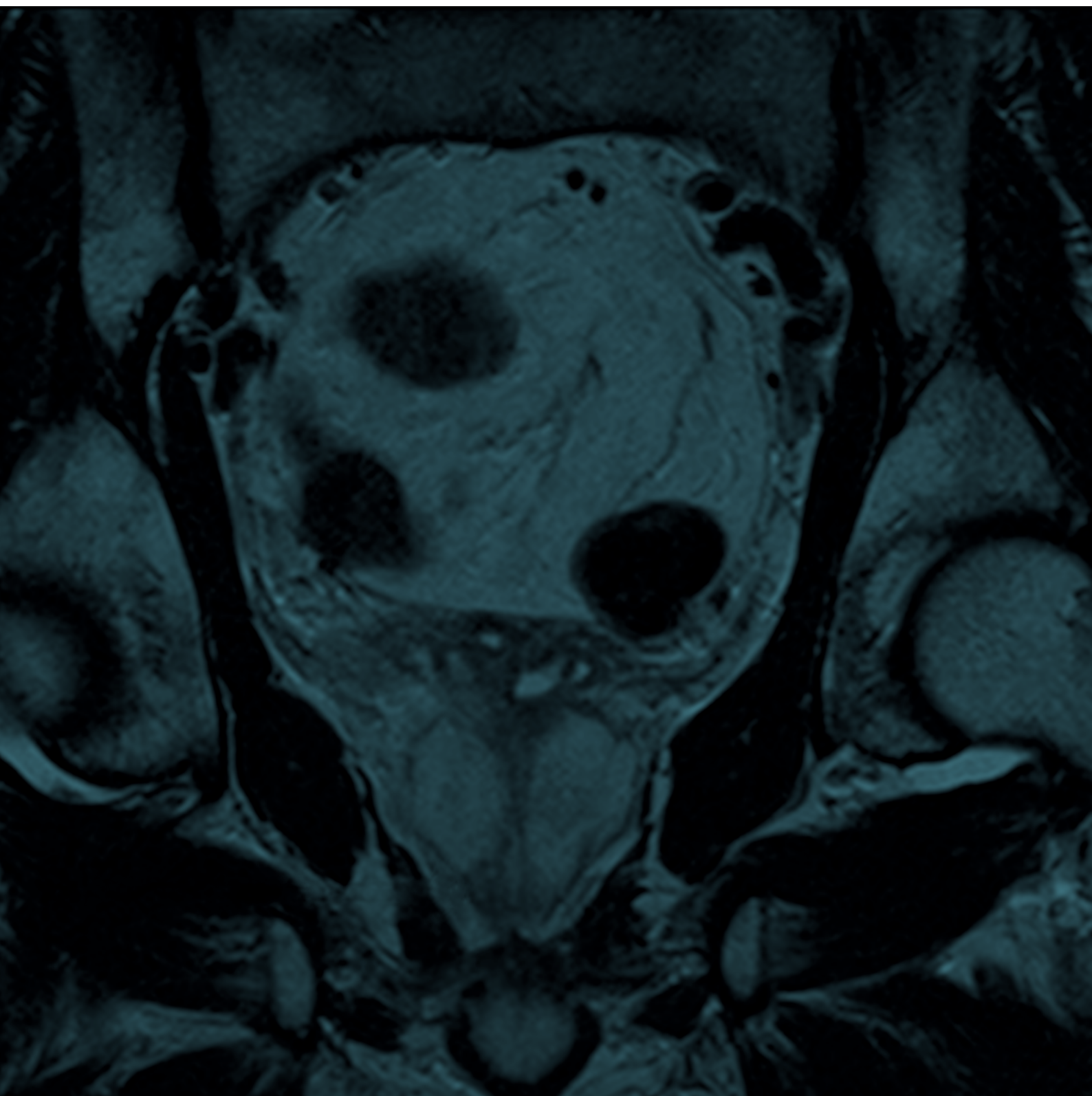


Annual Report 2018

Provider level results



National Prostate Cancer Audit

NPCA Annual Report 2018. Provider level results

London: The Royal College of Surgeons of England, 2019.



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The Royal College of Surgeons of England (RCS) is an independent professional body committed to enabling surgeons to achieve and maintain the highest standards of surgical practice and patient care. As part of this it supports Audit and the evaluation of clinical effectiveness for surgery.

