 (8)	25 (89%)	96 (9)	25 (89%)	30 (23)	28 (100%)	91 (16)	26 (93%)
The Mid Yorkshire Hospitals NHS Trust (n=67)	74 (30)	57 (85%)	91 (9)	56 (84%)	97 (8)	57 (85%)	17 (24)	63 (94%)	86 (18)	57 (85%)

/Table 4.3a continued

EPIC-26 scores	Urinary incontinence score		Urinary irritative score		Bowel function score		Sexual function score		Hormonal function score	
	mean (SD)	n(%)	mean (SD)	n(%)	mean (SD)	n(%)	mean (SD)	n(%)	mean (SD)	n(%)
Surgical centre (No. of patients returning questionnaire)										
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (n=53)	70 (29)	45 (85%)	91 (12)	45 (85%)	94 (14)	49 (92%)	22 (21)	49 (92%)	88 (16)	50 (94%)
The Royal Marsden NHS Foundation Trust (n=20)	62 (24)	20 (100%)	89 (11)	17 (85%)	90 (17)	18 (90%)	27 (27)	20 (100%)	84 (21)	19 (95%)
The Royal Wolverhampton Hospitals NHS Trust (n=60)	82 (18)	57 (95%)	94 (12)	49 (82%)	97 (5)	58 (97%)	26 (25)	59 (98%)	89 (13)	56 (93%)
The Shrewsbury and Telford Hospital NHS Trust (n=21)	70 (32)	17 (81%)	91 (12)	16 (76%)	98 (4)	16 (76%)	11 (14)	20 (95%)	87 (16)	16 (76%)
United Lincolnshire Hospitals NHS Trust (n=24)	68 (23)	19 (79%)	90 (11)	18 (75%)	94 (9)	20 (83%)	18 (23)	23 (96%)	87 (21)	21 (88%)
University College London Hospitals NHS Foundation Trust (n=79)	77 (25)	76 (96%)	92 (15)	70 (89%)	96 (10)	74 (94%)	27 (25)	76 (96%)	88 (16)	72 (91%)
University Hospital Birmingham NHS Foundation Trust (n=81)	67 (31)	72 (89%)	90 (13)	65 (80%)	96 (7)	70 (86%)	20 (22)	80 (99%)	88 (16)	75 (93%)
University Hospital of North Staffordshire NHS Trust/ University Hospital of North Midlands (n=17)	66 (30)	14 (82%)	92 (10)	13 (76%)	89 (21)	15 (88%)	12 (12)	15 (88%)	81 (21)	14 (82%)
University Hospital Southampton NHS Trust (n=44)	69 (28)	37 (84%)	94 (8)	33 (75%)	93 (13)	38 (86%)	17 (20)	43 (98%)	83 (16)	43 (98%)
University Hospitals Coventry and Warwickshire NHS Trust (n=16)	69 (22)	16 (100%)	95 (5)	12 (75%)	94 (6)	12 (75%)	22 (20)	16 (100%)	95 (6)	13 (81%)
University Hospitals of Leicester NHS Trust (n=11)	63 (33)	11 (100%)	90 (8)	11 (100%)	90 (21)	11 (100%)	27 (23)	10 (91%)	85 (21)	10 (91%)
Western Sussex Hospitals NHS Trust (n=12)	74 (29)	11 (92%)	83 (22)	10 (83%)	91 (16)	12 (100%)	22 (22)	12 (100%)	87 (21)	11 (92%)
Wirral University Teaching Hospital NHS Foundation Trust (n=47)	76 (23)	41 (87%)	93 (8)	39 (83%)	95 (9)	42 (89%)	28 (29)	45 (96%)	82 (19)	44 (94%)
Worcestershire Acute Hospitals NHS Trust (n=52)	71 (27)	48 (92%)	91 (12)	37 (71%)	93 (11)	46 (88%)	13 (15)	50 (96%)	83 (19)	41 (79%)

Table 4.3b EPIC-26 mean (SD) domain scores for men who underwent radical radiotherapy (N=2,907) stratified by NHS Trusts providing radiotherapy (volume >10, N=47). The number (n) and proportion (%) of men included in the calculation of each validated domain are shown for centres where >10 men submitted response data. Individual domain scores for NHS Trusts providing radiotherapy where <10 men completed sufficient response data are not shown (indicated by --). However, these data contribute to the overall mean scores (in red for each domain).

EPIC-26 scores	Urinary incontinence score		Urinary irritative score		Bowel function score		Sexual function score		Hormonal function score	
	mean (SD)	n(%)	mean (SD)	n(%)	mean (SD)	n(%)	mean (SD)	n(%)	mean (SD)	n(%)
NHS Trusts providing radiotherapy (No. of patients returning questionnaire)										
Overall (N=2,907)	88 (18)	2450 (84%)	88 (14)	2256 (78%)	87 (18)	2395 (82%)	18 (21)	2685 (92%)	70 (23)	2531 (87%)
Barking, Havering and Redbridge Hospitals NHS Trust (n=32)	86 (16)	27 (84%)	77 (20)	25 (78%)	76 (28)	26 (81%)	13 (16)	29 (91%)	62 (24)	26 (81%)
Barts Health NHS Trust (n=31)	88 (15)	27 (87%)	87 (15)	27 (87%)	85 (20)	27 (87%)	23 (20)	30 (97%)	61 (26)	29 (94%)
Brighton and Sussex University Hospitals NHS Trust (n=105)	87 (18)	90 (86%)	87 (13)	88 (84%)	88 (16)	89 (85%)	17 (19)	95 (90%)	67 (22)	98 (93%)
Cambridge University Hospitals NHS Foundation Trust (n=25)	91 (14)	22 (88%)	89 (12)	21 (84%)	90 (12)	23 (92%)	27 (27)	25 (100%)	70 (23)	23 (92%)
Colchester Hospital University NHS Foundation Trust (n=72)	88 (17)	58 (81%)	88 (14)	55 (76%)	91 (14)	60 (83%)	21 (24)	62 (86%)	74 (21)	60 (83%)
Derby Hospitals NHS Foundation Trust (n=52)	88 (17)	44 (85%)	85 (13)	43 (83%)	83 (18)	45 (87%)	15 (18)	52 (100%)	67 (25)	47 (90%)
East and North Hertfordshire NHS Trust (n=41)	86 (23)	31 (76%)	83 (22)	31 (76%)	87 (18)	32 (78%)	22 (22)	37 (90%)	74 (25)	39 (95%)
Gloucestershire Hospitals NHS Foundation Trust (n=42)	86 (18)	37 (88%)	88 (17)	36 (86%)	87 (21)	37 (88%)	22 (21)	39 (93%)	77 (20)	39 (93%)
Guy's and St Thomas' NHS Foundation Trust (n=38)	86 (22)	31 (82%)	89 (14)	28 (74%)	88 (16)	31 (82%)	27 (21)	36 (95%)	74 (24)	32 (84%)
Hull and East Yorkshire Hospitals NHS Trust (n=78)	83 (19)	68 (87%)	87 (14)	58 (74%)	85 (16)	61 (78%)	13 (15)	72 (92%)	73 (23)	68 (87%)
Imperial College Healthcare NHS Trust (n=21)	88 (18)	16 (76%)	91 (8)	13 (62%)	85 (16)	15 (71%)	33 (28)	18 (86%)	78 (20)	15 (71%)
Lancashire Teaching Hospitals NHS Foundation Trust (n=158)	89 (16)	134 (85%)	89 (14)	130 (82%)	88 (17)	131 (83%)	19 (23)	144 (91%)	71 (22)	137 (87%)
Leeds Teaching Hospitals NHS Trust (n=99)	90 (16)	79 (80%)	89 (11)	68 (69%)	87 (20)	81 (82%)	21 (23)	91 (92%)	69 (23)	88 (89%)
Maidstone and Tunbridge Wells NHS Trust (n=142)	90 (16)	121 (85%)	89 (16)	108 (76%)	87 (17)	113 (80%)	19 (21)	130 (92%)	69 (22)	126 (89%)
Newcastle Upon Tyne Hospitals NHS Trust (n=123)	87 (18)	98 (80%)	90 (13)	93 (76%)	90 (15)	101 (82%)	14 (17)	115 (93%)	65 (24)	105 (85%)
Norfolk and Norwich University Hospital NHS Trust (n=103)	88 (21)	88 (85%)	88 (14)	80 (78%)	83 (22)	86 (83%)	15 (18)	99 (96%)	70 (23)	88 (85%)
North Bristol NHS Trust (n=48)	82 (20)	40 (83%)	89 (13)	37 (77%)	83 (22)	38 (79%)	17 (20)	41 (85%)	71 (22)	41 (85%)
North Cumbria Acute Hospitals NHS Trust (n=24)	90 (16)	20 (83%)	87 (17)	18 (75%)	88 (17)	20 (83%)	13 (19)	24 (100%)	74 (17)	20 (83%)
North Middlesex University Hospital NHS Trust (n=50)	88 (22)	44 (88%)	86 (17)	40 (80%)	85 (22)	46 (92%)	16 (19)	45 (90%)	70 (25)	42 (84%)

/Table 4.3b continued

EPIC-26 scores	Urinary incontinence score		Urinary irritative score		Bowel function score		Sexual function score		Hormonal function score	
	mean (SD)	n(%)	mean (SD)	n(%)	mean (SD)	n(%)	mean (SD)	n(%)	mean (SD)	n(%)
NHS Trusts providing radiotherapy (No. of patients returning questionnaire)										
Northampton General Hospital NHS Trust (n=36)	86 (18)	33 (92%)	87 (14)	30 (83%)	87 (15)	33 (92%)	26 (25)	35 (97%)	77 (19)	34 (94%)
Nottingham University Hospitals NHS Trust (n=40)	92 (18)	34 (85%)	89 (12)	29 (73%)	91 (12)	32 (80%)	20 (21)	36 (90%)	68 (27)	37 (93%)
Oxford University Hospitals NHS Trust (n=98)	87 (18)	82 (84%)	87 (14)	78 (80%)	86 (17)	78 (80%)	22 (22)	90 (92%)	70 (22)	86 (88%)
Peterborough and Stamford Hospitals NHS Foundation Trust (n=49)	91 (12)	44 (90%)	90 (10)	40 (82%)	92 (11)	43 (88%)	22 (20)	45 (92%)	75 (26)	43 (88%)
Plymouth Hospitals NHS Trust (n=20)	84 (19)	16 (80%)	86 (16)	12 (60%)	80 (24)	15 (75%)	17 (16)	20 (100%)	63 (25)	16 (80%)
Poole Hospital NHS Foundation Trust (n=97)	90 (16)	81 (84%)	88 (14)	75 (77%)	83 (21)	76 (78%)	12 (14)	86 (89%)	62 (27)	82 (85%)
Portsmouth Hospitals NHS Trust (n=26)	91 (14)	20 (77%)	91 (10)	19 (73%)	80 (24)	21 (81%)	15 (23)	25 (96%)	69 (18)	23 (88%)
Royal Berkshire NHS Foundation Trust (n=41)	89 (17)	35 (85%)	85 (14)	28 (68%)	86 (16)	35 (85%)	22 (25)	39 (95%)	71 (22)	35 (85%)
Royal Cornwall Hospitals NHS Trust (n=22)	74 (27)	20 (91%)	84 (17)	19 (86%)	80 (21)	19 (86%)	11 (10)	21 (95%)	58 (20)	19 (86%)
Royal Devon and Exeter NHS Foundation Trust (n=58)	87 (17)	52 (90%)	89 (14)	47 (81%)	89 (13)	46 (79%)	14 (19)	56 (97%)	72 (21)	50 (86%)
Royal Surrey County Hospital NHS Trust (n=165)	90 (16)	142 (86%)	89 (13)	137 (83%)	87 (17)	141 (85%)	18 (21)	152 (92%)	76 (21)	149 (90%)
Royal United Hospital Bath NHS Trust (n=41)	91 (14)	35 (85%)	90 (9)	34 (83%)	90 (14)	31 (76%)	22 (25)	37 (90%)	72 (20)	35 (85%)
Sheffield Teaching Hospitals NHS Foundation Trust (n=122)	85 (18)	102 (84%)	86 (15)	95 (78%)	83 (19)	98 (80%)	15 (19)	118 (97%)	67 (24)	103 (84%)
South Devon Healthcare NHS Foundation Trust (n=15)	74 (25)	14 (93%)	76 (14)	--	83 (17)	11 (73%)	11 (15)	15 (100%)	47 (19)	13 (87%)
South Tees Hospitals NHS Trust (n=91)	88 (16)	78 (86%)	88 (14)	71 (78%)	89 (15)	79 (87%)	22 (22)	84 (92%)	69 (24)	74 (81%)
Southend Hospital NHS Trust (n=49)	86 (20)	37 (76%)	82 (19)	34 (69%)	87 (20)	38 (78%)	15 (19)	43 (88%)	67 (23)	41 (84%)
Taunton and Somerset NHS Trust (n=45)	85 (19)	42 (93%)	89 (11)	41 (91%)	84 (20)	43 (96%)	16 (14)	43 (96%)	77 (21)	43 (96%)
The Christie Hospital NHS Trust (n=19)	84 (24)	16 (84%)	82 (16)	16 (84%)	80 (22)	14 (74%)	23 (21)	16 (84%)	76 (30)	17 (89%)
The Ipswich Hospital NHS Trust (n=53)	87 (19)	43 (81%)	89 (16)	37 (70%)	90 (14)	44 (83%)	23 (25)	49 (92%)	73 (19)	45 (85%)
The Royal Marsden NHS Foundation Trust (n=78)	87 (17)	67 (86%)	89 (14)	59 (76%)	90 (13)	67 (86%)	22 (23)	71 (91%)	79 (21)	73 (94%)
The Royal Wolverhampton Hospitals NHS Trust (n=48)	87 (15)	37 (77%)	88 (12)	35 (73%)	87 (20)	35 (73%)	20 (22)	43 (90%)	68 (26)	39 (81%)

/Table 4.3b continued

EPIC-26 scores	Urinary incontinence score		Urinary irritative score		Bowel function score		Sexual function score		Hormonal function score	
	mean (SD)	n(%)	mean (SD)	n(%)	mean (SD)	n(%)	mean (SD)	n(%)	mean (SD)	n(%)
NHS Trusts providing radiotherapy (No. of patients returning questionnaire)										
The Shrewsbury and Telford Hospital NHS Trust (n=38)	86 (21)	35 (92%)	88 (13)	32 (84%)	87 (18)	31 (82%)	12 (14)	34 (89%)	65 (22)	34 (89%)
United Lincolnshire Hospitals NHS Trust (n=59)	89 (20)	50 (85%)	90 (13)	43 (73%)	82 (17)	47 (80%)	18 (20)	50 (85%)	65 (24)	49 (83%)
University College London Hospitals NHS Foundation Trust (n=14)	89 (17)	12 (86%)	93 (12)	--	90 (17)	--	18 (17)	14 (100%)	67 (19)	12 (86%)
University Hospital Birmingham NHS Foundation Trust (n=171)	85 (21)	141 (82%)	87 (15)	133 (78%)	85 (20)	142 (83%)	16 (21)	163 (95%)	65 (24)	146 (85%)
University Hospital of North Staffordshire NHS Trust/ University Hospital of North Midlands (n=64)	90 (17)	54 (84%)	90 (13)	48 (75%)	89 (16)	53 (83%)	13 (18)	60 (94%)	68 (23)	57 (89%)
University Hospital Southampton NHS Trust (n=36)	89 (16)	30 (83%)	89 (9)	26 (72%)	86 (16)	28 (78%)	18 (13)	31 (86%)	80 (14)	29 (81%)
University Hospitals of Leicester NHS Trust (n=28)	92 (15)	23 (82%)	93 (9)	22 (79%)	93 (12)	25 (89%)	33 (28)	25 (89%)	77 (22)	24 (86%)

We also used funnel plots to assess the variation in EPIC-26 domain scores across surgical centres (Figure 4.5) and radiotherapy centres (Figure 4.6). The unadjusted plots represent the mean index domain scores by NHS provider and the overall mean is shown by the solid vertical line. The results largely fell within the outer control limits of the plots. A number of radical prostatectomy providers were outside the inner control limits for sexual functioning and urinary incontinence.