The NPCA is based at the The Clinical Effectiveness Unit (CEU). The CEU is an academic collaboration between The Royal College of Surgeons of England and the London School of Hygiene and Tropical Medicine, and undertakes national clinical audits and research. Since its inception in 1998, the CEU has become a national centre of expertise in methods, organisation, and logistics of large-scale studies of the quality of surgical care. The CEU managed the publication of the NPCA Annual Report, 2015.

In partnership with:



THE BRITISH ASSOCIATION
OF UROLOGICAL SURGEONS

The British Association of Urological Surgeons (BAUS) was founded in 1945 and exists to promote the highest standards of practice in urology, for the benefit of patients, by fostering education, research and clinical excellence. BAUS is a registered charity and qualified medical practitioners practising in the field of urological surgery are eligible to apply for membership. It is intended that this website will be a resource for urologists, their patients, other members of the healthcare team and the wider public.



The British Uro-oncology Group (BUG) was formed in 2004 to meet the needs of clinical and medical oncologists specialising in the field of urology. As the only dedicated professional association for uro-oncologists, its overriding aim is to provide a networking and support forum for discussion and exchange of research and policy ideas.



Public Health
England

National Cancer Registration and Analysis Service (NCRAS), Public Health England collects patient-level data from all NHS acute providers and from a range of national data feeds. Data sources are collated using a single data processing system ('Encore') and the management structure is delivered through eight regional offices across England.

The NCRAS is the data collection partner for the NPCA.

Commissioned by:



The Healthcare Quality Improvement Partnership (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 promote 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.

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Appendix 1: Overview of data completeness for selected data items by specialist MDT and Trust in England over the period of 1 April 2016 and 31 March 2017.

Diagnosing Trust	No. of Cancer Registry records	Performance status		PSA		Gleason score		TNM		Multiparametric MRI	
	N	N	%	N	%	N	%	N	%	N	%
England											
Overall	40279	20854	51.8	29139	72.3	33472	83.1	30789	76.4	20754	51.5
Barking, Havering and Redbridge University Hospitals NHS Trust	357	22	6.2	270	75.6	277	77.6	281	78.7	40	11.2
Barking, Havering and Redbridge University Hospitals NHS Trust	357	22	6.2	270	75.6	277	77.6	281	78.7	40	11.2
Barts Health NHS Trust	505	180	35.6	474	93.9	447	88.5	450	89.1	429	85.0
Barts Health NHS Trust	450	143	31.8	423	94.0	408	90.7	402	89.3	390	86.7
Homerton University Hospital NHS Foundation Trust	55	37	67.3	51	92.7	39	70.9	48	87.3	39	70.9
Bradford Teaching Hospitals NHS Foundation Trust	706	466	66.0	567	80.3	618	87.5	575	81.4	382	54.1
Airedale NHS Foundation Trust	177	170	96.0	171	96.6	162	91.5	169	95.5	84	47.5
Bradford Teaching Hospitals NHS Foundation Trust	209	60	28.7	146	69.9	179	85.6	153	73.2	76	36.4
Calderdale And Huddersfield NHS Foundation Trust	320	236	73.8	250	78.1	277	86.6	253	79.1	222	69.4
Brighton and Sussex University Hospitals NHS Trust	802	6	0.7	412	51.4	620	77.3	623	77.7	4	0.5
Brighton and Sussex University Hospitals NHS Trust	388	3	0.8	296	76.3	275	70.9	301	77.6	1	0.3
East Sussex Healthcare NHS Trust	414	3	0.7	116	28.0	345	83.3	322	77.8	3	0.7
Cambridge University Hospitals NHS Foundation Trust	1970	1403	71.2	1614	81.9	1619	82.2	1449	73.6	1473	74.8
Bedford Hospital NHS Trust	241	232	96.3	233	96.7	203	84.2	202	83.8	233	96.7
Cambridge University Hospitals NHS Foundation Trust	394	142	36.0	220	55.8	351	89.1	310	78.7	147	37.3
Ipswich Hospital NHS Trust	351	279	79.5	316	90.0	263	74.9	300	85.5	315	89.7
North West Anglia NHS Foundation Trust	501	406	81.0	426	85.0	409	81.6	382	76.2	367	73.3
The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	247	168	68.0	213	86.2	202	81.8	101	40.9	212	85.8
West Suffolk NHS Foundation Trust	236	176	74.6	206	87.3	191	80.9	154	65.3	199	84.3
City Hospitals Sunderland NHS Foundation Trust	380	191	50.3	305	80.3	259	68.2	225	59.2	267	70.3
City Hospitals Sunderland NHS Foundation Trust	366	185	50.5	296	80.9	256	69.9	220	60.1	258	70.5
South Tyneside NHS Foundation Trust	14	6	42.9	9	64.3	3	21.4	5	35.7	9	64.3
Derby Teaching Hospitals NHS Foundation Trust	773	290	37.5	415	53.7	616	79.7	497	64.3	392	50.7
Burton Hospitals NHS Foundation Trust	162	130	80.2	145	89.5	128	79.0	127	78.4	132	81.5
Derby Teaching Hospitals NHS Foundation Trust	382	151	39.5	255	66.8	310	81.2	296	77.5	253	66.2
Sherwood Forest Hospitals NHS Foundation Trust	229	9	3.9	15	6.6	178	77.7	74	32.3	7	3.1
East Kent Hospitals University NHS Foundation Trust	700	661	94.4	580	82.9	563	80.4	665	95.0	659	94.1
East Kent Hospitals University NHS Foundation Trust	700	661	94.4	580	82.9	563	80.4	665	95.0	659	94.1

Diagnosing Trust	No. of Cancer Registry records	Performance status		PSA		Gleason score		TNM		Multiparametric MRI	
	N	N	%	N	%	N	%	N	%	N	%
East and North Hertfordshire NHS Trust	902	378	41.9	674	74.7	772	85.6	631	70.0	562	62.3
East and North Hertfordshire NHS Trust	401	90	22.4	319	79.6	346	86.3	286	71.3	192	47.9
Luton and Dunstable University Hospital NHS Foundation Trust	253	143	56.5	212	83.8	212	83.8	172	68.0	213	84.2
West Hertfordshire Hospitals NHS Trust	248	145	58.5	143	57.7	214	86.3	173	69.8	157	63.3
Gloucestershire Hospitals NHS Foundation Trust	648	103	15.9	54	8.3	500	77.2	438	67.6	13	2.0
Gloucestershire Hospitals NHS Foundation Trust	515	8	1.6	8	1.6	400	77.7	346	67.2	5	1.0
Wye Valley NHS Trust	133	95	71.4	46	34.6	100	75.2	92	69.2	8	6.0
Guy's and St Thomas' NHS Foundation Trust	1036	241	23.3	488	47.1	876	84.6	841	81.2	307	29.6
Guy's and St Thomas' NHS Foundation Trust	419	51	12.2	160	38.2	359	85.7	370	88.3	150	35.8
King's College Hospital NHS Foundation Trust	415	179	43.1	159	38.3	347	83.6	307	74.0	104	25.1
Lewisham and Greenwich NHS Trust	202	11	5.4	169	83.7	170	84.2	164	81.2	53	26.2
Heart of England NHS Foundation Trust	739	517	70.0	701	94.9	671	90.8	603	81.6	669	90.5
Heart of England NHS Foundation Trust	592	440	74.3	566	95.6	553	93.4	500	84.5	568	95.9
Walsall Healthcare NHS Trust	147	77	52.4	135	91.8	118	80.3	103	70.1	101	68.7
Hull and East Yorkshire Hospitals NHS Trust	1040	420	40.4	879	84.5	810	77.9	759	73.0	472	45.4
Hull and East Yorkshire Hospitals NHS Trust	407	9	2.2	357	87.7	322	79.1	239	58.7	8	2.0
Northern Lincolnshire and Goole NHS Foundation Trust	268	68	25.4	176	65.7	189	70.5	198	73.9	149	55.6
York Teaching Hospital NHS Foundation Trust	365	343	94.0	346	94.8	299	81.9	322	88.2	315	86.3
Imperial College Healthcare NHS Trust	858	622	72.5	654	76.2	718	83.7	636	74.1	375	43.7
Chelsea and Westminster Hospital NHS Foundation Trust	107	82	76.6	80	74.8	77	72.0	66	61.7	62	57.9
Imperial College Healthcare NHS Trust	398	306	76.9	338	84.9	349	87.7	328	82.4	151	37.9
London North West Healthcare NHS Trust	247	133	53.8	155	62.8	205	83.0	151	61.1	75	30.4
The Hillingdon Hospitals NHS Foundation Trust	106	101	95.3	81	76.4	87	82.1	91	85.8	87	82.1
Lancashire Teaching Hospitals NHS Foundation Trust	1184	1073	90.6	1007	85.1	1021	86.2	924	78.0	857	72.4
Blackpool Teaching Hospitals NHS Foundation Trust	287	259	90.2	189	65.9	260	90.6	220	76.7	54	18.8
East Lancashire Hospitals NHS Trust	334	307	91.9	323	96.7	285	85.3	295	88.3	315	94.3
Lancashire Teaching Hospitals NHS Foundation Trust	292	267	91.4	262	89.7	248	84.9	221	75.7	245	83.9
University Hospitals of Morecambe Bay NHS Foundation Trust	271	240	88.6	233	86.0	228	84.1	188	69.4	243	89.7
Leeds Teaching Hospitals NHS Trust	620	394	63.5	492	79.4	498	80.3	535	86.3	399	64.4
Harrogate and District NHS Foundation Trust	194	178	91.8	186	95.9	159	82.0	170	87.6	187	96.4
Leeds Teaching Hospitals NHS Trust	426	216	50.7	306	71.8	339	79.6	365	85.7	212	49.8