Figure 4.5 Unadjusted funnel plots of the mean EPIC-26 domain scores a) urinary incontinence, b) urinary irritative, c) bowel function and d) sexual function according to surgical centre for radical prostatectomy patients (N=2,317)

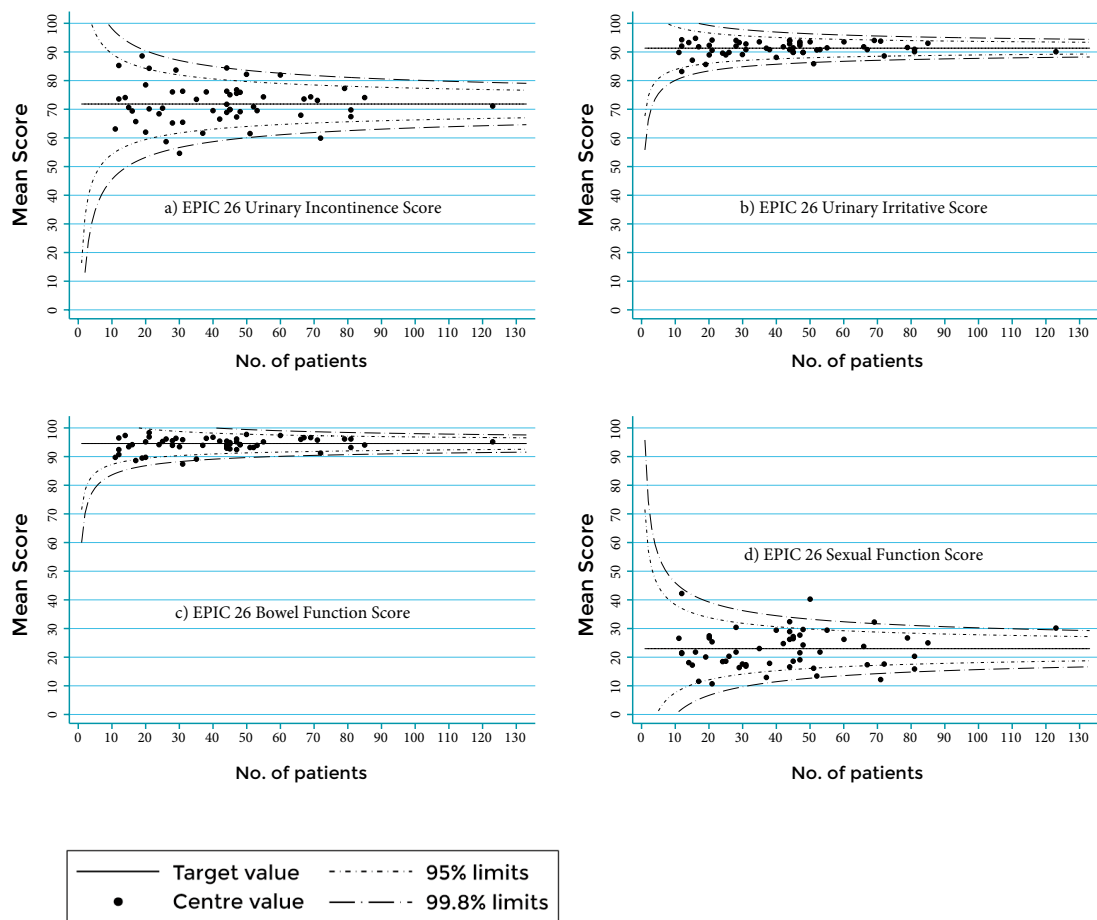
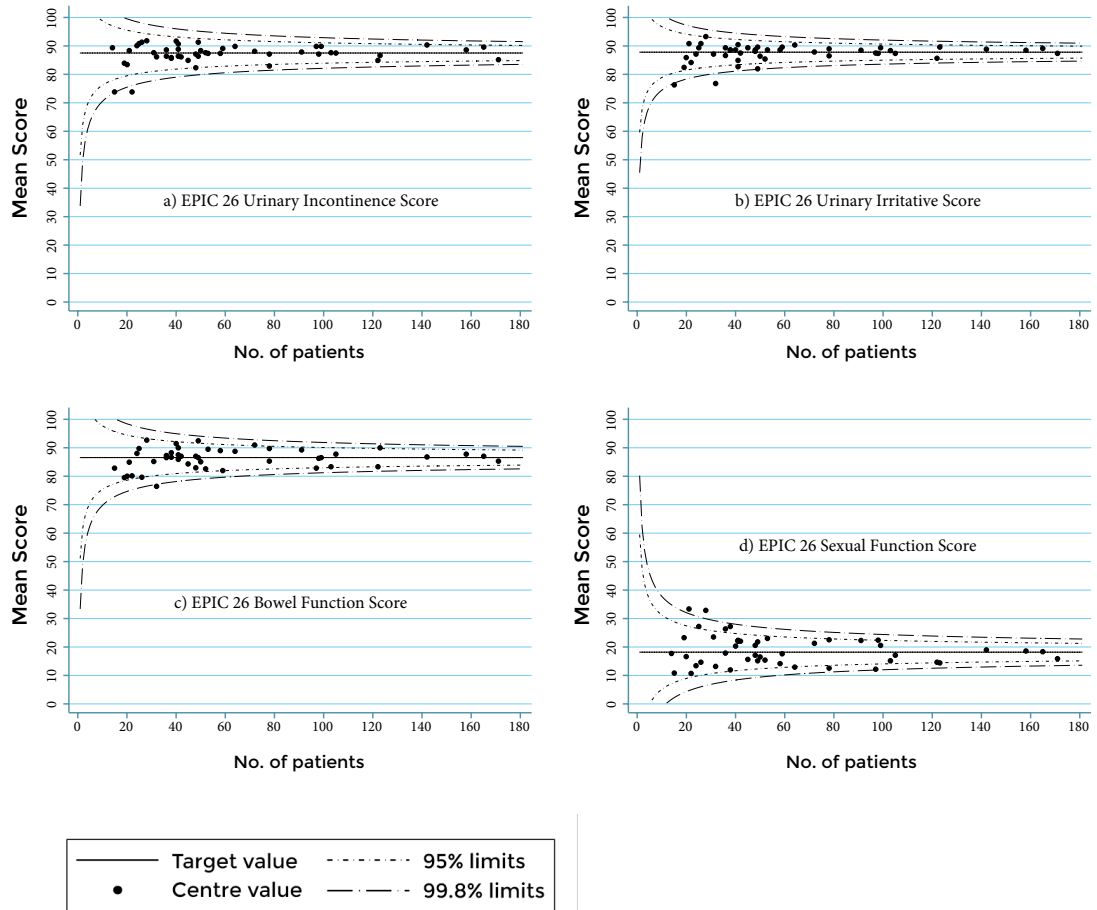


Figure 4.6 Unadjusted funnel plots of the mean EPIC-26 domain scores a) urinary incontinence, b) urinary irritative, c) bowel function and d) sexual function according to NHS Trusts providing radiotherapy for radical radiotherapy (EBRT) patients (N=2,907)



Overall health status

Mean EQ5D-5L index scores providing a measure of overall health status 18 months after diagnosis are presented in Table 4.6 stratified by surgical (Table 4.4a, N=2,317) and radiotherapy centre (Table 4.4b, N=2,907) with >10 patients.

The majority of men completed the EQ5D-5L index questions describing their general health at the time of completion of the questionnaire (98% of radical prostatectomy men, N=2,271 and 97% of radical radiotherapy men, N=2815).

The overall mean EQ5D-5L index score for patients who underwent radical prostatectomy was 0.89 (ranging from 0.8 to 0.95, across the surgical centres, Table 4.4a) and 0.83 for EBRT patients (ranging from 0.75 to 0.93 across radiotherapy centre, Table 4.4b).

Table 4.4a EQ5D-5L mean (sd) index score for men who underwent radical prostatectomy (N=2,317) stratified by surgical centre (volume >10, N=55). The number and proportion of men included in the calculation of the index score are show, n (%)

EQ5D scores	Index score	
	mean (SD)	n(%)
Surgical centre (No. of patients returning questionnaire)		
Overall (N=2,317)	0.89 (0.15)	2271 (98%)
Barking, Havering and Redbridge Hospitals NHS Trust (n=14)	0.95 (0.05)	14 (100%)
Bradford Teaching Hospitals NHS Foundation Trust (n=44)	0.92 (0.1)	44 (100%)
Buckinghamshire Healthcare NHS Trust (n=15)	0.88 (0.14)	15 (100%)
Cambridge University Hospitals NHS Foundation Trust (n=31)	0.92 (0.11)	31 (100%)
Central Manchester University Hospitals NHS Foundation Trust (n=31)	0.86 (0.23)	29 (94%)
City Hospitals Sunderland NHS Foundation Trust (n=38)	0.9 (0.17)	37 (97%)
Colchester Hospital University NHS Foundation Trust (n=45)	0.91 (0.08)	44 (98%)
Derby Hospitals NHS Foundation Trust (n=28)	0.86 (0.19)	28 (100%)
East and North Hertfordshire NHS Trust (n=66)	0.91 (0.11)	65 (98%)
East Kent Hospitals NHS Trust (n=48)	0.89 (0.13)	47 (98%)
East Lancashire Hospitals NHS Trust (n=30)	0.81 (0.29)	29 (97%)
East Sussex Healthcare NHS Trust (n=40)	0.9 (0.14)	39 (98%)
Frimley Park Hospital NHS Foundation Trust (n=20)	0.94 (0.07)	20 (100%)
Gloucestershire Hospitals NHS Foundation Trust (n=26)	0.93 (0.09)	26 (100%)
Guy's and St Thomas' NHS Foundation Trust (n=69)	0.9 (0.19)	68 (99%)
Heart of England NHS Foundation Trust (n=71)	0.87 (0.23)	70 (99%)
Hull and East Yorkshire Hospitals NHS Trust (n=48)	0.9 (0.13)	47 (98%)
Imperial College Healthcare NHS Trust (n=35)	0.88 (0.21)	34 (97%)
Lancashire Teaching Hospitals NHS Foundation Trust (n=47)	0.89 (0.16)	47 (100%)
Leeds Teaching Hospitals NHS Trust (n=37)	0.87 (0.19)	36 (97%)
Medway NHS Foundation Trust (n=42)	0.86 (0.18)	42 (100%)
Newcastle Upon Tyne Hospitals NHS Trust (n=81)	0.87 (0.18)	78 (96%)
Norfolk and Norwich University Hospital NHS Trust (n=47)	0.92 (0.07)	46 (98%)
North Bristol NHS Trust (n=123)	0.9 (0.12)	122 (99%)
Northampton General Hospital NHS Trust (n=12)	0.93 (0.09)	12 (100%)
Nottingham University Hospitals NHS Trust (n=44)	0.89 (0.17)	42 (95%)
Oxford University Hospitals NHS Trust (n=45)	0.91 (0.08)	45 (100%)
Plymouth Hospitals NHS Trust (n=29)	0.88 (0.21)	28 (97%)

/Table 4.4a continued

EQ5D scores	Index score	
	mean (SD)	n(%)
Surgical centre (No. of patients returning questionnaire)		
Portsmouth Hospitals NHS Trust (n=12)	0.95 (0.1)	12 (100%)
Royal Berkshire NHS Foundation Trust (n=25)	0.9 (0.15)	25 (100%)
Royal Cornwall Hospitals NHS Trust (n=19)	0.8 (0.19)	17 (89%)
Royal Devon and Exeter NHS Foundation Trust (n=85)	0.89 (0.15)	85 (100%)
Royal Liverpool and Broadgreen University Hospitals NHS Trust (n=50)	0.91 (0.17)	50 (100%)
Royal Surrey County Hospital NHS Trust (n=55)	0.9 (0.17)	54 (98%)
Royal United Hospital Bath NHS Trust (n=21)	0.94 (0.06)	19 (90%)
Sheffield Teaching Hospitals NHS Foundation Trust (n=72)	0.86 (0.2)	69 (96%)
South Tees Hospitals NHS Trust (n=51)	0.88 (0.13)	51 (100%)
St George's Healthcare NHS Trust (n=44)	0.91 (0.1)	44 (100%)
Stockport NHS Foundation Trust (n=45)	0.91 (0.13)	45 (100%)
The Christie Hospital NHS Trust (n=28)	0.92 (0.08)	28 (100%)
The Mid Yorkshire Hospitals NHS Trust (n=67)	0.89 (0.14)	65 (97%)
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (n=53)	0.9 (0.15)	52 (98%)
The Royal Marsden NHS Foundation Trust (n=20)	0.92 (0.08)	20 (100%)
The Royal Wolverhampton Hospitals NHS Trust (n=60)	0.94 (0.08)	59 (98%)
The Shrewsbury and Telford Hospital NHS Trust (n=21)	0.89 (0.14)	20 (95%)
United Lincolnshire Hospitals NHS Trust (n=24)	0.89 (0.14)	24 (100%)
University College London Hospitals NHS Foundation Trust (n=79)	0.91 (0.12)	76 (96%)
University Hospital Birmingham NHS Foundation Trust (n=81)	0.89 (0.13)	78 (96%)
University Hospital of North Staffordshire NHS Trust/University Hospital of North Midlands (n=17)	0.83 (0.15)	16 (94%)
University Hospital Southampton NHS Trust (n=44)	0.86 (0.15)	42 (95%)
University Hospitals Coventry and Warwickshire NHS Trust (n=16)	0.85 (0.25)	16 (100%)
University Hospitals of Leicester NHS Trust (n=11)	0.81 (0.25)	11 (100%)
Western Sussex Hospitals NHS Trust (n=12)	0.87 (0.14)	12 (100%)
Wirral University Teaching Hospital NHS Foundation Trust (n=47)	0.88 (0.15)	46 (98%)
Worcestershire Acute Hospitals NHS Trust (n=52)	0.9 (0.11)	50 (96%)

Table 4.4b EQ5D-5L mean (sd) index scores for men who underwent radical radiotherapy (N=2,907) stratified by NHS Trusts providing radiotherapy (volume >10, N=47). The number and proportion of men included in the calculation of the index score are shown, n (%)

EQ5D scores	EQ5D index score	
	mean (SD)	n(%)
NHS Trusts providing radiotherapy (No. of patients returning questionnaire)		
Overall (N=2,907)	0.83 (0.20)	2815 (97%)
Barking, Havering and Redbridge Hospitals NHS Trust (n=32)	0.75 (0.23)	32 (100%)
Barts Health NHS Trust (n=31)	0.84 (0.12)	30 (97%)
University Hospital Birmingham NHS Foundation Trust (n=171)	0.79 (0.23)	167 (98%)
Brighton and Sussex University Hospitals NHS Trust (n=105)	0.83 (0.18)	102 (97%)
Cambridge University Hospitals NHS Foundation Trust (n=25)	0.83 (0.19)	24 (96%)
Peterborough and Stamford Hospitals NHS Foundation Trust (n=49)	0.88 (0.16)	48 (98%)
The Ipswich Hospital NHS Trust (n=53)	0.85 (0.16)	51 (96%)
The Christie Hospital NHS Trust (n=19)	0.78 (0.26)	18 (95%)
Colchester Hospital University NHS Foundation Trust (n=72)	0.86 (0.16)	67 (93%)
Southend Hospital NHS Trust (n=49)	0.86 (0.16)	48 (98%)
Derby Hospitals NHS Foundation Trust (n=52)	0.86 (0.16)	50 (96%)
East and North Hertfordshire NHS Trust (n=41)	0.79 (0.2)	40 (98%)
Gloucestershire Hospitals NHS Foundation Trust (n=42)	0.88 (0.14)	42 (100%)
Guy's and St Thomas' NHS Foundation Trust (n=38)	0.87 (0.17)	37 (97%)
Hull and East Yorkshire Hospitals NHS Trust (n=78)	0.81 (0.24)	77 (99%)
Imperial College Healthcare NHS Trust (n=21)	0.9 (0.12)	20 (95%)
Lancashire Teaching Hospitals NHS Foundation Trust (n=158)	0.85 (0.16)	156 (99%)
Leeds Teaching Hospitals NHS Trust (n=99)	0.83 (0.22)	95 (96%)
United Lincolnshire Hospitals NHS Trust (n=59)	0.81 (0.2)	57 (97%)
University Hospitals of Leicester NHS Trust (n=28)	0.86 (0.24)	27 (96%)
Maidstone and Tunbridge Wells NHS Trust (n=142)	0.84 (0.18)	138 (97%)
Newcastle Upon Tyne Hospitals NHS Trust (n=123)	0.84 (0.18)	120 (98%)
North Cumbria Acute Hospitals NHS Trust (n=24)	0.84 (0.22)	24 (100%)
Norfolk and Norwich University Hospital NHS Trust (n=103)	0.84 (0.19)	97 (94%)
North Bristol NHS Trust (n=48)	0.81 (0.23)	46 (96%)
Royal United Hospital Bath NHS Trust (n=41)	0.87 (0.21)	39 (95%)
The Royal Wolverhampton Hospitals NHS Trust (n=48)	0.82 (0.26)	45 (94%)
The Shrewsbury and Telford Hospital NHS Trust (n=38)	0.81 (0.19)	38 (100%)
University Hospital of North Staffordshire NHS Trust/University Hospital of North Midlands (n=64)	0.79 (0.25)	63 (98%)
Northampton General Hospital NHS Trust (n=36)	0.85 (0.17)	33 (92%)
Nottingham University Hospitals NHS Trust (n=40)	0.87 (0.21)	40 (100%)

EQ5D scores	EQ5D index score	
NHS Trusts providing radiotherapy (No. of patients returning questionnaire)	mean (SD)	n(%)
Oxford University Hospitals NHS Trust (n=98)	0.8 (0.24)	96 (98%)
Plymouth Hospitals NHS Trust (n=20)	0.83 (0.18)	20 (100%)
Royal Cornwall Hospitals NHS Trust (n=22)	0.77 (0.18)	22 (100%)
Portsmouth Hospitals NHS Trust (n=26)	0.83 (0.17)	25 (96%)
North Middlesex University Hospital NHS Trust (n=50)	0.78 (0.27)	47 (94%)
Royal Berkshire NHS Foundation Trust (n=41)	0.84 (0.15)	38 (93%)
Royal Devon and Exeter NHS Foundation Trust (n=58)	0.83 (0.18)	57 (98%)
South Devon Healthcare NHS Foundation Trust (n=15)	0.58 (0.28)	15 (100%)
Taunton and Somerset NHS Trust (n=45)	0.85 (0.18)	45 (100%)
The Royal Marsden NHS Foundation Trust (n=78)	0.89 (0.15)	76 (97%)
Royal Surrey County Hospital NHS Trust (n=165)	0.84 (0.19)	157 (95%)
Sheffield Teaching Hospitals NHS Foundation Trust (n=122)	0.83 (0.18)	117 (96%)
South Tees Hospitals NHS Trust (n=91)	0.82 (0.22)	85 (93%)
Poole Hospital NHS Foundation Trust (n=97)	0.85 (0.15)	96 (99%)
University Hospital Southampton NHS Trust (n=36)	0.86 (0.21)	34 (94%)
University College London Hospitals NHS Foundation Trust (n=14)	0.93 (0.1)	14 (100%)

4.4 Discussion

This chapter presents a preliminary analysis of the survey data for patients diagnosed in the English NHS in the first seven months of the audit (1st April 2014 to 31st October 2014) who subsequently underwent radical treatment and completed a patient survey 18 months later. We will expand the patient survey to all patients diagnosed in England and in Wales after the 1st April 2015 who are candidates for radical treatments which includes patients who did not receive radical treatment, for example those on active surveillance.

We demonstrate that the design of the NPCA patient survey enables the functional impact of radical treatment on patients' lives to be determined, in addition to patients' views of their experience of care following diagnosis. The overall response rate for the patient survey of men who underwent radical treatments was 73% indicating the successful engagement of patients in the collection of NPCA PROMs and PREMs.

Furthermore, we demonstrate that these data can be successfully linked to the NPCA prospective audit data, and additional existing datasets including HES and RTDS, to provide information on patient characteristics, tumour characteristics, disease status and validation of the radical treatments received by patients. This also enables comparisons by NHS Provider of patient-reported outcomes, and the quality of care and services that patients with prostate cancer receive.

4.4.1 Characteristics of patients undergoing radical treatments

Our results indicate again that patients undergoing radical prostatectomy were typically younger, reported fewer comorbidities and had less advanced cancer than those who have EBRT.³⁶ It is crucial to take these differences in case mix into account when comparing the PREMs and PROMs results.

In addition, the majority of men who underwent EBRT were in receipt of concomitant androgen deprivation therapy, which is important for the interpretation of the reported outcomes for these men.

It should also be noted that we used NCDR staging data to determine prostate cancer disease status which includes pathological T-stage determined in the surgical specimen. This may produce a more advanced disease status compared with tissue from the pre-treatment biopsy alone available for radical radiotherapy patients.

Future reports will present the results for those men who underwent a combination of radical prostatectomy and radical radiotherapy, in addition to men who had 'other' radical therapies including brachytherapy.