Diagnosing Trust	No. of Cancer Registry records	Performance status		PSA		Gleason score		TNM		Multiparametric MRI	
	N	N	%	N	%	N	%	N	%	N	%
Manchester University NHS Foundation Trust	745	601	80.7	652	87.5	634	85.1	667	89.5	553	74.2
Manchester University NHS Foundation Trust	298	206	69.1	218	73.2	242	81.2	251	84.2	140	47.0
Pennine Acute Hospitals NHS Trust	447	395	88.4	434	97.1	392	87.7	416	93.1	413	92.4
Medway NHS Foundation Trust	977	852	87.2	890	91.1	814	83.3	863	88.3	893	91.4
Dartford and Gravesham NHS Trust	118	118	100.0	118	100.0	67	56.8	97	82.2	118	100.0
Maidstone and Tunbridge Wells NHS Trust	759	654	86.2	695	91.6	681	89.7	683	90.0	695	91.6
Medway NHS Foundation Trust	100	80	80.0	77	77.0	66	66.0	83	83.0	80	80.0
Mid Yorkshire Hospitals NHS Trust	348	271	77.9	267	76.7	293	84.2	210	60.3	270	77.6
Mid Yorkshire Hospitals NHS Trust	348	271	77.9	267	76.7	293	84.2	210	60.3	270	77.6
Norfolk and Norwich University Hospitals NHS Foundation Trust	846	518	61.2	769	90.9	698	82.5	542	64.1	219	25.9
James Paget University Hospitals NHS Foundation Trust	237	224	94.5	230	97.0	183	77.2	164	69.2	208	87.8
Norfolk and Norwich University Hospitals NHS Foundation Trust	609	294	48.3	539	88.5	515	84.6	378	62.1	11	1.8
North Bristol NHS Trust	1443	884	61.3	1238	85.8	1155	80.0	1161	80.5	1106	76.6
Great Western Hospitals NHS Foundation Trust	211	101	47.9	169	80.1	180	85.3	166	78.7	92	43.6
North Bristol NHS Trust	645	270	41.9	564	87.4	527	81.7	483	74.9	555	86.0
Royal United Hospitals Bath NHS Foundation Trust	369	318	86.2	314	85.1	298	80.8	336	91.1	274	74.3
Weston Area Health NHS Trust	117	100	85.5	107	91.5	89	76.1	90	76.9	105	89.7
Yeovil District Hospital NHS Foundation Trust	101	95	94.1	84	83.2	61	60.4	86	85.1	80	79.2
Northampton General Hospital NHS Trust	532	36	6.8	258	48.5	473	88.9	204	38.3	38	7.1
Kettering General Hospital NHS Foundation Trust	243	10	4.1	201	82.7	220	90.5	119	49.0	24	9.9
Northampton General Hospital NHS Trust	289	26	9.0	57	19.7	253	87.5	85	29.4	14	4.8
Nottingham University Hospitals NHS Trust	599	94	15.7	516	86.1	515	86.0	377	62.9	454	75.8
Nottingham University Hospitals NHS Trust	599	94	15.7	516	86.1	515	86.0	377	62.9	454	75.8
Oxford University Hospitals NHS Foundation Trust	1104	96	8.7	319	28.9	989	89.6	807	73.1	433	39.2
Buckinghamshire Healthcare NHS Trust	292	35	12.0	230	78.8	257	88.0	171	58.6	185	63.4
Milton Keynes University Hospital NHS Foundation Trust	202	19	9.4	4	2.0	177	87.6	150	74.3	45	22.3
Oxford University Hospitals NHS Foundation Trust	610	42	6.9	85	13.9	555	91.0	486	79.7	203	33.3
Plymouth Hospitals NHS Trust	790	375	47.5	620	78.5	596	75.4	630	79.7	457	57.8
Plymouth Hospitals NHS Trust	361	3	0.8	215	59.6	297	82.3	279	77.3	55	15.2
Royal Cornwall Hospitals NHS Trust	429	372	86.7	405	94.4	299	69.7	351	81.8	402	93.7