4.4.2 Patient experience of care following diagnosis of prostate cancer

The overall picture regarding men's experience of care post-diagnosis is very positive with 90% of men undergoing radical treatment for prostate cancer rating their care as 8 or above on a scale of 0 'very poor' to 10 'very good' (86% of men who had radical prostatectomy and 93% of men who had EBRT).

The majority of men report that they were given the right amount of information about their prostate cancer and its treatment (87% of men who had radical prostatectomy men 90% of those who had EBRT). It is therefore likely that the difference in the percentage of patients who indicated that they were given a choice of treatment (87% of prostatectomy patients and 42% of radical radiotherapy patients) reflects that a higher proportion of men who had radiotherapy were diagnosed with more advanced disease for whom fewer radical treatment options were available.

This may also explain that more men who had a prostatectomy than those who had radiotherapy felt that their views were taken into account by the clinical team (77% compared to 61%).

In keeping with recommended guidelines the majority of men were given the name of a CNS to support them throughout their treatment (83% of radical prostatectomy patients and 85% of EBRT patients).³⁷ At present the NPCA patient survey does not determine whether patients are also directed to patient-led support groups and the different models of support available, which is an important area for future work.

4.4.3 Outcomes following radical treatment for prostate cancer

Overall, radical treatment had the strongest impact on the sexual functioning domain with very low scores for both radical prostatectomy and EBRT. High EPIC-26 scores were obtained for both radical prostatectomy and EBRT in the urinary irritative and bowel functioning domains with relatively lower urinary incontinence scores following radical prostatectomy and hormonal domain scores for radical radiotherapy patients.

Interpretation of these 18 month outcomes is not straightforward as we do not collect pre-treatment functional scores as part of the NPCA. An important next step will be to determine appropriate comparison patient groups as reported in the literature to support interpretation.

The EQ5D-5L instrument measures general health and provides an index score with 1 representing 'perfect health.' Overall, high scores were obtained for both radical prostatectomy (0.89, sd=0.15) and EBRT patients (0.83, sd=0.20) indicating that overall, radical treatments did not have a significant impact on a patients' general health.

The EPIC-26 and EQ5D-5L scores presented in this chapter are unadjusted and appropriate risk adjustment is essential before any comparative analysis of patient outcomes by radical treatment type can be performed

³⁶ NPCA Second Year Annual Report – Further Analysis of Existing Clinical Data and Preliminary Results from the NPCA Prospective Audit, 2015. <http://www.npca.org.uk/annual-report-2015/>

³⁷ NICE, 2015. Prostate Cancer. NICE Quality Standard 91. Quality Statement 1: 'Men with prostate cancer have a discussion about treatment options and adverse effects with a named nurse specialist.'

4.4.4 Variation by provider

Overall, there was limited variation in patient functional outcomes across providers of radical prostatectomy or radiotherapy with some variation in sexual functioning and urinary incontinence across surgical providers.

Patient reported experience was relatively good overall. There was limited variation across specialist MDTs in contrast to the findings of the National Cancer Patients Experience Survey 2015, which reported high levels of provider variation.³⁸

4.4.5 Implications for data collection and analysis

Our results demonstrate that patients have successfully engaged with the NPCA patient survey, which provides essential information on their experience of care following diagnosis and the impact of radical treatments on their day to day quality of life.

The EPIC-26 and EQ5D-5L scores presented in this chapter are preliminary. They only include English patients diagnosed in the first seven months. Furthermore, they have not been adjusted for differences in case mix. Therefore, the results of the comparison, either between mode of treatment or across providers should be interpreted with caution. We expect however that in the NPCA Annual Report 2017, we will present risk-adjusted results for PREMs and PROMs data so that possible outliers (prostatectomy or radiotherapy centres that have results outside the funnel limits) can be identified.

4.5 Implications and recommendations for clinical practice

Overall, men report a good experience of care and our preliminary results demonstrate that there is limited variation in the experience that patients reported across specialist MDTs. In some specialist MDTs the provision of information about treatment options and the making of decisions about treatment may need further improvement. In our next Annual Report (2017), we will explore in more detail to what extent patients have access to a Clinical Nurse Specialist and are provided with the right amount of information about their condition, radical treatment and associated side effects in keeping with recent Guidelines³⁹ and Quality Standards.⁴⁰

Men undergoing radical treatment (surgery or radiotherapy) experience significant sexual dysfunction. All men undergoing radical prostatectomy or radical radiotherapy treatment for prostate cancer should be counselled honestly about this issue and they should have early and ongoing access to erectile dysfunction services after treatment in keeping with national recommendations.^{38,41} However, the availability of personal support services may require improvement, as recognised by the NPCA⁴² in its Annual Report of 2014.

³⁸ <https://www.quality-health.co.uk/surveys/national-cancer-patient-experience-survey>

³⁹ NICE, 2014. Prostate Cancer: diagnosis and treatment.

⁴⁰ NICE, 2015. Prostate Cancer. NICE Quality Standard 91. Quality Statement 1: 'Men with prostate cancer have a discussion about treatment options and adverse effects with a named nurse specialist.'

⁴¹ NICE, 2015. Prostate Cancer. NICE Quality Standard 91. Quality Statement 4: 'Men with adverse effects of prostate cancer treatment are referred to specialist services'

⁴² NPCA First Year Annual Report – Organisation of Services and Analysis of Existing Clinical Data, 2014. <http://www.npc.org.uk/annual-report-2014/>

Appendix 1. Participation in the NPCA Prospective Audit, case-ascertainment and data completeness of key data items by Trust¹ and specialist MDT in England over the period 1 April 2014 and 31 March 2015.

Specialist MDT / Trust	No. of expected cases	No. patients with NPCA record	Case ascertainment: No. of NPCA records / Expected cases	Performance status completed N(%)	ASA completed N(%)	PSA completed N(%)	Gleason Score Completed N(%)	TNM Completed ² N(%)	≥1 planned treatment recorded N (%)	≥1 Cancer treatment modality N (%)
Overall	38855	36048	93%	15208 (42%)	12754 (35%)	26266 (73%)	23835 (66%)	19809 (55%)	11119 (31%)	25595 (71%)
Barking, Havering and Redbridge University Hospitals NHS Trust	301	291	97%	72 (25%)	84 (29%)	158 (54%)	145 (50%)	192 (66%)	5 (2%)	187 (64%)
Barking, Havering and Redbridge Hospitals NHS Trust	301	291	97%	72 (25%)	84 (29%)	158 (54%)	145 (50%)	192 (66%)	5 (2%)	187 (64%)
Barts Health NHS Trust	553	439	79%	263 (60%)	105 (24%)	323 (74%)	360 (82%)	346 (79%)	85 (19%)	269 (61%)
Barts Health NHS Trust	508	367	72%	192 (52%)	34 (9%)	251 (68%)	300 (82%)	274 (75%)	19 (5%)	225 (61%)
Homerton University Hospital NHS Foundation Trust	45	72	>100%	71 (99%)	71 (99%)	72 (100%)	60 (83%)	72 (100%)	66 (92%)	44 (61%)
Bradford Teaching Hospitals NHS Foundation Trust	586	601	>100%	287 (48%)	377 (63%)	535 (89%)	486 (81%)	183 (30%)	216 (36%)	478 (80%)
Airedale NHS Trust	127	135	>100%	115 (85%)	118 (87%)	121 (90%)	112 (83%)	34 (25%)	5 (4%)	112 (83%)
Bradford Teaching Hospitals NHS Foundation Trust	174	179	>100%	4 (2%)	145 (81%)	148 (83%)	150 (84%)	102 (57%)	86 (48%)	151 (84%)
Calderdale And Huddersfield NHS Foundation Trust	285	287	>100%	168 (59%)	114 (40%)	266 (93%)	224 (78%)	47 (16%)	125 (44%)	215 (75%)
Brighton & Sussex University Hospitals NHS Trust	1285	1252	97%	580 (46%)	12 (1%)	841 (67%)	743 (59%)	742 (59%)	230 (18%)	881 (70%)
Brighton and Sussex University Hospitals NHS Trust	343	416	>100%	44 (11%)	0	180 (43%)	180 (43%)	138 (33%)	16 (4%)	318 (76%)
East Sussex Healthcare NHS Trust	369	298	81%	36 (12%)	10 (3%)	141 (47%)	127 (43%)	100 (34%)	62 (21%)	226 (76%)
Western Sussex Hospitals NHS Trust	573	538	94%	500 (93%)	2 (0%)	520 (97%)	436 (81%)	504 (94%)	152 (28%)	337 (63%)
Cambridge University Hospitals NHS Foundation Trust	1958	1450	74%	905 (62%)	587 (40%)	1374 (95%)	1121 (77%)	965 (67%)	562 (39%)	990 (68%)
Bedford Hospital NHS Trust	215	223	>100%	220 (99%)	215 (96%)	222 (100%)	175 (78%)	221 (99%)	1 (0%)	148 (66%)
Cambridge University Hospitals NHS Foundation Trust	435	0	0%	0	0	0	0	0	0	0
Hinchingbrooke Health Care NHS Trust	104	97	93%	89 (92%)	61 (63%)	88 (91%)	78 (80%)	54 (56%)	80 (82%)	75 (77%)
Peterborough and Stamford Hospitals NHS Foundation Trust	324	327	>100%	189 (58%)	72 (22%)	292 (89%)	208 (64%)	163 (50%)	1 (0%)	203 (62%)
Queen Elizabeth Hospital NHS Trust	260	215	83%	191 (89%)	173 (80%)	214 (100%)	177 (82%)	179 (83%)	144 (67%)	156 (73%)
The Ipswich Hospital NHS Trust	361	346	96%	113 (33%)	66 (19%)	340 (98%)	273 (79%)	323 (93%)	332 (96%)	240 (69%)
West Suffolk Hospitals NHS Trust	259	242	93%	103 (43%)	0	218 (90%)	210 (87%)	25 (10%)	4 (2%)	168 (69%)
Central Manchester University Hospitals NHS Foundation Trust	705	605	86%	467 (77%)	220 (36%)	535 (88%)	503 (83%)	548 (91%)	290 (48%)	334 (55%)
Central Manchester University Hospitals NHS Foundation Trust	163	286	>100%	205 (72%)	127 (44%)	247 (86%)	252 (88%)	253 (88%)	76 (27%)	149 (52%)
Pennine Care NHS Foundation Trust	542	319	59%	262 (82%)	93 (29%)	288 (90%)	251 (79%)	295 (92%)	214 (67%)	185 (58%)
City Hospitals Sunderland NHS Foundation Trust	354	455	>100%	437 (96%)	436 (96%)	389 (85%)	281 (62%)	375 (82%)	290 (64%)	343 (75%)
City Hospitals Sunderland NHS Foundation Trust	326	455	>100%	437 (96%)	436 (96%)	389 (85%)	281 (62%)	375 (82%)	290 (64%)	343 (75%)
South Tyneside NHS Foundation Trust †	28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Colchester Hospital University NHS Foundation Trust	1176	1131	96%	58 (5%)	109 (10%)	854 (76%)	698 (62%)	422 (37%)	207 (18%)	912 (81%)
Basildon and Thurrock University Hospitals NHS Foundation Trust	198	145	73%	43 (30%)	35 (24%)	144 (99%)	92 (63%)	70 (48%)	76 (52%)	121 (83%)
Colchester Hospital University NHS Foundation Trust	371	443	>100%	2 (0%)	2 (0%)	243 (55%)	229 (52%)	37 (8%)	39 (9%)	373 (84%)
Mid Essex Hospital Services NHS Trust	298	199	67%	2 (1%)	5 (3%)	138 (69%)	113 (57%)	80 (40%)	71 (36%)	130 (65%)
Southend Hospital NHS Trust	309	344	>100%	11 (3%)	67 (19%)	329 (96%)	264 (77%)	235 (68%)	21 (6%)	288 (84%)
Derby Hospitals NHS Foundation Trust	719	666	93%	233 (35%)	240 (36%)	417 (63%)	458 (69%)	294 (44%)	409 (61%)	469 (70%)

Specialist MDT / Trust	No. of expected cases	No. patients with NPCA record	Case ascertainment: No. of NPCA records / Expected cases	Performance status completed N(%)	ASA completed N(%)	PSA completed N(%)	Gleason Score Completed N(%)	TNM Completed ² N(%)	≥1 planned treatment recorded N (%)	≥1 Cancer treatment modality N (%)
Burton Hospitals NHS Foundation Trust	93	138	>100%	129 (93%)	124 (90%)	136 (99%)	116 (84%)	121 (88%)	128 (93%)	104 (75%)
Derby Hospitals NHS Foundation Trust	400	342	86%	37 (11%)	66 (19%)	272 (80%)	196 (57%)	168 (49%)	252 (74%)	266 (78%)
Sherwood Forest Hospitals NHS Foundation Trust	226	186	82%	67 (36%)	50 (27%)	9 (5%)	146 (78%)	5 (3%)	29 (16%)	99 (53%)
East & North Hertfordshire NHS Trust	787	805	>100%	157 (20%)	332 (41%)	609 (76%)	402 (50%)	270 (34%)	146 (18%)	531 (66%)
East and North Hertfordshire NHS Trust	362	446	>100%	141 (32%)	197 (44%)	384 (86%)	314 (70%)	181 (41%)	21 (5%)	350 (78%)
Luton and Dunstable Hospital NHS Trust	178	140	79%	13 (9%)	127 (91%)	130 (93%)	85 (61%)	88 (63%)	56 (40%)	90 (64%)
West Hertfordshire Hospitals NHS Trust	247	219	89%	3 (1%)	8 (4%)	95 (43%)	3 (1%)	1 (0%)	69 (32%)	91 (42%)
East Kent Hospitals University NHS Foundation Trust	804	601	75%	393 (65%)	0	13 (2%)	416 (69%)	319 (53%)	0	409 (68%)
East Kent Hospitals NHS Trust	804	601	75%	393 (65%)	0	13 (2%)	416 (69%)	319 (53%)	0	409 (68%)
Gloucestershire Hospitals NHS Foundation Trust	664	583	88%	169 (29%)	186 (32%)	277 (48%)	165 (28%)	105 (18%)	236 (40%)	392 (67%)
Gloucestershire Hospitals NHS Foundation Trust	466	386	83%	101 (26%)	150 (39%)	200 (52%)	159 (41%)	18 (5%)	221 (57%)	285 (74%)
Wye Valley NHS Trust	198	197	99%	68 (35%)	36 (18%)	77 (39%)	6 (3%)	87 (44%)	15 (8%)	107 (54%)
Guy's and St Thomas' NHS Foundation Trust	1130	754	67%	272 (36%)	308 (41%)	673 (89%)	640 (85%)	524 (69%)	561 (74%)	431 (57%)
Guy's and St Thomas' NHS Foundation Trust	509	351	69%	28 (8%)	100 (28%)	343 (98%)	329 (94%)	325 (93%)	338 (96%)	225 (64%)
King's College Hospital NHS Foundation Trust	413	226	55%	180 (80%)	194 (86%)	209 (92%)	190 (84%)	184 (81%)	210 (93%)	117 (52%)
Lewisham Hospital NHS Trust	208	177	85%	64 (36%)	14 (8%)	121 (68%)	121 (68%)	15 (8%)	13 (7%)	89 (50%)
Heart of England NHS Foundation Trust	759	617	81%	63 (10%)	532 (86%)	590 (96%)	560 (91%)	209 (34%)	410 (66%)	446 (72%)
Heart of England NHS Foundation Trust	600	513	86%	33 (6%)	506 (99%)	512 (100%)	504 (98%)	177 (35%)	334 (65%)	364 (71%)
Walsall Hospitals NHS Trust	159	104	65%	30 (29%)	26 (25%)	78 (75%)	56 (54%)	32 (31%)	76 (73%)	82 (79%)
Hull and East Yorkshire Hospitals	925	942	>100%	565 (60%)	630 (67%)	834 (89%)	670 (71%)	596 (63%)	3 (0%)	718 (76%)
Hull and East Yorkshire Hospitals NHS Trust	320	500	>100%	286 (57%)	298 (60%)	430 (86%)	379 (76%)	273 (55%)	1 (0%)	400 (80%)
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	261	147	56%	81 (55%)	82 (56%)	144 (98%)	89 (61%)	95 (65%)	2 (1%)	100 (68%)
York Hospitals NHS Trust	344	295	86%	198 (67%)	250 (85%)	260 (88%)	202 (68%)	228 (77%)	0	218 (74%)
Imperial College Healthcare NHS Trust	914	689	75%	424 (62%)	332 (48%)	629 (91%)	564 (82%)	556 (81%)	463 (67%)	469 (68%)
Chelsea and Westminster Healthcare NHS Trust	15	71	>100%	69 (97%)	58 (82%)	70 (99%)	56 (79%)	65 (92%)	65 (92%)	40 (56%)
Imperial College Healthcare NHS Trust	429	312	73%	273 (88%)	206 (66%)	265 (85%)	268 (86%)	267 (86%)	213 (68%)	211 (68%)
North West London Hospitals NHS Trust	261	138	53%	1 (1%)	0	138 (100%)	116 (84%)	129 (93%)	87 (63%)	97 (70%)
The Hillingdon Hospital NHS Trust	140	116	83%	42 (36%)	32 (28%)	105 (91%)	86 (74%)	45 (39%)	68 (59%)	77 (66%)
West Middlesex University Hospital NHS Trust	69	52	75%	39 (75%)	36 (69%)	51 (98%)	38 (73%)	50 (96%)	30 (58%)	44 (85%)
Lancashire Teaching Hospitals NHS Foundation Trust	1047	1043	100%	832 (80%)	419 (40%)	892 (86%)	842 (81%)	846 (81%)	318 (30%)	882 (85%)
Blackpool, Fylde and Wyre Hospitals NHS Trust	230	119	52%	68 (57%)	4 (3%)	93 (78%)	99 (83%)	106 (89%)	10 (8%)	99 (83%)
East Lancashire Hospitals NHS Trust	243	205	84%	187 (91%)	180 (88%)	189 (92%)	181 (88%)	161 (79%)	8 (4%)	177 (86%)
Lancashire Teaching Hospitals NHS Foundation Trust	317	505	>100%	423 (84%)	97 (19%)	444 (88%)	412 (82%)	433 (86%)	188 (37%)	439 (87%)
University Hospitals of Morecambe Bay NHS Trust	257	214	83%	154 (72%)	138 (64%)	166 (78%)	150 (70%)	146 (68%)	112 (52%)	167 (78%)