Diagnosing Trust	No. of Cancer Registry records	Performance status		PSA		Gleason score		TNM		Multiparametric MRI	
	N	N	%	N	%	N	%	N	%	N	%
Portsmouth Hospitals NHS Trust	625	300	48.0	562	89.9	520	83.2	542	86.7	528	84.5
Isle of Wight NHS Trust	185	170	91.9	180	97.3	152	82.2	173	93.5	177	95.7
Portsmouth Hospitals NHS Trust	440	130	29.5	382	86.8	368	83.6	369	83.9	351	79.8
Royal Berkshire NHS Foundation Trust	329	11	3.3	258	78.4	282	85.7	198	60.2	266	80.9
Royal Berkshire NHS Foundation Trust	329	11	3.3	258	78.4	282	85.7	198	60.2	266	80.9
Royal Devon and Exeter NHS Foundation Trust	1301	936	71.9	1126	86.5	1085	83.4	1122	86.2	912	70.1
Northern Devon Healthcare NHS Trust	204	199	97.5	195	95.6	154	75.5	170	83.3	179	87.7
Royal Devon and Exeter NHS Foundation Trust	492	429	87.2	466	94.7	419	85.2	435	88.4	482	98.0
Taunton and Somerset NHS Foundation Trust	308	239	77.6	257	83.4	249	80.8	268	87.0	43	14.0
Torbay and South Devon NHS Foundation Trust	297	69	23.2	208	70.0	263	88.6	249	83.8	208	70.0
Royal Liverpool and Broadgreen University Hospitals NHS Trust	829	595	71.8	746	90.0	679	81.9	660	79.6	716	86.4
Aintree University Hospital NHS Foundation Trust	209	197	94.3	192	91.9	150	71.8	193	92.3	162	77.5
Royal Liverpool and Broadgreen University Hospitals NHS Trust	184	77	41.8	161	87.5	160	87.0	130	70.7	157	85.3
Southport and Ormskirk Hospital NHS Trust	154	143	92.9	141	91.6	131	85.1	108	70.1	146	94.8
St Helens and Knowsley Hospital Services NHS Trust	282	178	63.1	252	89.4	238	84.4	229	81.2	251	89.0
Royal Surrey County Hospital NHS Foundation Trust	2419	862	35.6	1654	68.4	1922	79.5	1803	74.5	768	31.7
Ashford and St Peter's Hospitals NHS Foundation Trust	200	34	17.0	109	54.5	148	74.0	138	69.0	38	19.0
Frimley Health NHS Foundation Trust	499	106	21.2	371	74.3	396	79.4	337	67.5	148	29.7
Hampshire Hospitals NHS Foundation Trust	369	66	17.9	193	52.3	305	82.7	285	77.2	24	6.5
Royal Surrey County Hospital NHS Foundation Trust	477	32	6.7	209	43.8	397	83.2	325	68.1	40	8.4
Surrey and Sussex Healthcare NHS Trust	333	119	35.7	267	80.2	298	89.5	292	87.7	220	66.1
Western Sussex Hospitals NHS Foundation Trust	541	505	93.3	505	93.3	378	69.9	426	78.7	298	55.1
Salford Royal NHS Foundation Trust	467	410	87.8	429	91.9	393	84.2	404	86.5	283	60.6
Bolton NHS Foundation Trust	175	149	85.1	155	88.6	150	85.7	145	82.9	27	15.4
Salford Royal NHS Foundation Trust	104	90	86.5	92	88.5	74	71.2	78	75.0	79	76.0
Wrightington, Wigan and Leigh NHS Foundation Trust	188	171	91.0	182	96.8	169	89.9	181	96.3	177	94.1