/Appendix 1 continued

Specialist MDT / Trust	No. of expected cases	No. patients with NPCA record	Case ascertainment: No. of NPCA records / Expected cases	Performance status completed N(%)	ASA completed N(%)	PSA completed N(%)	Gleason Score Completed N(%)	TNM Completed ² N(%)	≥1 planned treatment recorded N (%)	≥1 Cancer treatment modality N (%)
Leeds Teaching Hospitals NHS Trust	537	593	>100%	30 (5%)	155 (26%)	170 (29%)	441 (74%)	160 (27%)	8 (1%)	434 (73%)
Harrogate and District NHS Foundation Trust	147	135	92%	7 (5%)	110 (81%)	133 (99%)	113 (84%)	131 (97%)	0	79 (59%)
Leeds Teaching Hospitals NHS Trust	390	458	>100%	23 (5%)	45 (10%)	37 (8%)	328 (72%)	29 (6%)	8 (2%)	355 (78%)
Medway NHS Foundation Trust	893	793	89%	651 (82%)	497 (63%)	622 (78%)	415 (52%)	601 (76%)	241 (30%)	564 (71%)
Dartford and Gravesham NHS Trust	108	220	>100%	93 (42%)	47 (21%)	90 (41%)	83 (38%)	83 (38%)	14 (6%)	145 (66%)
Maidstone and Tunbridge Wells NHS Trust	661	354	54%	343 (97%)	264 (75%)	327 (92%)	301 (85%)	307 (87%)	164 (46%)	255 (72%)
Medway NHS Foundation Trust	124	219	>100%	215 (98%)	186 (85%)	205 (94%)	31 (14%)	211 (96%)	63 (29%)	164 (75%)
Newcastle upon Tyne Hospitals NHS Foundation Trust	992	1059	>100%	421 (40%)	393 (37%)	800 (76%)	719 (68%)	418 (39%)	256 (24%)	793 (75%)
Gateshead Health NHS Foundation Trust	89	86	97%	79 (92%)	74 (86%)	85 (99%)	77 (90%)	56 (65%)	70 (81%)	49 (57%)
Newcastle Upon Tyne Hospitals NHS Trust	367	527	>100%	188 (36%)	183 (35%)	419 (80%)	456 (87%)	233 (44%)	141 (27%)	422 (80%)
North Cumbria Acute Hospitals NHS Trust	265	237	89%	144 (61%)	124 (52%)	127 (54%)	27 (11%)	72 (30%)	8 (3%)	180 (76%)
Northumbria Healthcare NHS Foundation Trust	271	209	77%	10 (5%)	12 (6%)	169 (81%)	159 (76%)	57 (27%)	37 (18%)	142 (68%)
Norfolk & Norwich University Hospitals NHS Foundation Trust	825	789	96%	711 (90%)	511 (65%)	758 (96%)	650 (82%)	356 (45%)	484 (61%)	599 (76%)
James Paget University Hospitals NHS Foundation Trust	191	119	62%	88 (74%)	51 (43%)	119 (100%)	74 (62%)	64 (54%)	13 (11%)	89 (75%)
Norfolk and Norwich University Hospital NHS Trust	634	670	>100%	623 (93%)	460 (69%)	639 (95%)	576 (86%)	292 (44%)	471 (70%)	510 (76%)
North Bristol NHS Trust	1425	1512	>100%	444 (29%)	335 (22%)	1185 (78%)	1062 (70%)	926 (61%)	229 (15%)	1066 (71%)
Great Western Hospitals NHS Foundation Trust	213	157	74%	76 (48%)	0	153 (97%)	131 (83%)	157 (100%)	3 (2%)	121 (77%)
North Bristol NHS Trust	634	781	>100%	96 (12%)	70 (9%)	485 (62%)	494 (63%)	264 (34%)	109 (14%)	556 (71%)
Royal United Hospital Bath NHS Trust	349	350	100%	72 (21%)	75 (21%)	336 (96%)	293 (84%)	302 (86%)	5 (1%)	241 (69%)
Weston Area Health NHS Trust	137	117	85%	105 (90%)	106 (91%)	113 (97%)	86 (74%)	107 (91%)	104 (89%)	73 (62%)
Yeovil District Hospital NHS Foundation Trust	92	107	>100%	95 (89%)	84 (79%)	98 (92%)	58 (54%)	96 (90%)	8 (7%)	75 (70%)
Northampton General Hospital NHS Trust	448	463	>100%	220 (48%)	180 (39%)	452 (98%)	396 (86%)	390 (84%)	312 (67%)	343 (74%)
Kettering General Hospital NHS Trust	232	210	91%	29 (14%)	4 (2%)	208 (99%)	184 (88%)	174 (83%)	115 (55%)	150 (71%)
Northampton General Hospital NHS Trust	216	253	>100%	191 (75%)	176 (70%)	244 (96%)	212 (84%)	216 (85%)	197 (78%)	193 (76%)
Nottingham University Hospitals NHS Trust	524	548	>100%	10 (2%)	25 (5%)	517 (94%)	364 (66%)	261 (48%)	235 (43%)	371 (68%)
Nottingham University Hospitals NHS Trust	524	548	>100%	10 (2%)	25 (5%)	517 (94%)	364 (66%)	261 (48%)	235 (43%)	371 (68%)
Oxford University Hospitals NHS Trust	982	859	87%	159 (19%)	371 (43%)	588 (68%)	326 (38%)	129 (15%)	151 (18%)	577 (67%)
Buckinghamshire Healthcare NHS Trust	304	265	87%	31 (12%)	97 (37%)	187 (71%)	185 (70%)	89 (34%)	92 (35%)	132 (50%)
Milton Keynes General Hospital NHS Trust	200	161	81%	78 (48%)	3 (2%)	119 (74%)	135 (84%)	20 (12%)	55 (34%)	100 (62%)
Oxford University Hospitals NHS Trust	478	433	91%	50 (12%)	271 (63%)	282 (65%)	6 (1%)	20 (5%)	4 (1%)	345 (80%)
Plymouth Hospitals NHS Trust	739	746	>100%	278 (37%)	278 (37%)	704 (94%)	524 (70%)	521 (70%)	271 (36%)	516 (69%)
Plymouth Hospitals NHS Trust	316	346	>100%	24 (7%)	35 (10%)	314 (91%)	271 (78%)	233 (67%)	262 (76%)	256 (74%)
Royal Cornwall Hospitals NHS Trust	423	400	95%	254 (64%)	243 (61%)	390 (98%)	253 (63%)	288 (72%)	9 (2%)	260 (65%)
Portsmouth Hospitals NHS Trust	528	456	86%	169 (37%)	316 (69%)	407 (89%)	218 (48%)	205 (45%)	287 (63%)	120 (26%)

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Isle of Wight NHS Trust	170	169	99%	162 (96%)	119 (70%)	156 (92%)	138 (82%)	162 (96%)	5 (3%)	112 (66%)
Portsmouth Hospitals NHS Trust	358	287	80%	7 (2%)	197 (69%)	251 (87%)	80 (28%)	43 (15%)	282 (98%)	8 (3%)
Princess Alexandra Hospital NHS Trust	384	273	71%	0	0	129 (47%)	9 (3%)	131 (48%)	1 (0%)	176 (64%)
North Middlesex University Hospital NHS Trust	82	139	>100%	0	0	25 (18%)	9 (6%)	33 (24%)	0	97 (70%)
Princess Alexandra Hospital NHS Trust	302	134	44%	0	0	104 (78%)	0	98 (73%)	1 (1%)	79 (59%)
Royal Berkshire NHS Foundation Trust	353	329	93%	0	50 (15%)	0	1 (0%)	4 (1%)	0	260 (79%)
Royal Berkshire NHS Foundation Trust	353	329	93%	0	50 (15%)	0	1 (0%)	4 (1%)	0	260 (79%)
Royal Devon & Exeter NHS Foundation Trust	1247	1224	98%	761 (62%)	800 (65%)	1088 (89%)	961 (79%)	988 (81%)	805 (66%)	959 (78%)
Northern Devon Healthcare NHS Trust	185	170	92%	112 (66%)	115 (68%)	131 (77%)	120 (71%)	78 (46%)	62 (36%)	106 (62%)
Royal Devon and Exeter NHS Foundation Trust	489	516	>100%	492 (95%)	489 (95%)	500 (97%)	471 (91%)	506 (98%)	387 (75%)	399 (77%)
South Devon Healthcare NHS Foundation Trust	277	268	97%	38 (14%)	86 (32%)	217 (81%)	189 (71%)	240 (90%)	236 (88%)	250 (93%)
Taunton and Somerset NHS Trust	296	270	91%	119 (44%)	110 (41%)	240 (89%)	181 (67%)	164 (61%)	120 (44%)	204 (76%)
Royal Surrey County Hospital NHS Foundation Trust	1558	1635	>100%	305 (19%)	402 (25%)	938 (57%)	827 (51%)	533 (33%)	227 (14%)	1198 (73%)
Ashford and St Peter's Hospitals NHS Trust	73	152	>100%	0	0	77 (51%)	55 (36%)	5 (3%)	11 (7%)	103 (68%)
Frimley Park Hospital NHS Foundation Trust	320	409	>100%	121 (30%)	122 (30%)	228 (56%)	204 (50%)	127 (31%)	44 (11%)	267 (65%)
Hampshire Hospitals NHS Foundation Trust	353	281	80%	146 (52%)	154 (55%)	249 (89%)	197 (70%)	265 (94%)	76 (27%)	190 (68%)
Royal Surrey County Hospital NHS Trust	500	543	>100%	38 (7%)	57 (10%)	183 (34%)	178 (33%)	64 (12%)	29 (5%)	481 (89%)
Surrey and Sussex Healthcare NHS Trust	312	250	80%	0	69 (28%)	201 (80%)	193 (77%)	72 (29%)	67 (27%)	157 (63%)
Salford Royal Hospitals NHS Foundation Trust	509	396	78%	305 (77%)	313 (79%)	373 (94%)	362 (91%)	321 (81%)	64 (16%)	213 (54%)
Bolton Hospitals NHS Trust	182	156	86%	95 (61%)	100 (64%)	140 (90%)	146 (94%)	111 (71%)	53 (34%)	102 (65%)
Salford Royal Hospitals NHS Foundation Trust	222	75	34%	57 (76%)	70 (93%)	73 (97%)	70 (93%)	55 (73%)	5 (7%)	4 (5%)
Wrightington, Wigan and Leigh NHS Trust	105	165	>100%	153 (93%)	143 (87%)	160 (97%)	146 (88%)	155 (94%)	6 (4%)	107 (65%)
Sheffield Teaching Hospitals NHS Foundation Trust	1245	1043	84%	696 (67%)	582 (56%)	734 (70%)	728 (70%)	818 (78%)	366 (35%)	773 (74%)
Barnsley Hospital NHS Foundation Trust	128	106	83%	4 (4%)	5 (5%)	102 (96%)	70 (66%)	74 (70%)	0	83 (78%)
Chesterfield Royal Hospital NHS Foundation Trust	289	261	90%	251 (96%)	218 (84%)	259 (99%)	206 (79%)	253 (97%)	222 (85%)	181 (69%)
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	294	304	>100%	121 (40%)	22 (7%)	135 (44%)	134 (44%)	193 (63%)	133 (44%)	217 (71%)
Sheffield Teaching Hospitals NHS Foundation Trust	403	249	62%	202 (81%)	221 (89%)	123 (49%)	220 (88%)	180 (72%)	10 (4%)	192 (77%)
The Rotherham NHS Foundation Trust	131	123	94%	118 (96%)	116 (94%)	115 (93%)	98 (80%)	118 (96%)	1 (1%)	100 (81%)
South Tees Hospitals NHS Foundation Trust	799	686	86%	537 (78%)	2 (0%)	634 (92%)	580 (85%)	307 (45%)	42 (6%)	522 (76%)
County Durham and Darlington NHS Foundation Trust	239	106	44%	99 (93%)	0	102 (96%)	91 (86%)	60 (57%)	0	78 (74%)
North Tees And Hartlepool NHS Foundation Trust	201	126	63%	124 (98%)	0	116 (92%)	96 (76%)	69 (55%)	1 (1%)	84 (67%)
South Tees Hospitals NHS Trust	359	454	>100%	314 (69%)	2 (0%)	416 (92%)	393 (87%)	178 (39%)	41 (9%)	360 (79%)
Stockport NHS Foundation Trust	622	554	89%	122 (22%)	36 (6%)	393 (71%)	315 (57%)	292 (53%)	124 (22%)	371 (67%)
East Cheshire NHS Trust	48	75	>100%	1 (1%)	0	62 (83%)	43 (57%)	23 (31%)	1 (1%)	40 (53%)

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Mid Cheshire Hospitals NHS Trust	261	109	42%	55 (50%)	4 (4%)	107 (98%)	84 (77%)	82 (75%)	43 (39%)	74 (68%)
Stockport NHS Foundation Trust	261	287	>100%	63 (22%)	32 (11%)	163 (57%)	125 (44%)	171 (60%)	39 (14%)	201 (70%)
Tameside and Glossop Integrated Care NHS Foundation Trust	52	83	>100%	3 (4%)	0	61 (73%)	63 (76%)	16 (19%)	41 (49%)	56 (67%)
The Christie NHS Foundation Trust	116	478	>100%	261 (55%)	180 (38%)	353 (74%)	342 (72%)	387 (81%)	153 (32%)	294 (62%)
The Christie Hospital NHS Trust	116	478	>100%	261 (55%)	180 (38%)	353 (74%)	342 (72%)	387 (81%)	153 (32%)	294 (62%)
The Mid Yorkshire Hospitals NHS Trust	351	276	79%	274 (99%)	273 (99%)	271 (98%)	243 (88%)	273 (99%)	1 (0%)	238 (86%)
The Mid Yorkshire Hospitals NHS Trust	351	276	79%	274 (99%)	273 (99%)	271 (98%)	243 (88%)	273 (99%)	1 (0%)	238 (86%)
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	772	837	>100%	331 (40%)	10 (1%)	672 (80%)	588 (70%)	400 (48%)	217 (26%)	630 (75%)
Dorset County Hospitals NHS Foundation Trust	257	223	87%	202 (91%)	3 (1%)	205 (92%)	154 (69%)	114 (51%)	166 (74%)	179 (80%)
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	515	614	>100%	129 (21%)	7 (1%)	467 (76%)	434 (71%)	286 (47%)	51 (8%)	451 (73%)
The Royal Liverpool & Broadgreen University Hospitals NHS Trust	809	769	95%	369 (48%)	447 (58%)	618 (80%)	602 (78%)	602 (78%)	172 (22%)	559 (73%)
Aintree University Hospital NHS Foundation Trust	195	208	>100%	197 (95%)	201 (97%)	206 (99%)	143 (69%)	185 (89%)	20 (10%)	151 (73%)
Royal Liverpool and Broadgreen University Hospitals NHS Trust	181	215	>100%	26 (12%)	98 (46%)	184 (86%)	173 (80%)	147 (68%)	118 (55%)	152 (71%)
Southport and Ormskirk Hospital NHS Trust	194	160	82%	143 (89%)	138 (86%)	156 (98%)	140 (88%)	145 (91%)	21 (13%)	126 (79%)
St Helens and Knowsley Hospitals NHS Trust	239	186	78%	3 (2%)	10 (5%)	72 (39%)	146 (78%)	125 (67%)	13 (7%)	130 (70%)
The Royal Marsden NHS Foundation Trust	1213	915	75%	271 (30%)	190 (21%)	479 (52%)	391 (43%)	676 (74%)	355 (39%)	656 (72%)
Croydon Health Services NHS Trust	89	169	>100%	14 (8%)	28 (17%)	106 (63%)	18 (11%)	132 (78%)	17 (10%)	125 (74%)
Epsom And St Helier University Hospitals NHS Trust	269	158	59%	10 (6%)	29 (18%)	69 (44%)	92 (58%)	80 (51%)	80 (51%)	99 (63%)
Kingston Hospital NHS Trust	177	52	29%	23 (44%)	43 (83%)	6 (12%)	4 (8%)	42 (81%)	3 (6%)	24 (46%)
St George's Healthcare NHS Trust	508	283	56%	126 (45%)	33 (12%)	93 (33%)	34 (12%)	209 (74%)	60 (21%)	196 (69%)
The Royal Marsden NHS Foundation Trust	170	253	>100%	98 (39%)	57 (23%)	205 (81%)	243 (96%)	213 (84%)	195 (77%)	212 (84%)
University College London Hospitals NHS Foundation Trust	808	703	87%	55 (8%)	26 (4%)	191 (27%)	191 (27%)	289 (41%)	47 (7%)	530 (75%)
Royal Free Hampstead NHS Trust	418	342	82%	3 (1%)	5 (1%)	102 (30%)	41 (12%)	86 (25%)	12 (4%)	250 (73%)
The Whittington Hospital NHS Trust	86	15	17%	12 (80%)	0	14 (93%)	13 (87%)	11 (73%)	14 (93%)	6 (40%)
University College London Hospitals NHS Foundation Trust	304	346	>100%	40 (12%)	21 (6%)	75 (22%)	137 (40%)	192 (55%)	21 (6%)	274 (79%)
University Hospital Southampton NHS Foundation Trust	615	592	96%	260 (44%)	187 (32%)	368 (62%)	431 (73%)	345 (58%)	293 (49%)	431 (73%)
Poole Hospital NHS Foundation Trust *	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Salisbury NHS Foundation Trust	233	223	96%	168 (75%)	170 (76%)	179 (80%)	206 (92%)	140 (63%)	104 (47%)	160 (72%)
University Hospital Southampton NHS Trust	350	369	>100%	92 (25%)	17 (5%)	189 (51%)	225 (61%)	205 (56%)	189 (51%)	271 (73%)
University Hospital of North Staffordshire NHS Trust	1304	1345	>100%	84 (6%)	130 (10%)	436 (32%)	874 (65%)	340 (25%)	218 (16%)	1052 (78%)
The Dudley Group NHS Hospitals Foundation Trust	285	194	68%	46 (24%)	48 (25%)	62 (32%)	53 (27%)	40 (21%)	43 (22%)	107 (55%)
The Royal Wolverhampton Hospitals NHS Trust	258	384	>100%	33 (9%)	80 (21%)	311 (81%)	285 (74%)	259 (67%)	44 (11%)	331 (86%)

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The Shrewsbury and Telford Hospital NHS Trust	317	324	>100%	3 (1%)	2 (1%)	4 (1%)	208 (64%)	11 (3%)	82 (25%)	278 (86%)
University Hospital of North Staffordshire NHS Trust/University Hospital of North Midlands	444	443	100%	2 (0%)	0	59 (13%)	328 (74%)	30 (7%)	49 (11%)	336 (76%)
University Hospital of South Manchester NHS Foundation Trust	200	89	45%	41 (46%)	15 (17%)	76 (85%)	70 (79%)	27 (30%)	1 (1%)	51 (57%)
University Hospital of South Manchester NHS Foundation Trust	200	89	45%	41 (46%)	15 (17%)	76 (85%)	70 (79%)	27 (30%)	1 (1%)	51 (57%)
University Hospitals Birmingham NHS Foundation Trust	619	724	>100%	106 (15%)	113 (16%)	621 (86%)	601 (83%)	298 (41%)	274 (38%)	577 (80%)
Sandwell and West Birmingham Hospitals NHS Trust	294	256	87%	2 (1%)	14 (5%)	254 (99%)	235 (92%)	41 (16%)	125 (49%)	199 (78%)
University Hospital Birmingham NHS Foundation Trust	325	468	144%	104 (22%)	99 (21%)	367 (78%)	366 (78%)	257 (55%)	149 (32%)	378 (81%)
University Hospitals Coventry and Warwickshire NHS Trust	1021	900	88%	533 (59%)	486 (54%)	840 (93%)	752 (84%)	508 (56%)	334 (37%)	568 (63%)
George Eliot Hospital NHS Trust	116	100	86%	6 (6%)	6 (6%)	98 (98%)	92 (92%)	8 (8%)	72 (72%)	34 (34%)
South Warwickshire General Hospitals NHS Trust	142	128	90%	1 (1%)	10 (8%)	100 (78%)	102 (80%)	41 (32%)	107 (84%)	41 (32%)
University Hospitals Coventry and Warwickshire NHS Trust	267	188	70%	87 (46%)	108 (57%)	167 (89%)	159 (85%)	69 (37%)	153 (81%)	118 (63%)
Worcestershire Acute Hospitals NHS Trust	496	484	98%	439 (91%)	362 (75%)	475 (98%)	399 (82%)	390 (81%)	2 (0%)	375 (77%)
University Hospitals of Leicester NHS Trust	995	760	76%	47 (6%)	16 (2%)	197 (26%)	146 (19%)	161 (21%)	8 (1%)	523 (69%)
United Lincolnshire Hospitals NHS Trust	560	397	71%	6 (2%)	6 (2%)	17 (4%)	9 (2%)	61 (15%)	4 (1%)	296 (75%)
University Hospitals of Leicester NHS Trust	435	363	83%	41 (11%)	10 (3%)	180 (50%)	137 (38%)	100 (28%)	4 (1%)	227 (63%)
Wirral University Teaching Hospitals NHS Foundation Trust	755	778	>100%	580 (75%)	526 (68%)	709 (91%)	652 (84%)	650 (84%)	512 (66%)	490 (63%)
Clatterbridge Cancer Centre NHS Foundation Trust	8	117	>100%	73 (62%)	73 (62%)	89 (76%)	94 (80%)	115 (98%)	107 (91%)	96 (82%)
Countess of Chester Hospital NHS Foundation Trust	216	129	60%	115 (89%)	91 (71%)	124 (96%)	104 (81%)	76 (59%)	15 (12%)	99 (77%)
Warrington and Halton Hospitals NHS Foundation Trust (WAS North Cheshire Hospitals NHS Trust)	166	129	78%	77 (60%)	85 (66%)	117 (91%)	99 (77%)	106 (82%)	60 (47%)	63 (49%)
Wirral University Teaching Hospital NHS Foundation Trust	365	403	>100%	315 (78%)	277 (69%)	379 (94%)	355 (88%)	353 (88%)	330 (82%)	232 (58%)

¹ NHS Trusts referring patients to more than one sMDT include Queen Elizabeth Hospital King's Lynn NHS Trust and Ipswich Hospital NHS Trust (also refer patients to Norfolk & Norwich University Hospital NHS Trust sMDT), County Durham and Darlington NHS Foundation Trust (South Tees Hospitals NHS Foundation Trust sMDT), Worcestershire Acute Hospitals NHS Trust (University Hospitals Coventry and Warwickshire NHS Trust sMDT), York Hospitals NHS Trust (Leeds Teaching Hospitals NHS Trust sMDT) and Hampshire Hospitals Foundation Trust (University Hospital Southampton NHS Trust sMDT). Where this occurs due to different hospitals within the same Trust accessing different sMDTs, individual hospital data were included in the relevant sMDT, otherwise data were included in the specialist MDT most frequently accessed by the Trust.

² % of total for whom all three T, N and M are non-missing (X allowed)

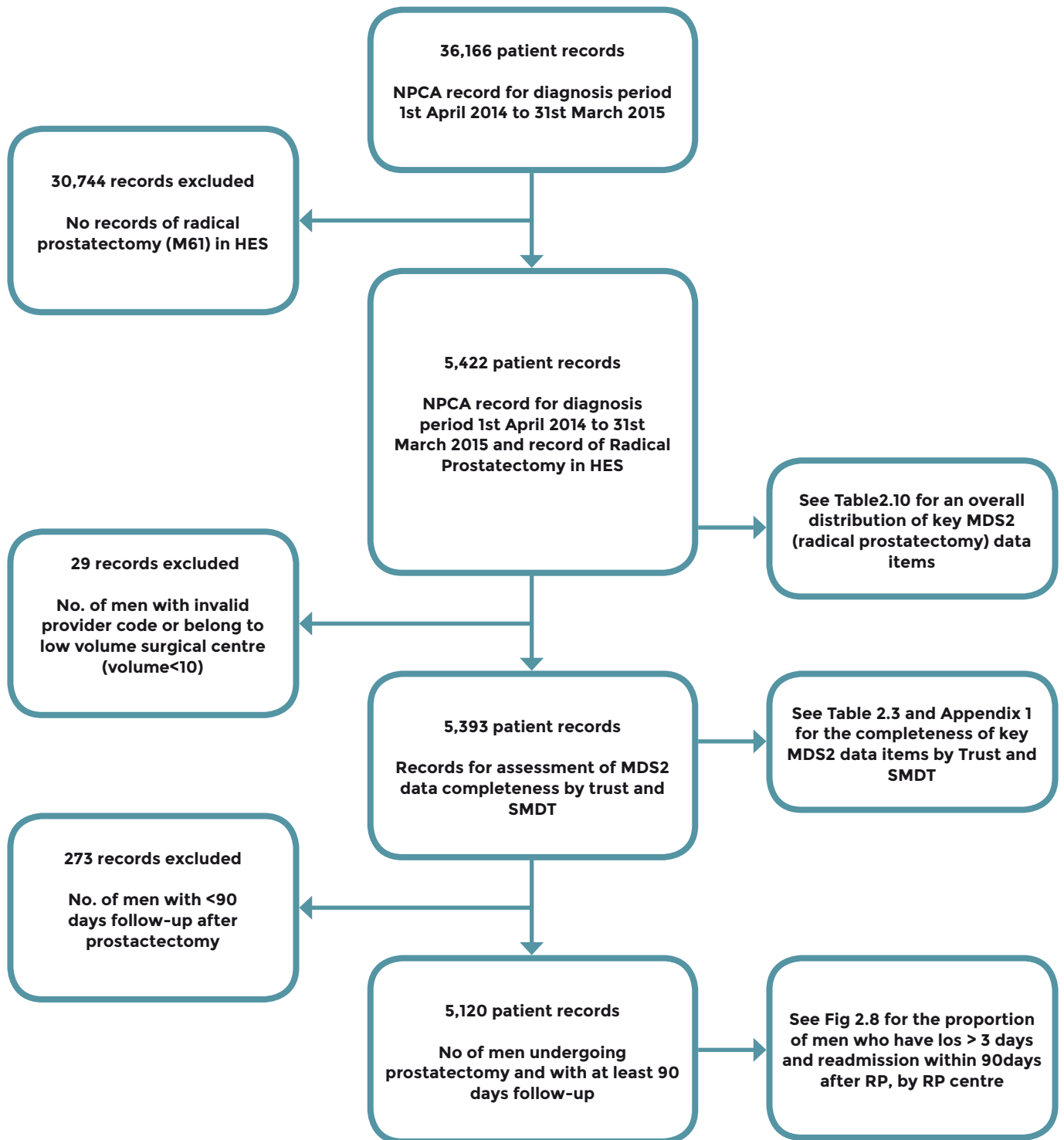
† NPCA Data from South Tyneside NHS Foundation Trust is submitted by City Hospitals Sunderland NHS Foundation Trust

* Poole Hospital NHS Foundation Trust only submits MDS-3 radiotherapy data as it is a specialist centre.

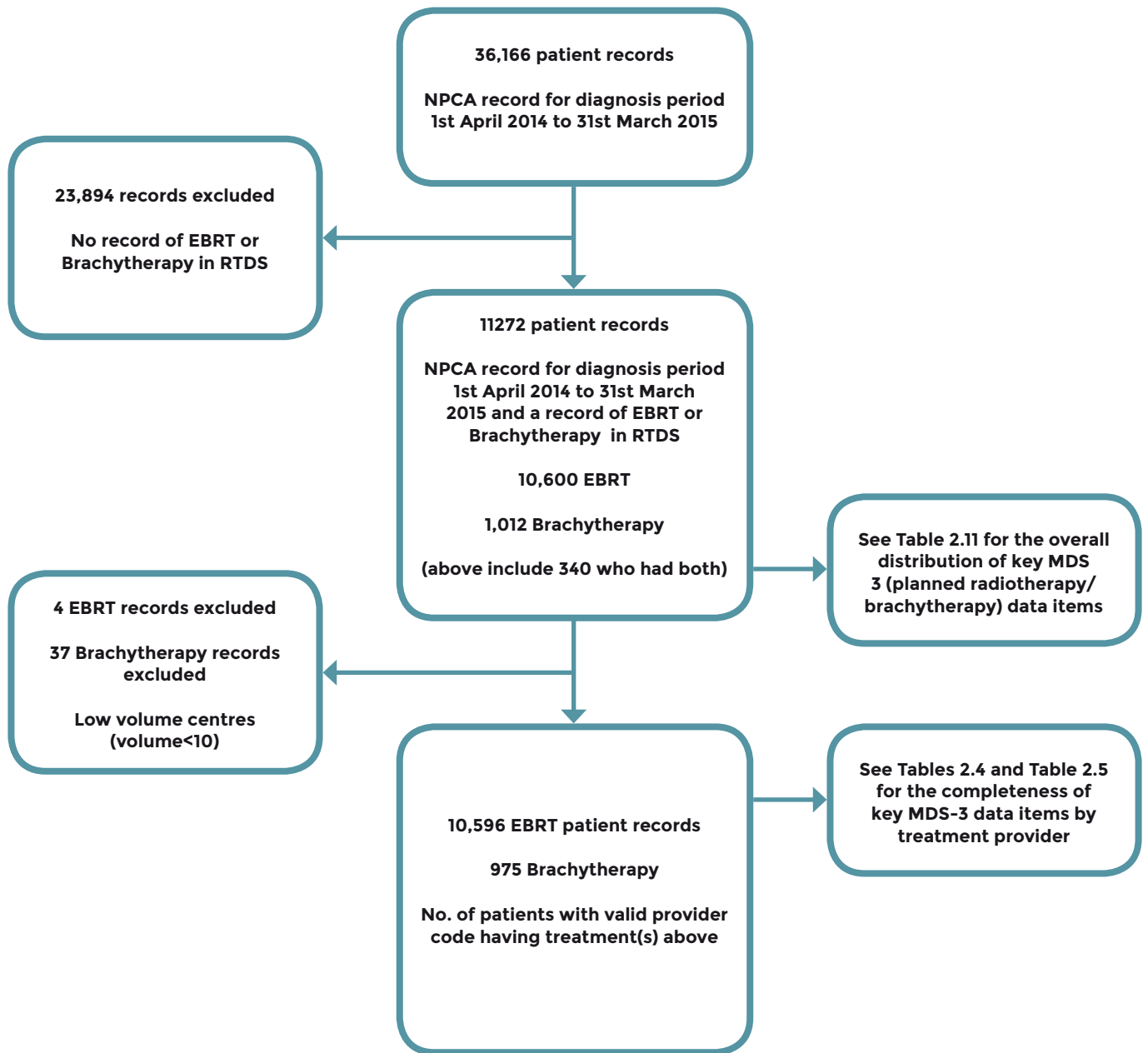
Appendix 2. Comparison of NPCA staging items and National Cancer Data Repository (NCDR) staging items to determine disease status (patients diagnosed 1st April 2014 - 31st March 2015, N = 36,166)

	NPCA staging items N (%)	NCDR staging items N (%)
PSA level at diagnosis	Denominator = 26362 (patients with PSA recorded)	N/A
<10 ng/ml	11705 (44%)	N/A
10 to 20 ng/ml	6097 (23%)	N/A
>20 ng/ml	8560 (33%)	N/A
Missing	9804	N/A
Gleason score	Denominator = 23835 (patients with Gleason ≤6, =7 or ≥8 recorded)	Denominator = 18075 (patients with Gleason ≤6, =7 or ≥8 recorded)
≤6	6762 (28%)	4681 (26%)
7	10862 (46%)	8605 (48%)
≥8	6211 (26%)	4789 (26%)
Missing	12331	18091
T score	Denominator = 21318 (patients with T1, T2, T3 or T4 recorded)	Denominator = 29799 (patients with T1, T2, T3 or T4 recorded)
T1	3888 (18%)	5833 (19%)
T2	9239 (43%)	12721 (43%)
T3	7021 (33%)	9766 (33%)
T4	1170 (6%)	1479 (5%)
TX	692	25
Missing	14156	6342
N score	Denominator = 19032 (patients with N1 or No recorded)	Denominator = 25,399 (patients with N1 or No recorded)
N1	1763 (9%)	2561 (10%)
No	17269 (91%)	22838 (90%)
NX	2432	27
Missing	14702	10740
M score	Denominator = 18584 (patients with M1 or Mo recorded)	Denominator = 27890 (patients with M1 or Mo recorded)
M1	2467 (13%)	4448 (16%)
Mo	16117 (87%)	23442 (84%)
MX	2258	90
Missing	15324	8186

Appendix 3a. Flow Chart of MDS-2 data items for men undergoing radical prostatectomy



Appendix 3b. Flow Chart of MDS-3 data items for men for whom EBRT or brachytherapy is planned



Appendix 4a. The number (n) and proportion (%) of men returning the indicated response for each patient experience question (selected NCPES questions), in addition to the number of men completing each question, are presented for radical prostatectomy patients (N=2,525) stratified by Trust and sMDT. Data for Trusts' and sMDTs (indicated by -) where <10 men completed the patient survey are not shown in the table. However, these data contribute to the overall mean results (in red for each question).

Specialist MDT/ Trust: Radical prostatectomy patients	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
Overall (N=2,525)	2,146 (87%)	2,457	1,979 (81%)	2,449	1,892 (77%)	2,463	1,756 (72%)	2,454	1,934 (79%)	2,453	1,986 (83%)	2,396	2,026 (86%)	2,353
Barking, Havering and Redbridge Hospitals NHS Trust (n=14)	10 (77%)	13	11 (85%)	13	10 (77%)	13	7 (54%)	13	12 (86%)	14	10 (71%)	14	7 (50%)	14
Barking, Havering and Redbridge Hospitals NHS Trust (n=14)	10 (77%)	13	11 (85%)	13	10 (77%)	13	7 (54%)	13	12 (86%)	14	10 (71%)	14	7 (50%)	14
Barts Health NHS Trust (n=7)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Barts Health NHS Trust (n=5)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Homerton University Hospital NHS Foundation Trust (n=2)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bradford Teaching Hospitals NHS Foundation Trust (n=53)	46 (90%)	51	42 (84%)	50	40 (78%)	51	40 (80%)	50	40 (78%)	51	40 (82%)	49	46 (90%)	51
Airedale NHS Trust (n=14)	12 (92%)	13	11 (85%)	13	11 (85%)	13	10 (77%)	13	11 (85%)	13	11 (85%)	13	12 (92%)	13
Bradford Teaching Hospitals NHS Foundation Trust (n=20)	16 (80%)	20	17 (85%)	20	15 (75%)	20	15 (75%)	20	15 (75%)	20	15 (79%)	19	18 (90%)	20
Calderdale And Huddersfield NHS Foundation Trust (n=19)	18 (100%)	18	14 (82%)	17	14 (78%)	18	15 (88%)	17	14 (78%)	18	14 (82%)	17	16 (89%)	18
Brighton and Sussex University Hospitals NHS Trust (n=64)	58 (91%)	64	45 (73%)	62	51 (80%)	64	45 (71%)	63	49 (80%)	61	48 (83%)	58	53 (88%)	60
Brighton and Sussex University Hospitals NHS Trust (n=9)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
East Sussex Healthcare NHS Trust (n=29)	26 (90%)	29	26 (90%)	29	24 (83%)	29	23 (79%)	29	23 (79%)	29	26 (90%)	29	24 (83%)	29
Western Sussex Hospitals NHS Trust (n=26)	25 (96%)	26	15 (58%)	26	20 (77%)	26	17 (65%)	26	21 (84%)	25	17 (74%)	23	23 (96%)	24
Cambridge University Hospitals NHS Foundation Trust (n=42)	34 (83%)	41	25 (63%)	40	24 (59%)	41	26 (65%)	40	25 (64%)	39	31 (82%)	38	37 (97%)	38
Bedford Hospital NHS Trust (n=8)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hinchingbrooke Health Care NHS Trust (n=4)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Queen Elizabeth Hospital NHS Trust (n=4)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
The Ipswich Hospital NHS Trust (n=5)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Suffolk Hospitals NHS Trust (n=9)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Central Manchester University Hospitals NHS Foundation Trust (n=36)	31 (89%)	35	32 (91%)	35	28 (80%)	35	26 (74%)	35	25 (69%)	36	27 (77%)	35	29 (83%)	35
Central Manchester University Hospitals NHS Foundation Trust (n=15)	15 (100%)	15	13 (87%)	15	12 (80%)	15	10 (67%)	15	10 (67%)	15	9 (64%)	14	11 (73%)	15