Diagnosing Trust	No. of Cancer Registry records	Performance status		PSA		Gleason score		TNM		Multiparametric MRI	
	N	N	%	N	%	N	%	N	%	N	%
Sheffield Teaching Hospitals NHS Foundation Trust	1193	620	52.0	1090	91.4	949	79.5	901	75.5	733	61.4
Barnsley Hospital NHS Foundation Trust	100	55	55.0	90	90.0	72	72.0	54	54.0	56	56.0
Chesterfield Royal Hospital NHS Foundation Trust	225	190	84.4	214	95.1	172	76.4	191	84.9	171	76.0
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	279	79	28.3	263	94.3	228	81.7	252	90.3	4	1.4
Sheffield Teaching Hospitals NHS Foundation Trust	401	139	34.7	352	87.8	331	82.5	279	69.6	330	82.3
The Rotherham NHS Foundation Trust	188	157	83.5	171	91.0	146	77.7	125	66.5	172	91.5
South Tees Hospitals NHS Foundation Trust	865	670	77.5	739	85.4	777	89.8	691	79.9	267	30.9
County Durham and Darlington NHS Foundation Trust	266	197	74.1	251	94.4	235	88.3	215	80.8	231	86.8
North Tees And Hartlepool NHS Foundation Trust	222	222	100.0	222	100.0	196	88.3	171	77.0	2	0.9
South Tees Hospitals NHS Foundation Trust	377	251	66.6	266	70.6	346	91.8	305	80.9	34	9.0
Southend University Hospital NHS Foundation Trust	1265	232	18.3	771	60.9	1050	83.0	839	66.3	461	36.4
Basildon and Thurrock University Hospitals NHS Foundation Trust	229	174	76.0	196	85.6	190	83.0	178	77.7	133	58.1
Colchester Hospital University NHS Foundation Trust	364	15	4.1	186	51.1	295	81.0	193	53.0	39	10.7
Mid Essex Hospital Services NHS Trust	351	38	10.8	94	26.8	314	89.5	258	73.5	9	2.6
Southend University Hospital NHS Foundation Trust	321	5	1.6	295	91.9	251	78.2	210	65.4	280	87.2
Stockport NHS Foundation Trust	655	297	45.3	369	56.3	561	85.6	556	84.9	46	7.0
East Cheshire NHS Trust	131	24	18.3	112	85.5	107	81.7	113	86.3	0	0.0
Mid Cheshire Hospitals NHS Foundation Trust	144	109	75.7	115	79.9	133	92.4	128	88.9	19	13.2
Stockport NHS Foundation Trust	270	152	56.3	51	18.9	228	84.4	242	89.6	3	1.1
Tameside and Glossop Integrated Care NHS Foundation Trust	110	12	10.9	91	82.7	93	84.5	73	66.4	24	21.8
The Christie NHS Foundation Trust	135	43	31.9	51	37.8	120	88.9	110	81.5	37	27.4
The Christie NHS Foundation Trust	135	43	31.9	51	37.8	120	88.9	110	81.5	37	27.4
The Newcastle upon Tyne Hospitals NHS Foundation Trust	869	416	47.9	679	78.1	702	80.8	636	73.2	250	28.8
Gateshead Health NHS Foundation Trust	161	149	92.5	158	98.1	138	85.7	130	80.7	115	71.4
North Cumbria University Hospitals NHS Trust	183	110	60.1	118	64.5	136	74.3	111	60.7	109	59.6
Northumbria Healthcare NHS Foundation Trust	165	57	34.5	133	80.6	133	80.6	127	77.0	2	1.2
The Newcastle upon Tyne Hospitals NHS Foundation Trust	360	100	27.8	270	75.0	295	81.9	268	74.4	24	6.7
The Princess Alexandra Hospital NHS Trust	436	312	71.6	251	57.6	395	90.6	408	93.6	176	40.4
North Middlesex University Hospital NHS Trust	156	138	88.5	143	91.7	133	85.3	147	94.2	148	94.9
The Princess Alexandra Hospital NHS Trust	280	174	62.1	108	38.6	262	93.6	261	93.2	28	10.0

Diagnosing Trust	No. of Cancer Registry records	Performance status		PSA		Gleason score		TNM		Multiparametric MRI	
	N	N	%	N	%	N	%	N	%	N	%
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	797	662	83.1	616	77.3	633	79.4	746	93.6	414	51.9
Dorset County Hospital NHS Foundation Trust	265	169	63.8	111	41.9	202	76.2	244	92.1	20	7.5
Poole Hospital NHS Foundation Trust	21	10	47.6	11	52.4	9	42.9	10	47.6	9	42.9
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	511	483	94.5	494	96.7	422	82.6	492	96.3	385	75.3
The Royal Marsden NHS Foundation Trust	1105	604	54.7	639	57.8	971	87.9	900	81.4	411	37.2
Croydon Health Services NHS Trust	57	11	19.3	28	49.1	46	80.7	38	66.7	23	40.4
Epsom And St Helier University Hospitals NHS Trust	328	155	47.3	203	61.9	292	89.0	263	80.2	64	19.5
Kingston Hospital NHS Foundation Trust	200	164	82.0	163	81.5	160	80.0	162	81.0	158	79.0
St George's University Hospitals NHS Foundation Trust	412	235	57.0	190	46.1	390	94.7	348	84.5	132	32.0
The Royal Marsden NHS Foundation Trust	108	39	36.1	55	50.9	83	76.9	89	82.4	34	31.5
University College London Hospitals NHS Foundation Trust	807	446	55.3	461	57.1	692	85.7	726	90.0	140	17.3
Royal Free London NHS Foundation Trust	388	322	83.0	275	70.9	308	79.4	339	87.4	20	5.2
The Whittington Health NHS Trust	117	83	70.9	112	95.7	100	85.5	103	88.0	106	90.6
University College London Hospitals NHS Foundation Trust	302	41	13.6	74	24.5	284	94.0	284	94.0	14	4.6
University Hospital Southampton NHS Foundation Trust	597	556	93.1	533	89.3	472	79.1	539	90.3	418	70.0
Salisbury NHS Foundation Trust	170	155	91.2	160	94.1	140	82.4	154	90.6	141	82.9
University Hospital Southampton NHS Foundation Trust	427	401	93.9	373	87.4	332	77.8	385	90.2	277	64.9
University Hospitals Birmingham NHS Foundation Trust	532	151	28.4	348	65.4	492	92.5	266	50.0	53	10.0
Sandwell and West Birmingham Hospitals NHS Trust	244	38	15.6	167	68.4	236	96.7	145	59.4	11	4.5
University Hospitals Birmingham NHS Foundation Trust	288	113	39.2	181	62.8	256	88.9	121	42.0	42	14.6
University Hospitals Coventry and Warwickshire NHS Trust	1237	964	77.9	1106	89.4	1063	85.9	975	78.8	1097	88.7
George Eliot Hospital NHS Trust	110	65	59.1	107	97.3	96	87.3	80	72.7	95	86.4
South Warwickshire NHS Foundation Trust	166	31	18.7	123	74.1	139	83.7	112	67.5	99	59.6
University Hospitals Coventry and Warwickshire NHS Trust	393	316	80.4	357	90.8	350	89.1	286	72.8	352	89.6
Worcestershire Acute Hospitals NHS Trust	568	552	97.2	519	91.4	478	84.2	497	87.5	551	97.0
University Hospitals of Leicester NHS Trust	1035	4	0.4	308	29.8	824	79.6	629	60.8	160	15.5
United Lincolnshire Hospitals NHS Trust	500	3	0.6	209	41.8	420	84.0	288	57.6	12	2.4
University Hospitals of Leicester NHS Trust	535	1	0.2	99	18.5	404	75.5	341	63.7	148	27.7