Specialist MDT/ Trust: Radical prostatectomy patients	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
Pennine Care NHS Foundation Trust (n=21)	16 (80%)	20	19 (95%)	20	16 (80%)	20	16 (80%)	20	15 (71%)	21	18 (86%)	21	18 (90%)	20
City Hospitals Sunderland NHS Foundation Trust (n=30)	27 (90%)	30	12 (40%)	30	17 (57%)	30	23 (77%)	30	17 (57%)	30	29 (97%)	30	24 (86%)	28
City Hospitals Sunderland NHS Foundation Trust (n=30)	27 (90%)	30	12 (40%)	30	17 (57%)	30	23 (77%)	30	17 (57%)	30	29 (97%)	30	24 (86%)	28
Colchester Hospital University NHS Foundation Trust (n=64)	59 (94%)	63	52 (83%)	63	49 (78%)	63	49 (78%)	63	52 (83%)	63	54 (86%)	63	50 (88%)	57
Basildon and Thurrock University Hospitals NHS Foundation Trust (n=3)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Colchester Hospital University NHS Foundation Trust (n=46)	44 (96%)	46	40 (87%)	46	40 (87%)	46	38 (83%)	46	38 (83%)	46	42 (91%)	46	37 (88%)	42
Mid Essex Hospital Services NHS Trust (n=3)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Southend Hospital NHS Trust (n=12)	10 (91%)	11	7 (64%)	11	7 (64%)	11	7 (64%)	11	10 (91%)	11	8 (73%)	11	8 (89%)	9
Derby Hospitals NHS Foundation Trust (n=29)	27 (96%)	28	19 (68%)	28	21 (72%)	29	20 (69%)	29	23 (82%)	28	24 (86%)	28	27 (100%)	27
Burton Hospitals NHS Foundation Trust (n=6)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Derby Hospitals NHS Foundation Trust (n=20)	19 (100%)	19	13 (68%)	19	15 (75%)	20	15 (75%)	20	17 (85%)	20	18 (90%)	20	19 (100%)	19
Sherwood Forest Hospitals NHS Foundation Trust (n=3)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
East and North Hertfordshire NHS Trust (n=68)	59 (89%)	66	62 (94%)	66	56 (85%)	66	51 (77%)	66	58 (88%)	66	48 (73%)	66	55 (87%)	63
East and North Hertfordshire NHS Trust (n=53)	47 (90%)	52	50 (96%)	52	45 (87%)	52	42 (81%)	52	48 (91%)	53	37 (70%)	53	45 (88%)	51
Luton and Dunstable Hospital NHS Trust (n=3)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Hertfordshire Hospitals NHS Trust (n=12)	10 (83%)	12	10 (83%)	12	10 (83%)	12	9 (75%)	12	10 (91%)	11	9 (82%)	11	10 (100%)	10
East Kent Hospitals NHS Trust (n=48)	43 (90%)	48	35 (73%)	48	38 (79%)	48	34 (72%)	47	38 (79%)	48	40 (87%)	46	39 (85%)	46
East Kent Hospitals NHS Trust (n=48)	43 (90%)	48	35 (73%)	48	38 (79%)	48	34 (72%)	47	38 (79%)	48	40 (87%)	46	39 (85%)	46
Gloucestershire Hospitals NHS Foundation Trust (n=30)	23 (82%)	28	19 (66%)	29	20 (69%)	29	17 (61%)	28	21 (72%)	29	23 (79%)	29	23 (85%)	27
Gloucestershire Hospitals NHS Foundation Trust (n=26)	19 (79%)	24	18 (72%)	25	19 (76%)	25	15 (60%)	25	18 (72%)	25	19 (76%)	25	20 (83%)	24
Wye Valley NHS Trust (n=4)	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Specialist MDT/ Trust: Radical prostatectomy patients	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
Guy's and St Thomas' NHS Foundation Trust (n=67)	59 (88%)	67	50 (76%)	66	51 (76%)	67	52 (78%)	67	54 (81%)	67	57 (88%)	65	55 (90%)	61
Guy's and St Thomas' NHS Foundation Trust (n=56)	49 (88%)	56	42 (76%)	55	45 (80%)	56	44 (79%)	56	46 (82%)	56	47 (85%)	55	47 (90%)	52
King's College Hospital NHS Foundation Trust (n=3)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lewisham Hospital NHS Trust (n=8)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Heart of England NHS Foundation Trust (n=76)	63 (84%)	75	61 (82%)	74	57 (77%)	74	44 (59%)	74	58 (77%)	75	62 (84%)	74	69 (92%)	75
Heart of England NHS Foundation Trust (n=72)	60 (85%)	71	59 (84%)	70	55 (79%)	70	42 (60%)	70	55 (77%)	71	59 (84%)	70	66 (93%)	71
Walsall Hospitals NHS Trust (n=4)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hull and East Yorkshire Hospitals NHS Trust (n=67)	60 (91%)	66	54 (83%)	65	48 (74%)	65	48 (73%)	66	58 (88%)	66	43 (66%)	65	50 (77%)	65
Hull and East Yorkshire Hospitals NHS Trust (n=45)	41 (91%)	45	40 (91%)	44	34 (76%)	45	34 (76%)	45	40 (89%)	45	29 (64%)	45	34 (77%)	44
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (n=1)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
York Hospitals NHS Trust (n=21)	18 (90%)	20	14 (70%)	20	14 (74%)	19	13 (65%)	20	17 (85%)	20	14 (74%)	19	15 (75%)	20
Imperial College Healthcare NHS Trust (n=39)	32 (86%)	37	34 (89%)	38	32 (84%)	38	30 (79%)	38	32 (86%)	37	32 (89%)	36	30 (83%)	36
Chelsea and Westminster Healthcare NHS Trust (n=5)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Imperial College Healthcare NHS Trust (n=28)	24 (92%)	26	25 (93%)	27	25 (93%)	27	23 (85%)	27	24 (89%)	27	24 (92%)	26	23 (92%)	25
North West London Hospitals NHS Trust (n=4)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Middlesex University Hospital NHS Trust (n=2)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lancashire Teaching Hospitals NHS Foundation Trust (n=87)	67 (79%)	85	67 (80%)	84	66 (79%)	84	56 (67%)	84	63 (74%)	85	74 (87%)	85	72 (86%)	84
Blackpool, Fylde and Wyre Hospitals NHS Trust (n=8)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
East Lancashire Hospitals NHS Trust (n=25)	18 (75%)	24	15 (65%)	23	16 (70%)	23	13 (57%)	23	18 (72%)	25	21 (84%)	25	17 (74%)	23
Lancashire Teaching Hospitals NHS Foundation Trust (n=42)	34 (83%)	41	35 (85%)	41	31 (76%)	41	29 (71%)	41	31 (74%)	42	36 (88%)	41	38 (90%)	42

Specialist MDT/ Trust: Radical prostatectomy patients	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
University Hospitals of Morecambe Bay NHS Trust (n=12)	8 (67%)	12	9 (75%)	12	11 (92%)	12	6 (50%)	12	7 (70%)	10	9 (82%)	11	10 (91%)	11
Leeds Teaching Hospitals NHS Trust (n=26)	22 (88%)	25	19 (76%)	25	17 (68%)	25	18 (72%)	25	15 (60%)	25	22 (88%)	25	20 (80%)	25
Harrogate and District NHS Foundation Trust (n=3)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leeds Teaching Hospitals NHS Trust (n=23)	20 (91%)	22	17 (77%)	22	15 (68%)	22	17 (77%)	22	14 (64%)	22	21 (95%)	22	18 (82%)	22
Medway NHS Foundation Trust (n=50)	42 (88%)	48	39 (83%)	47	34 (72%)	47	33 (70%)	47	40 (83%)	48	42 (93%)	45	35 (85%)	41
Dartford and Gravesham NHS Trust (n=18)	15 (83%)	18	18 (100%)	18	14 (78%)	18	12 (67%)	18	15 (83%)	18	15 (88%)	17	15 (88%)	17
Maidstone and Tunbridge Wells NHS Trust (n=26)	22 (88%)	25	18 (75%)	24	16 (67%)	24	17 (71%)	24	20 (80%)	25	23 (100%)	23	16 (80%)	20
Medway NHS Foundation Trust (n=6)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Newcastle Upon Tyne Hospitals NHS Trust (n=86)	77 (92%)	84	67 (80%)	84	65 (77%)	84	61 (73%)	83	69 (81%)	85	70 (86%)	81	76 (94%)	81
Gateshead Health NHS Foundation Trust (n=4)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Newcastle Upon Tyne Hospitals NHS Trust (n=52)	49 (96%)	51	44 (86%)	51	40 (78%)	51	34 (68%)	50	42 (82%)	51	43 (86%)	50	48 (96%)	50
North Cumbria Acute Hospitals NHS Trust (n=15)	12 (80%)	15	10 (67%)	15	14 (93%)	15	14 (93%)	15	13 (87%)	15	11 (85%)	13	12 (86%)	14
Northumbria Healthcare NHS Foundation Trust (n=15)	13 (93%)	14	11 (79%)	14	10 (71%)	14	11 (79%)	14	12 (80%)	15	13 (93%)	14	13 (100%)	13
Norfolk and Norwich University Hospital NHS Trust (n=54)	47 (89%)	53	40 (75%)	53	45 (85%)	53	41 (77%)	53	47 (89%)	53	43 (83%)	52	45 (92%)	49
James Paget University Hospitals NHS Foundation Trust (n=6)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Norfolk and Norwich University Hospital NHS Trust (n=48)	42 (89%)	47	37 (79%)	47	40 (85%)	47	37 (79%)	47	42 (89%)	47	38 (83%)	46	41 (93%)	44
North Bristol NHS Trust (n=143)	119 (88%)	136	110 (81%)	136	107 (78%)	138	96 (71%)	136	103 (76%)	136	100 (75%)	134	109 (84%)	130
North Bristol NHS Trust (n=104)	83 (85%)	98	78 (80%)	98	78 (78%)	100	66 (67%)	98	73 (74%)	99	69 (72%)	96	76 (82%)	93
Royal United Hospital Bath NHS Trust (n=21)	19 (95%)	20	16 (80%)	20	15 (75%)	20	17 (85%)	20	17 (89%)	19	16 (80%)	20	20 (100%)	20
Weston Area Health NHS Trust (n=9)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Yeovil District Hospital NHS Foundation Trust (n=3)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Northampton General Hospital NHS Trust (n=21)	19 (95%)	20	13 (68%)	19	11 (61%)	18	12 (63%)	19	12 (67%)	18	11 (61%)	18	13 (76%)	17
Kettering General Hospital NHS Trust (n=5)	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Specialist MDT/ Trust: Radical prostatectomy patients	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
Northampton General Hospital NHS Trust (n=16)	14 (93%)	15	10 (67%)	15	8 (57%)	14	9 (64%)	14	10 (71%)	14	8 (57%)	14	10 (77%)	13
Nottingham University Hospitals NHS Trust (n=44)	36 (82%)	44	34 (77%)	44	32 (73%)	44	32 (73%)	44	34 (79%)	43	34 (81%)	42	38 (90%)	42
Nottingham University Hospitals NHS Trust (n=44)	36 (82%)	44	34 (77%)	44	32 (73%)	44	32 (73%)	44	34 (79%)	43	34 (81%)	42	38 (90%)	42
Oxford University Hospitals NHS Trust (n=61)	47 (81%)	58	45 (76%)	59	41 (69%)	59	40 (68%)	59	46 (79%)	58	51 (89%)	57	49 (88%)	56
Buckinghamshire Healthcare NHS Trust (n=16)	13 (81%)	16	13 (81%)	16	10 (63%)	16	9 (56%)	16	10 (67%)	15	13 (87%)	15	14 (93%)	15
Milton Keynes General Hospital NHS Trust (n=8)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Oxford University Hospitals NHS Trust (n=37)	28 (80%)	35	26 (72%)	36	26 (72%)	36	24 (67%)	36	28 (80%)	35	30 (88%)	34	27 (82%)	33
Plymouth Hospitals NHS Trust (n=58)	49 (89%)	55	33 (61%)	54	37 (66%)	56	37 (67%)	55	39 (71%)	55	42 (81%)	52	43 (80%)	54
Plymouth Hospitals NHS Trust (n=32)	28 (90%)	31	22 (71%)	31	23 (72%)	32	22 (69%)	32	23 (72%)	32	28 (93%)	30	24 (80%)	30
Royal Cornwall Hospitals NHS Trust (n=26)	21 (88%)	24	11 (48%)	23	14 (58%)	24	15 (65%)	23	16 (70%)	23	14 (64%)	22	19 (79%)	24
Portsmouth Hospitals NHS Trust (n=15)	14 (93%)	15	11 (73%)	15	14 (93%)	15	13 (87%)	15	14 (93%)	15	12 (92%)	13	12 (86%)	14
Isle of Wight NHS Trust (n=7)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Portsmouth Hospitals NHS Trust (n=8)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Princess Alexandra Hospital NHS Trust (n=7)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Middlesex University Hospital NHS Trust (n=2)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Princess Alexandra Hospital NHS Trust (n=5)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Royal Berkshire NHS Foundation Trust (n=24)	21 (88%)	24	19 (79%)	24	20 (83%)	24	14 (58%)	24	19 (79%)	24	18 (75%)	24	15 (65%)	23
Royal Berkshire NHS Foundation Trust (n=24)	21 (88%)	24	19 (79%)	24	20 (83%)	24	14 (58%)	24	19 (79%)	24	18 (75%)	24	15 (65%)	23
Royal Devon and Exeter NHS Foundation Trust (n=96)	78 (86%)	91	68 (74%)	92	72 (77%)	93	67 (72%)	93	75 (81%)	93	74 (83%)	89	79 (89%)	89
Northern Devon Healthcare NHS Trust (n=9)	9 (100%)	9	8 (89%)	9	8 (89%)	9	9 (100%)	9	8 (89%)	9	7 (78%)	9	9 (100%)	9
Royal Devon and Exeter NHS Foundation Trust (n=64)	52 (84%)	62	47 (75%)	63	48 (76%)	63	45 (71%)	63	51 (81%)	63	52 (87%)	60	53 (88%)	60
South Devon Healthcare NHS Foundation Trust (n=10)	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Specialist MDT/ Trust: Radical prostatectomy patients	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
Taunton and Somerset NHS Trust (n=13)	11 (92%)	12	8 (67%)	12	10 (77%)	13	8 (62%)	13	10 (77%)	13	7 (58%)	12	10 (83%)	12
Royal Surrey County Hospital NHS Trust (n=92)	78 (89%)	88	65 (74%)	88	69 (77%)	90	61 (68%)	90	70 (77%)	91	75 (83%)	90	76 (87%)	87
Ashford and St Peter's Hospitals NHS Trust (n=8)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Frimley Park Hospital NHS Foundation Trust (n=28)	24 (89%)	27	20 (77%)	26	21 (78%)	27	20 (74%)	27	23 (82%)	28	21 (75%)	28	25 (93%)	27
Hampshire Hospitals NHS Foundation Trust (n=18)	15 (83%)	18	14 (78%)	18	13 (72%)	18	12 (67%)	18	13 (76%)	17	14 (88%)	16	13 (81%)	16
Royal Surrey County Hospital NHS Trust (n=32)	29 (97%)	30	23 (77%)	30	25 (81%)	31	21 (68%)	31	25 (78%)	32	29 (91%)	32	26 (84%)	31
Surrey and Sussex Healthcare NHS Trust (n=6)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Salford Royal Hospitals NHS Foundation Trust (n=14)	14 (100%)	14	13 (93%)	14	12 (86%)	14	11 (79%)	14	10 (77%)	13	8 (73%)	11	10 (83%)	12
Bolton Hospitals NHS Trust (n=9)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Salford Royal Hospitals NHS Foundation Trust (n=2)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Wrightington, Wigan and Leigh NHS Trust (n=3)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sheffield Teaching Hospitals NHS Foundation Trust (n=81)	70 (89%)	79	74 (94%)	79	66 (83%)	80	61 (77%)	79	66 (84%)	79	66 (81%)	81	65 (83%)	78
Barnsley Hospital NHS Foundation Trust (n=3)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chesterfield Royal Hospital NHS Foundation Trust (n=6)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sheffield Teaching Hospitals NHS Foundation Trust (n=49)	40 (85%)	47	44 (94%)	47	38 (79%)	48	37 (79%)	47	38 (81%)	47	40 (82%)	49	41 (89%)	46
The Rotherham NHS Foundation Trust (n=6)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
South Tees Hospitals NHS Foundation Trust (n=55)	49 (92%)	53	43 (80%)	54	39 (72%)	54	36 (67%)	54	40 (75%)	53	46 (87%)	53	45 (88%)	51
County Durham and Darlington NHS Foundation Trust (n=5)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Tees And Hartlepool NHS Foundation Trust (n=3)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
South Tees Hospitals NHS Trust (n=47)	41 (91%)	45	37 (80%)	46	33 (72%)	46	29 (63%)	46	34 (76%)	45	38 (84%)	45	39 (91%)	43

Specialist MDT/ Trust: Radical prostatectomy patients	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
Stockport NHS Foundation Trust (n=50)	44 (92%)	48	42 (89%)	47	39 (81%)	48	38 (79%)	48	41 (84%)	49	44 (92%)	48	43 (91%)	47
East Cheshire NHS Trust (n=1)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid Cheshire Hospitals NHS Trust (n=6)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Stockport NHS Foundation Trust (n=40)	35 (90%)	39	35 (92%)	38	32 (82%)	39	30 (77%)	39	34 (87%)	39	34 (89%)	38	35 (92%)	38
Tameside and Glossop Integrated Care NHS Foundation Trust (n=3)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
The Christie Hospital NHS Trust (n=19)	16 (84%)	19	17 (94%)	18	14 (74%)	19	12 (63%)	19	16 (84%)	19	14 (74%)	19	18 (95%)	19
The Christie Hospital NHS Trust (n=19)	16 (84%)	19	17 (94%)	18	14 (74%)	19	12 (63%)	19	16 (84%)	19	14 (74%)	19	18 (95%)	19
The Mid Yorkshire Hospitals NHS Trust (n=66)	53 (83%)	64	54 (83%)	65	47 (72%)	65	41 (63%)	65	48 (74%)	65	56 (90%)	62	49 (78%)	63
The Mid Yorkshire Hospitals NHS Trust (n=66)	53 (83%)	64	54 (83%)	65	47 (72%)	65	41 (63%)	65	48 (74%)	65	56 (90%)	62	49 (78%)	63
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (n=60)	52 (90%)	58	44 (77%)	57	46 (81%)	57	39 (68%)	57	43 (75%)	57	40 (71%)	56	47 (87%)	54
Dorset County Hospitals NHS Foundation Trust (n=10)	8 (89%)	9	3 (38%)	8	4 (50%)	8	2 (25%)	8	4 (40%)	10	9 (100%)	9	8 (100%)	8
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (n=50)	44 (90%)	49	41 (84%)	49	42 (86%)	49	37 (76%)	49	39 (83%)	47	31 (66%)	47	39 (85%)	46
The Royal Liverpool and Broadgreen University Hospitals NHS Trust (n=56)	49 (89%)	55	50 (91%)	55	50 (91%)	55	42 (78%)	54	47 (89%)	53	41 (80%)	51	46 (94%)	49
Aintree University Hospital NHS Foundation Trust (n=8)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Royal Liverpool and Broadgreen University Hospitals NHS Trust (n=38)	35 (92%)	38	36 (95%)	38	36 (95%)	38	33 (87%)	38	35 (92%)	38	30 (83%)	36	34 (100%)	34
Southport and Ormskirk Hospital NHS Trust (n=7)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
St Helens and Knowsley Hospitals NHS Trust (n=3)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
The Royal Marsden NHS Foundation Trust (n=68)	58 (91%)	64	59 (92%)	64	55 (86%)	64	51 (80%)	64	57 (90%)	63	58 (92%)	63	54 (87%)	62
Croydon Health Services NHS Trust (n=10)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Epsom And St Helier University Hospitals NHS Trust (n=3)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
St George's Healthcare NHS Trust (n=35)	32 (94%)	34	30 (91%)	33	30 (91%)	33	24 (73%)	33	30 (91%)	33	31 (94%)	33	28 (82%)	34
The Royal Marsden NHS Foundation Trust (n=20)	17 (89%)	19	18 (95%)	19	16 (84%)	19	17 (89%)	19	16 (89%)	18	17 (89%)	19	18 (100%)	18

Specialist MDT/ Trust: Radical prostatectomy patients	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
University College London Hospitals NHS Foundation Trust (n=64)	59 (94%)	63	57 (90%)	63	52 (83%)	63	50 (79%)	63	55 (87%)	63	53 (88%)	60	51 (85%)	60
Royal Free Hampstead NHS Trust (n=15)	14 (100%)	14	12 (86%)	14	12 (86%)	14	12 (86%)	14	15 (100%)	15	11 (85%)	13	15 (100%)	15
University College London Hospitals NHS Foundation Trust (n=49)	45 (92%)	49	45 (92%)	49	40 (82%)	49	38 (78%)	49	40 (83%)	48	42 (89%)	47	36 (80%)	45
University Hospital Southampton NHS Foundation Trust (n=45)	39 (87%)	45	33 (75%)	44	29 (64%)	45	29 (66%)	44	29 (66%)	44	35 (88%)	40	35 (83%)	42
Salisbury NHS Foundation Trust (n=24)	19 (79%)	24	19 (79%)	24	18 (75%)	24	19 (83%)	23	18 (78%)	23	19 (90%)	21	18 (86%)	21
University Hospital Southampton NHS Trust (n=21)	20 (95%)	21	14 (70%)	20	11 (52%)	21	10 (48%)	21	11 (52%)	21	16 (84%)	19	17 (81%)	21
University Hospital of North Staffordshire NHS Trust (n=97)	85 (89%)	96	81 (84%)	96	67 (70%)	96	69 (72%)	96	73 (78%)	94	81 (88%)	92	77 (86%)	90
The Dudley Group NHS Hospitals Foundation Trust (n=3)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
The Royal Wolverhampton Hospitals NHS Trust (n=55)	51 (93%)	55	46 (84%)	55	41 (75%)	55	40 (73%)	55	43 (80%)	54	45 (85%)	53	44 (85%)	52
The Shrewsbury and Telford Hospital NHS Trust (n=21)	16 (80%)	20	16 (80%)	20	14 (70%)	20	15 (75%)	20	17 (85%)	20	18 (95%)	19	18 (90%)	20
University Hospital of North Staffordshire NHS Trust/University Hospital of North Midlands (n=18)	16 (89%)	18	17 (94%)	18	10 (56%)	18	13 (72%)	18	11 (65%)	17	15 (88%)	17	12 (80%)	15
University Hospital of South Manchester NHS Foundation Trust (n=1)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
University Hospital of South Manchester NHS Foundation Trust (n=1)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
University Hospitals Birmingham NHS Foundation Trust (n=82)	70 (86%)	81	68 (84%)	81	60 (75%)	80	55 (68%)	81	61 (75%)	81	65 (82%)	79	64 (86%)	74
Sandwell and West Birmingham Hospitals NHS Trust (n=11)	10 (91%)	11	8 (73%)	11	5 (45%)	11	6 (55%)	11	7 (64%)	11	8 (80%)	10	7 (70%)	10
University Hospital Birmingham NHS Foundation Trust (n=71)	60 (86%)	70	60 (86%)	70	55 (80%)	69	49 (70%)	70	54 (77%)	70	57 (83%)	69	57 (89%)	64
University Hospitals Coventry and Warwickshire NHS Trust (n=73)	56 (77%)	73	65 (89%)	73	55 (76%)	72	54 (74%)	73	56 (78%)	72	57 (80%)	71	56 (80%)	70
George Eliot Hospital NHS Trust (n=2)	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Specialist MDT/ Trust: Radical prostatectomy patients	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
University Hospitals Coventry and Warwickshire NHS Trust (n=16)	12 (75%)	16	15 (94%)	16	14 (88%)	16	13 (81%)	16	14 (88%)	16	11 (73%)	15	12 (75%)	16
Worcestershire Acute Hospitals NHS Trust (n=55)	42 (76%)	55	48 (87%)	55	39 (72%)	54	40 (73%)	55	41 (76%)	54	44 (81%)	54	42 (81%)	52
University Hospitals of Leicester NHS Trust (n=35)	26 (81%)	32	27 (84%)	32	23 (70%)	33	22 (69%)	32	24 (73%)	33	29 (85%)	34	28 (80%)	35
United Lincolnshire Hospitals NHS Trust (n=25)	18 (82%)	22	19 (86%)	22	17 (74%)	23	16 (73%)	22	17 (74%)	23	21 (88%)	24	22 (88%)	25
University Hospitals of Leicester NHS Trust (n=10)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Wirral University Teaching Hospitals NHS Foundation Trust (n=51)	43 (86%)	50	38 (75%)	51	41 (80%)	51	32 (63%)	51	37 (73%)	51	42 (84%)	50	43 (90%)	48
Countess of Chester Hospital NHS Foundation Trust (n=9)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Warrington and Halton Hospitals NHS Foundation Trust (WAS North Cheshire Hospitals NHS Trust) (n=3)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Wirral University Teaching Hospital NHS Foundation Trust (n=39)	33 (85%)	39	30 (77%)	39	33 (85%)	39	26 (67%)	39	31 (79%)	39	34 (87%)	39	33 (87%)	38

¹ A number of NHS Trusts refer patients to more than one specialist MDT including Queen Elizabeth Hospital King's Lynn NHS Trust and Ipswich Hospital NHS Trust (also refer patients to Norfolk & Norwich University Hospital NHS Trust sMDT), County Durham and Darlington NHS Foundation Trust (South Tees Hospitals NHS Foundation Trust sMDT), Worcestershire Acute Hospitals NHS Trust (University Hospitals Coventry and Warwickshire NHS Trust sMDT), York Hospitals NHS Trust (Leeds Teaching Hospitals NHS Trust sMDT) and Hampshire Hospitals Foundation Trust (University Hospital Southampton NHS Trust sMDT). Where this occurs due to different hospitals within the same Trust accessing different specialist MDTs, individual hospital data were included in the relevant specialist MDT; otherwise data was included in the specialist MDT most frequently accessed by the Trust.

Appendix 4b. The number (n) and proportion (%) of men returning the indicated response for each patient experience question (selected NCPES questions), in addition to the number of men completing each question, are presented for radical radiotherapy (EBRT) patients (N=2,927) stratified by Trust and sMDT. Data for Trusts' and sMDTs (indicated by -) where <10 men completed the patient survey are not shown in the table. However, these data contribute to the overall mean results (in red for each question).

Specialist MDT/ Trust: Radical radiotherapy patients	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
Overall (N=2,927)	(2,586) 99%	2,877	1,201 (42%)	2,870	1,746 (61%)	2,861	2,008 (70%)	2,877	1,993 (70%)	2,863	2,382 (85%)	2,797	2,526 (93%)	2,725
Barking, Havering and Redbridge Hospitals NHS Trust (n=31)	23 (77%)	30	16 (53%)	30	15 (50%)	30	17 (57%)	30	18 (62%)	29	21 (72%)	29	20 (77%)	26
Barking, Havering and Redbridge Hospitals NHS Trust (n=31)	23 (77%)	30	16 (53%)	30	15 (50%)	30	17 (57%)	30	18 (62%)	29	21 (72%)	29	20 (77%)	26
Barts Health NHS Trust (n=31)	26 (87%)	30	20 (67%)	30	21 (70%)	30	21 (70%)	30	20 (65%)	31	22 (71%)	31	28 (93%)	30
Barts Health NHS Trust (n=30)	25 (86%)	29	19 (66%)	29	21 (72%)	29	20 (69%)	29	20 (67%)	30	21 (70%)	30	27 (93%)	29
Homerton University Hospital NHS Foundation Trust (n=1)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bradford Teaching Hospitals NHS Foundation Trust (n=44)	39 (89%)	44	13 (30%)	44	22 (50%)	44	30 (70%)	43	28 (65%)	43	32 (76%)	42	39 (91%)	43
Airedale NHS Trust (n=4)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bradford Teaching Hospitals NHS Foundation Trust (n=17)	15 (88%)	17	6 (35%)	17	8 (47%)	17	11 (65%)	17	11 (65%)	17	13 (76%)	17	15 (88%)	17
Calderdale And Huddersfield NHS Foundation Trust (n=23)	20 (87%)	23	6 (26%)	23	11 (48%)	23	15 (68%)	22	13 (59%)	22	16 (73%)	22	20 (91%)	22
Brighton and Sussex University Hospitals NHS Trust (n=121)	100 (84%)	119	44 (37%)	119	72 (61%)	118	89 (75%)	119	78 (66%)	119	98 (83%)	118	106 (89%)	119
Brighton and Sussex University Hospitals NHS Trust (n=75)	60 (82%)	73	26 (36%)	73	47 (65%)	72	58 (79%)	73	51 (69%)	74	61 (84%)	73	67 (91%)	74
East Sussex Healthcare NHS Trust (n=29)	27 (93%)	29	13 (45%)	29	18 (62%)	29	23 (79%)	29	18 (62%)	29	23 (79%)	29	25 (86%)	29
Western Sussex Hospitals NHS Trust (n=17)	13 (76%)	17	5 (29%)	17	7 (41%)	17	8 (47%)	17	9 (56%)	16	14 (88%)	16	14 (88%)	16
Cambridge University Hospitals NHS Foundation Trust (n=138)	125 (92%)	136	72 (53%)	136	89 (66%)	135	98 (72%)	136	104 (77%)	135	122 (91%)	134	117 (94%)	125
Bedford Hospital NHS Trust (n=23)	22 (96%)	23	8 (35%)	23	11 (48%)	23	15 (65%)	23	14 (61%)	23	20 (91%)	22	17 (85%)	20

Specialist MDT/ Trust: Radical radiotherapy patients	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
Hinchingbrooke Health Care NHS Trust (n=2)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Peterborough and Stamford Hospitals NHS Foundation Trust (n=46)	41 (91%)	45	34 (76%)	45	37 (82%)	45	37 (82%)	45	38 (84%)	45	41 (93%)	44	41 (98%)	42
Queen Elizabeth Hospital NHS Trust (n=12)	11 (92%)	12	4 (33%)	12	7 (58%)	12	9 (75%)	12	10 (83%)	12	12 (100%)	12	11 (92%)	11
The Ipswich Hospital NHS Trust (n=51)	45 (90%)	50	24 (48%)	50	30 (61%)	49	33 (66%)	50	38 (78%)	49	45 (90%)	50	42 (91%)	46
West Suffolk Hospitals NHS Trust (n=4)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Central Manchester University Hospitals NHS Foundation Trust (n=2)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pennine Care NHS Foundation Trust (n=2)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
City Hospitals Sunderland NHS Foundation Trust (n=30)	27 (90%)	30	12 (40%)	30	17 (57%)	30	23 (77%)	30	17 (57%)	30	29 (97%)	30	24 (86%)	28
City Hospitals Sunderland NHS Foundation Trust (n=30)	27 (90%)	30	12 (40%)	30	17 (57%)	30	23 (77%)	30	17 (57%)	30	29 (97%)	30	24 (86%)	28
Colchester Hospital University NHS Foundation Trust (n=121)	106 (88%)	120	50 (42%)	120	69 (58%)	119	87 (73%)	120	81 (68%)	120	105 (91%)	116	111 (94%)	118
Basildon and Thurrock University Hospitals NHS Foundation Trust (n=11)	8 (80%)	10	3 (30%)	10	5 (50%)	10	5 (50%)	10	4 (36%)	11	10 (91%)	11	8 (73%)	11
Colchester Hospital University NHS Foundation Trust (n=68)	62 (91%)	68	27 (40%)	68	45 (67%)	67	54 (79%)	68	48 (71%)	68	60 (92%)	65	63 (95%)	66
Mid Essex Hospital Services NHS Trust (n=4)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Southend Hospital NHS Trust (n=38)	33 (87%)	38	18 (47%)	38	19 (50%)	38	25 (66%)	38	27 (73%)	37	32 (89%)	36	36 (95%)	37
Derby Hospitals NHS Foundation Trust (n=56)	49 (89%)	55	22 (40%)	55	29 (52%)	56	33 (59%)	56	38 (68%)	56	47 (84%)	56	50 (91%)	55
Burton Hospitals NHS Foundation Trust (n=17)	13 (81%)	16	7 (44%)	16	7 (41%)	17	7 (41%)	17	11 (65%)	17	13 (76%)	17	14 (82%)	17

Specialist MDT/ Trust: Radical radiotherapy patients	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
Derby Hospitals NHS Foundation Trust (n=35)	32 (91%)	35	12 (34%)	35	18 (51%)	35	23 (66%)	35	23 (66%)	35	30 (86%)	35	32 (94%)	34
Sherwood Forest Hospitals NHS Foundation Trust (n=4)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
East and North Hertfordshire NHS Trust (n=38)	34 (89%)	38	18 (47%)	38	22 (59%)	37	28 (74%)	38	23 (62%)	37	34 (92%)	37	28 (90%)	31
East and North Hertfordshire NHS Trust (n=35)	33 (94%)	35	16 (46%)	35	21 (62%)	34	28 (80%)	35	21 (62%)	34	31 (91%)	34	27 (93%)	28
Luton and Dunstable Hospital NHS Trust (n=2)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Hertfordshire Hospitals NHS Trust (n=1)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
East Kent Hospitals NHS Trust (n=36)	33 (94%)	35	14 (40%)	35	21 (58%)	36	27 (75%)	36	24 (69%)	35	28 (82%)	34	34 (100%)	34
East Kent Hospitals NHS Trust (n=36)	33 (94%)	35	14 (40%)	35	21 (58%)	36	27 (75%)	36	24 (69%)	35	28 (82%)	34	34 (100%)	34
Gloucestershire Hospitals NHS Foundation Trust (n=33)	29 (88%)	33	7 (21%)	33	20 (61%)	33	23 (70%)	33	21 (66%)	32	26 (79%)	33	31 (94%)	33
Gloucestershire Hospitals NHS Foundation Trust (n=33)	29 (88%)	33	7 (21%)	33	20 (61%)	33	23 (70%)	33	21 (66%)	32	26 (79%)	33	31 (94%)	33
Guy's and St Thomas' NHS Foundation Trust (n=36)	31 (86%)	36	18 (50%)	36	21 (58%)	36	23 (66%)	35	24 (67%)	36	30 (86%)	35	30 (91%)	33
Guy's and St Thomas' NHS Foundation Trust (n=17)	14 (82%)	17	9 (53%)	17	8 (47%)	17	8 (47%)	17	9 (53%)	17	16 (100%)	16	14 (88%)	16
King's College Hospital NHS Foundation Trust (n=11)	10 (91%)	11	5 (45%)	11	8 (73%)	11	8 (73%)	11	8 (73%)	11	7 (64%)	11	10 (100%)	10
Lewisham Hospital NHS Trust (n=8)	7 (88%)	8	4 (50%)	8	5 (63%)	8	7 (100%)	7	7 (88%)	8	7 (88%)	8	6 (86%)	7
Heart of England NHS Foundation Trust (n=41)	36 (90%)	40	17 (43%)	40	19 (48%)	40	19 (48%)	40	27 (68%)	40	35 (88%)	40	34 (85%)	40

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Heart of England NHS Foundation Trust (n=34)	30 (91%)	33	16 (48%)	33	17 (52%)	33	17 (52%)	33	24 (73%)	33	28 (85%)	33	30 (88%)	34
Walsall Hospitals NHS Trust (n=7)	6 (86%)	7	1 (14%)	7	2 (29%)	7	2 (29%)	7	3 (43%)	7	7 (100%)	7	4 (67%)	6
Hull and East Yorkshire Hospitals NHS Trust (n=94)	81 (89%)	91	42 (46%)	91	56 (63%)	89	61 (66%)	92	58 (65%)	89	74 (85%)	87	77 (88%)	88
Hull and East Yorkshire Hospitals NHS Trust (n=68)	61 (94%)	65	29 (45%)	65	38 (60%)	63	45 (68%)	66	41 (65%)	63	52 (84%)	62	58 (94%)	62
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (n=2)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
York Hospitals NHS Trust (n=24)	19 (79%)	24	11 (46%)	24	18 (75%)	24	15 (63%)	24	16 (67%)	24	21 (88%)	24	18 (75%)	24
Imperial College Healthcare NHS Trust (n=24)	21 (91%)	23	12 (52%)	23	14 (58%)	24	17 (71%)	24	17 (71%)	24	18 (90%)	20	17 (85%)	20
Chelsea and Westminster Healthcare NHS Trust (n=2)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Imperial College Healthcare NHS Trust (n=21)	18 (90%)	20	11 (55%)	20	12 (57%)	21	14 (67%)	21	16 (76%)	21	16 (89%)	18	15 (83%)	18
West Middlesex University Hospital NHS Trust (n=1)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lancashire Teaching Hospitals NHS Foundation Trust (n=159)	138 (87%)	158	61 (39%)	158	96 (61%)	157	110 (70%)	158	116 (74%)	156	128 (83%)	154	147 (95%)	154
Blackpool, Fylde and Wyre Hospitals NHS Trust (n=16)	15 (94%)	16	4 (25%)	16	8 (53%)	15	10 (63%)	16	11 (79%)	14	11 (79%)	14	13 (93%)	14
East Lancashire Hospitals NHS Trust (n=11)	9 (82%)	11	4 (36%)	11	6 (55%)	11	6 (55%)	11	7 (70%)	10	10 (91%)	11	9 (100%)	9
Lancashire Teaching Hospitals NHS Foundation Trust (n=102)	90 (88%)	102	35 (34%)	102	63 (62%)	102	74 (73%)	102	75 (74%)	102	85 (85%)	100	98 (97%)	101
University Hospitals of Morecambe Bay NHS Trust (n=30)	24 (83%)	29	18 (62%)	29	19 (66%)	29	20 (69%)	29	23 (77%)	30	22 (76%)	29	27 (90%)	30
Leeds Teaching Hospitals NHS Trust (n=39)	34 (89%)	38	20 (53%)	38	23 (61%)	38	28 (74%)	38	27 (71%)	38	32 (84%)	38	30 (88%)	34
Harrogate and District NHS Foundation Trust (n=9)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leeds Teaching Hospitals NHS Trust (n=30)	25 (86%)	29	14 (48%)	29	16 (55%)	29	19 (66%)	29	18 (62%)	29	24 (83%)	29	22 (85%)	26
Medway NHS Foundation Trust (n=97)	86 (90%)	96	36 (38%)	96	54 (57%)	94	67 (70%)	96	65 (70%)	93	79 (90%)	88	81 (92%)	88

/Appendix 4b continued

Specialist MDT/ Trust: Radical radiotherapy patients	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
Dartford and Gravesham NHS Trust (n=23)	19 (83%)	23	5 (22%)	23	7 (32%)	22	18 (78%)	23	10 (48%)	21	15 (83%)	18	19 (90%)	21
Maidstone and Tunbridge Wells NHS Trust (n=52)	49 (96%)	51	17 (33%)	51	30 (60%)	50	33 (65%)	51	38 (76%)	50	45 (90%)	50	44 (96%)	46
Medway NHS Foundation Trust (n=22)	18 (82%)	22	14 (64%)	22	17 (77%)	22	16 (73%)	22	17 (77%)	22	19 (95%)	20	18 (86%)	21
Newcastle Upon Tyne Hospitals NHS Trust (n=118)	100 (90%)	111	43 (39%)	111	75 (67%)	112	81 (72%)	112	76 (67%)	113	103 (92%)	112	103 (96%)	107
Gateshead Health NHS Foundation Trust (n=7)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Newcastle Upon Tyne Hospitals NHS Trust (n=69)	62 (94%)	66	23 (35%)	66	47 (70%)	67	47 (70%)	67	47 (71%)	66	60 (91%)	66	63 (97%)	65
North Cumbria Acute Hospitals NHS Trust (n=25)	18 (78%)	23	7 (30%)	23	14 (61%)	23	16 (70%)	23	14 (58%)	24	21 (91%)	23	24 (100%)	24
Northumbria Healthcare NHS Foundation Trust (n=17)	14 (93%)	15	10 (67%)	15	11 (73%)	15	13 (87%)	15	12 (75%)	16	15 (94%)	16	12 (86%)	14
Norfolk and Norwich University Hospital NHS Trust (n=95)	86 (91%)	95	27 (28%)	95	53 (56%)	95	63 (66%)	95	64 (69%)	93	85 (94%)	90	80 (92%)	87
Norfolk and Norwich University Hospital NHS Trust (n=95)	86 (91%)	95	27 (28%)	95	53 (56%)	95	63 (66%)	95	64 (69%)	93	85 (94%)	90	80 (91%)	87
North Bristol NHS Trust (n=109)	101 (94%)	107	36 (34%)	107	69 (64%)	107	76 (71%)	107	83 (77%)	108	93 (89%)	104	98 (94%)	104
Great Western Hospitals NHS Foundation Trust (n=18)	18 (100%)	18	6 (33%)	18	13 (72%)	18	12 (67%)	18	11 (61%)	18	17 (94%)	18	15 (83%)	16
North Bristol NHS Trust (n=41)	35 (90%)	39	14 (36%)	39	25 (64%)	39	26 (67%)	39	30 (75%)	40	32 (84%)	38	36 (88%)	40
Royal United Hospital Bath NHS Trust (n=39)	37 (95%)	39	13 (33%)	39	23 (59%)	39	28 (72%)	39	31 (79%)	39	33 (89%)	37	37 (97%)	38
Weston Area Health NHS Trust (n=9)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Yeovil District Hospital NHS Foundation Trust (n=2)	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Specialist MDT/ Trust: Radical radiotherapy patients	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
Northampton General Hospital NHS Trust (n=35)	32 (94%)	34	19 (56%)	34	23 (68%)	34	29 (85%)	34	26 (76%)	34	29 (88%)	33	29 (94%)	31
Kettering General Hospital NHS Trust (n=7)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Northampton General Hospital NHS Trust (n=28)	26 (96%)	27	14 (52%)	27	19 (70%)	27	22 (81%)	27	20 (74%)	27	23 (88%)	26	23 (96%)	24
Nottingham University Hospitals NHS Trust (n=37)	31 (84%)	37	14 (38%)	37	21 (57%)	37	26 (70%)	37	26 (70%)	37	29 (81%)	36	32 (91%)	35
Nottingham University Hospitals NHS Trust (n=37)	31 (84%)	37	14 (38%)	37	21 (57%)	37	26 (70%)	37	26 (70%)	37	29 (81%)	36	32 (91%)	35
Oxford University Hospitals NHS Trust (n=78)	71 (92%)	77	26 (34%)	77	51 (66%)	77	63 (82%)	77	58 (75%)	77	59 (79%)	75	67 (92%)	73
Buckinghamshire Healthcare NHS Trust (n=7)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Milton Keynes General Hospital NHS Trust (n=10)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Oxford University Hospitals NHS Trust (n=61)	55 (92%)	60	21 (35%)	60	41 (68%)	60	50 (83%)	60	48 (79%)	61	49 (82%)	60	53 (90%)	59
Plymouth Hospitals NHS Trust (n=42)	33 (83%)	40	12 (30%)	40	26 (67%)	39	26 (67%)	39	26 (63%)	41	36 (88%)	41	37 (93%)	40
Plymouth Hospitals NHS Trust (n=21)	17 (89%)	19	7 (37%)	19	14 (74%)	19	13 (68%)	19	12 (57%)	21	15 (75%)	20	19 (95%)	20
Royal Cornwall Hospitals NHS Trust (n=21)	16 (76%)	21	5 (24%)	21	12 (60%)	20	13 (65%)	20	14 (70%)	20	21 (100%)	21	18 (90%)	20
Portsmouth Hospitals NHS Trust (n=21)	20 (95%)	21	10 (48%)	21	11 (52%)	21	14 (67%)	21	13 (65%)	20	18 (90%)	20	15 (75%)	20
Isle of Wight NHS Trust (n=20)	19 (95%)	20	9 (45%)	20	11 (55%)	20	13 (65%)	20	13 (68%)	19	17 (89%)	19	15 (79%)	19
Portsmouth Hospitals NHS Trust (n=1)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Princess Alexandra Hospital NHS Trust (n=35)	32 (91%)	35	11 (31%)	35	17 (49%)	35	22 (63%)	35	18 (51%)	35	27 (79%)	34	29 (94%)	31

Specialist MDT/ Trust: Radical radiotherapy patients	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
North Middlesex University Hospital NHS Trust (n=25)	23 (92%)	25	8 (32%)	25	12 (48%)	25	14 (56%)	25	12 (48%)	25	20 (83%)	24	19 (86%)	21
Princess Alexandra Hospital NHS Trust (n=10)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Royal Berkshire NHS Foundation Trust (n=33)	27 (84%)	32	13 (41%)	32	23 (72%)	32	25 (78%)	32	27 (82%)	33	28 (90%)	31	29 (97%)	30
Royal Berkshire NHS Foundation Trust (n=33)	27 (84%)	32	13 (41%)	32	23 (72%)	32	25 (78%)	32	27 (82%)	33	28 (90%)	31	29 (91%)	30
Royal Devon and Exeter NHS Foundation Trust (n=118)	101 (89%)	114	26 (23%)	114	59 (52%)	114	67 (59%)	114	75 (66%)	114	94 (85%)	111	100 (94%)	106
Northern Devon Healthcare NHS Trust (n=4)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Royal Devon and Exeter NHS Foundation Trust (n=54)	46 (90%)	51	13 (25%)	51	27 (52%)	52	29 (56%)	52	35 (69%)	51	41 (82%)	50	45 (96%)	46
South Devon Healthcare NHS Foundation Trust (n=15)	11 (73%)	15	4 (27%)	15	6 (40%)	15	9 (60%)	15	9 (60%)	15	13 (93%)	14	13 (87%)	15
Taunton and Somerset NHS Trust (n=45)	40 (91%)	44	8 (18%)	44	25 (58%)	43	29 (67%)	43	30 (68%)	44	39 (91%)	43	38 (93%)	41
Royal Surrey County Hospital NHS Trust (n=182)	164 (91%)	181	69 (38%)	181	112 (63%)	178	127 (71%)	180	133 (73%)	181	150 (87%)	172	162 (95%)	170
Ashford and St Peter's Hospitals NHS Trust (n=3)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Frimley Park Hospital NHS Foundation Trust (n=16)	16 (100%)	16	3 (19%)	16	12 (75%)	16	13 (81%)	16	14 (88%)	16	16 (100%)	16	15 (94%)	15
Hampshire Hospitals NHS Foundation Trust (n=15)	14 (93%)	15	5 (33%)	15	11 (79%)	14	12 (86%)	14	12 (80%)	15	13 (93%)	14	13 (93%)	14
Royal Surrey County Hospital NHS Trust (n=120)	108 (90%)	120	47 (39%)	120	68 (58%)	118	81 (68%)	120	87 (73%)	120	98 (86%)	114	107 (94%)	113
Surrey and Sussex Healthcare NHS Trust (n=28)	24 (89%)	27	12 (44%)	27	19 (70%)	27	20 (74%)	27	18 (67%)	27	20 (80%)	25	25 (96%)	26

Specialist MDT/ Trust: Radical radiotherapy patients	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
Salford Royal Hospitals NHS Foundation Trust (n=3)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bolton Hospitals NHS Trust (n=3)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sheffield Teaching Hospitals NHS Foundation Trust (n=124)	113 (91%)	124	73 (59%)	124	81 (65%)	124	90 (73%)	124	97 (80%)	122	88 (74%)	119	108 (96%)	113
Barnsley Hospital NHS Foundation Trust (n=5)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chesterfield Royal Hospital NHS Foundation Trust (n=37)	35 (95%)	37	25 (68%)	37	26 (70%)	37	33 (89%)	37	30 (81%)	37	25 (68%)	37	32 (94%)	33
Doncaster and Bassetlaw Hospitals NHS Foundation Trust (n=42)	39 (93%)	42	22 (52%)	42	26 (62%)	42	28 (67%)	42	32 (76%)	42	29 (74%)	39	39 (98%)	40
Sheffield Teaching Hospitals NHS Foundation Trust (n=27)	24 (89%)	27	14 (52%)	27	18 (67%)	27	17 (63%)	27	20 (77%)	26	22 (85%)	26	22 (92%)	24
The Rotherham NHS Foundation Trust (n=13)	10 (77%)	13	9 (69%)	13	8 (62%)	13	11 (85%)	13	10 (83%)	12	8 (67%)	12	11 (92%)	12
South Tees Hospitals NHS Trust (n=91)	85 (93%)	91	40 (44%)	91	57 (65%)	88	62 (68%)	91	60 (69%)	87	76 (89%)	85	78 (95%)	82
County Durham and Darlington NHS Foundation Trust (n=7)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Tees And Hartlepool NHS Foundation Trust (n=5)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
South Tees Hospitals NHS Trust (n=79)	73 (92%)	79	36 (46%)	79	51 (65%)	78	53 (67%)	79	51 (68%)	75	66 (88%)	75	69 (96%)	72
Stockport NHS Foundation Trust (n=3)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
East Cheshire NHS Trust (n=3)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
The Christie Hospital NHS Trust (n=7)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
The Christie Hospital NHS Trust (n=7)	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Specialist MDT/ Trust: Radical radiotherapy patients	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
The Mid Yorkshire Hospitals NHS Trust (n=2)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
The Mid Yorkshire Hospitals NHS Trust (n=2)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (n=94)	84 (92%)	91	25 (27%)	91	41 (46%)	89	60 (66%)	91	53 (58%)	92	77 (85%)	91	83 (93%)	89
Dorset County Hospitals NHS Foundation Trust (n=31)	28 (90%)	31	5 (16%)	31	13 (42%)	31	22 (71%)	31	14 (47%)	30	25 (83%)	30	25 (86%)	29
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (n=63)	56 (93%)	60	20 (33%)	60	28 (48%)	58	38 (63%)	60	39 (63%)	62	52 (85%)	61	58 (95%)	60
The Royal Liverpool and Broadgreen University Hospitals NHS Trust (n=1)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Royal Liverpool and Broadgreen University Hospitals NHS Trust (n=1)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
The Royal Marsden NHS Foundation Trust (n=76)	70 (93%)	75	47 (63%)	75	58 (77%)	75	53 (71%)	75	56 (77%)	73	61 (84%)	73	72 (97%)	74
Croydon Health Services NHS Trust (n=18)	17 (100%)	17	10 (59%)	17	14 (82%)	17	10 (59%)	17	12 (71%)	17	13 (76%)	17	17 (100%)	17
Epsom And St Helier University Hospitals NHS Trust (n=12)	11 (92%)	12	7 (58%)	12	10 (83%)	12	9 (75%)	12	10 (83%)	12	8 (73%)	11	12 (100%)	12
Kingston Hospital NHS Trust (n=1)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
St George's Healthcare NHS Trust (n=10)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
The Royal Marsden NHS Foundation Trust (n=35)	34 (97%)	35	25 (71%)	35	28 (80%)	35	27 (77%)	35	28 (85%)	33	30 (88%)	34	32 (94%)	34
University College London Hospitals NHS Foundation Trust (n=28)	24 (89%)	27	10 (37%)	27	16 (59%)	27	19 (70%)	27	18 (64%)	28	22 (81%)	27	25 (93%)	27
Royal Free Hampstead NHS Trust (n=17)	14 (82%)	17	6 (35%)	17	8 (47%)	17	9 (53%)	17	9 (53%)	17	13 (76%)	17	16 (94%)	17

Specialist MDT/ Trust: Radical radiotherapy patients	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
University College London Hospitals NHS Foundation Trust (n=11)	10 (100%)	10	4 (40%)	10	8 (80%)	10	10 (100%)	10	9 (82%)	11	9 (90%)	10	9 (90%)	10
University Hospital Southampton NHS Trust (n=32)	30 (97%)	31	16 (52%)	31	20 (65%)	31	20 (65%)	31	23 (74%)	31	25 (86%)	29	26 (96%)	27
Salisbury NHS Foundation Trust (n=9)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
University Hospital Southampton NHS Trust (n=23)	21 (95%)	22	13 (59%)	22	13 (59%)	22	14 (64%)	22	17 (74%)	23	19 (90%)	21	19 (90%)	20
University Hospital of North Staffordshire NHS Trust (n=152)	133 (89%)	149	65 (44%)	149	89 (60%)	148	102 (69%)	148	100 (68%)	148	120 (83%)	145	126 (89%)	141
The Dudley Group NHS Hospitals Foundation Trust (n=2)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
The Royal Wolverhampton Hospitals NHS Trust (n=46)	41 (91%)	45	23 (51%)	45	26 (59%)	44	26 (58%)	45	30 (65%)	46	39 (91%)	43	37 (90%)	40
The Shrewsbury and Telford Hospital NHS Trust (n=39)	35 (90%)	39	14 (36%)	39	25 (64%)	39	30 (77%)	39	26 (70%)	37	27 (75%)	36	33 (92%)	36
University Hospital of North Staffordshire NHS Trust/University Hospital of North Midlands (n=65)	55 (87%)	63	27 (43%)	63	36 (57%)	63	44 (71%)	62	42 (67%)	63	52 (81%)	64	54 (86%)	63
University Hospital of South Manchester NHS Foundation Trust (n=4)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
University Hospital of South Manchester NHS Foundation Trust (n=4)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
University Hospital Birmingham NHS Foundation Trust (n=127)	108 (87%)	124	67 (54%)	124	82 (66%)	124	87 (70%)	124	85 (70%)	122	104 (87%)	120	102 (89%)	114
Sandwell and West Birmingham Hospitals NHS Trust (n=30)	25 (83%)	30	16 (53%)	30	19 (63%)	30	18 (60%)	30	21 (72%)	29	27 (90%)	30	23 (79%)	28
University Hospital Birmingham NHS Foundation Trust (n=97)	83 (88%)	94	51 (54%)	94	63 (67%)	94	69 (73%)	94	64 (69%)	93	77 (86%)	90	79 (91%)	86

Specialist MDT/ Trust: Radical radiotherapy patients	Q31: Information provided about condition and treatment.		Q33: Choice of different types of treatment provided.		Q34: Views taken into account by clinical team when discussing treatment.		Q35: Possible side-effects explained.		Q36: Involvement in decisions about care and treatment.		Q39: Name of CNS provided.		Q41: Overall rating of care.	
	'The right amount' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes, definitely' (% men)	No. of men completing question	'Yes' (% of men)	No. of men completing question	8-10 (%)	No. of men completing question
University Hospitals Coventry and Warwickshire NHS Trust (n=22)	20 (95%)	21	10 (48%)	21	11 (52%)	21	15 (71%)	21	14 (64%)	22	15 (75%)	20	20 (100%)	20
Worcestershire Acute Hospitals NHS Trust (n=22)	20 (95%)	21	10 (48%)	21	11 (52%)	21	15 (71%)	21	14 (64%)	22	15 (75%)	20	20 (100%)	20
University Hospitals of Leicester NHS Trust (n=86)	81 (95%)	85	33 (39%)	85	53 (63%)	84	62 (73%)	85	57 (66%)	86	64 (76%)	84	79 (95%)	83
United Lincolnshire Hospitals NHS Trust (n=58)	54 (95%)	57	19 (33%)	57	33 (59%)	56	38 (67%)	57	36 (62%)	58	38 (68%)	56	53 (95%)	56
University Hospitals of Leicester NHS Trust (n=28)	27 (96%)	28	14 (50%)	28	20 (71%)	28	24 (86%)	28	21 (75%)	28	26 (93%)	28	26 (93%)	27
Wirral University Teaching Hospital NHS Foundation Trust (n=1)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Wirral University Teaching Hospital NHS Foundation Trust (n=1)	-	-	-	-	-	-	-	-	-	-	-	-	-	-

¹ A number of NHS Trusts refer patients to more than one specialist MDT including Queen Elizabeth Hospital King's Lynn NHS Trust and Ipswich Hospital NHS Trust (also refer patients to Norfolk & Norwich University Hospital NHS Trust sMDT), County Durham and Darlington NHS Foundation Trust (South Tees Hospitals NHS Foundation Trust sMDT), Worcestershire Acute Hospitals NHS Trust (University Hospitals Coventry and Warwickshire NHS Trust sMDT), York Hospitals NHS Trust (Leeds Teaching Hospitals NHS Trust sMDT) and Hampshire Hospitals Foundation Trust (University Hospital Southampton NHS Trust sMDT). Where this occurs due to different hospitals within the same Trust accessing different specialist MDTs, individual hospital data were included in the relevant specialist MDT, otherwise data was included in the specialist MDT most frequently accessed by the Trust.