Diagnosing Trust	No. of Cancer Registry records	Performance status		PSA		Gleason score		TNM		Multiparametric MRI	
	N	N	%	N	%	N	%	N	%	N	%
University Hospitals of North Midlands NHS Trust	1483	417	28.1	644	43.4	1269	85.6	935	63.0	291	19.6
Shrewsbury and Telford Hospital NHS Trust	341	165	48.4	114	33.4	296	86.8	251	73.6	2	0.6
The Dudley Group NHS Foundation Trust	304	21	6.9	47	15.5	273	89.8	190	62.5	27	8.9
The Royal Wolverhampton NHS Trust	301	225	74.8	275	91.4	256	85.0	164	54.5	258	85.7
University Hospitals of North Midlands NHS Trust	537	6	1.1	208	38.7	444	82.7	330	61.5	4	0.7
Wirral University Teaching Hospital NHS Foundation Trust	694	652	93.9	644	92.8	569	82.0	610	87.9	604	87.0
Countess of Chester Hospital NHS Foundation Trust	161	151	93.8	153	95.0	141	87.6	137	85.1	130	80.7
The Clatterbridge Cancer Centre NHS Foundation Trust	41	22	53.7	25	61.0	23	56.1	27	65.9	25	61.0
Warrington and Halton Hospitals NHS Foundation Trust	183	177	96.7	176	96.2	155	84.7	156	85.2	177	96.7
Wirral University Teaching Hospital NHS Foundation Trust	309	302	97.7	290	93.9	250	80.9	290	93.9	272	88.0
Wales											
Overall	2027	2027	100.0	1808	89.2	1808	89.2	1416	69.9	1993	98.3
Abertawe Bro Morgannwg University Health Board	804	804	100.0	707	87.9	707	87.9	679	84.5	776	96.5
Abertawe Bro Morgannwg University Health Board	401	401	100.0	364	90.8	364	90.8	373	93.0	373	93.0
Hywel Dda University Health Board	403	403	100.0	343	85.1	343	85.1	306	75.9	403	100.0
Aneurin Bevan University Health Board	312	312	100.0	256	82.1	256	82.1	233	74.7	311	99.7
Aneurin Bevan University Health Board	312	312	100.0	256	82.1	256	82.1	233	74.7	311	99.7
Betsi Cadwaladr University Health Board	459	459	100.0	409	89.1	409	89.1	245	53.4	457	99.6
Betsi Cadwaladr University Health Board	459	459	100.0	409	89.1	409	89.1	245	53.4	457	99.6
Cwm Taf University Health Board	452	452	100.0	436	96.5	436	96.5	259	57.3	449	99.3
Cardiff and Vale University Health Board	227	227	100.0	221	97.4	221	97.4	112	49.3	224	98.7
Cwm Taf University Health Board	225	225	100.0	215	95.6	215	95.6	147	65.3	225	100.0
Trust commentary provided by NCRAS further to data validation exercise (number of cases allocated to a Trust at diagnosis and completeness of key data items):											
The Hillingdon Hospitals NHS Foundation Trust: There are some missing case submissions and so the numbers displayed are lower than expected.											
Royal Free London NHS Foundation Trust: The data field of multiparametric MRI was not submitted to NCRAS for the period April 2016 and November 2017 and explains why the completeness of this data field is so low.											
Royal Liverpool and Broadgreen University Hospitals NHS Trust: 39 patients were not included in the Trust's submission (15 were for MDT discussion only and not treated at RLH; 6 were not on Trust Somerset system; 12 were wrongly assigned). 130 were submitted by the Trust but were assigned to a different diagnosis Trust.											
Royal Devon and Exeter NHS Foundation Trust: Allocated number of cases lower than expected. 236 submitted by Trust but not in Annual Report (201 allocated to another Trust; 16 not diagnosed in Audit period; 11 concomitant diagnosis of bladder cancer; 2 non-English residents; 6 other reasons need further clarification). 30 not in Trust submission but in Annual Report (14 allocated to another Trust; 14 not diagnosed in Audit period; 2 other reasons need further clarification).											
Taunton and Somerset NHS Foundation Trust: The data field for multiparametric MRI was not being used at this Trust. Patient-level data was supplied by NCRAS and we are awaiting feedback.											
Oxford University Hospitals NHS Foundation Trust: PSA, Gleason score and TNM completeness appears to be lower than expected. Patient-level data has been supplied to the Trust and we are awaiting feedback.											
Welsh Health Boards: A proportion of patients who are diagnosed in Welsh Health Boards are treated in England and we confirm that these patients are included in the reported figures.											

Appendix 2: Provider level (specialist MDT) data for the performance indicators 1, 2 and 3.

Performance indicator 1: Proportion of men presenting with metastatic disease at diagnosis.

Performance indicator 2: Proportion of men with low-risk localised prostate cancer undergoing radical prostate cancer therapy.

Performance indicator 3: Proportion of men with locally advanced disease receiving radical prostate cancer therapy.

Specialist MDT	No. of men with disease status determined	No. men diagnosed with metastatic disease		No. of men diagnosed with low-risk localised disease	No. men with low-risk localised disease receiving radical treatment		No. of men diagnosed with locally advanced disease	No. men with locally advanced disease receiving radical treatment	
		N	%		N	%		N	%
Overall	39534	6281	15.9	2948	130	4.4	15404	10388	67.4
Abertawe Bro Morgannwg University Health Board	792	102	12.9	13	3	23.7	291	149	53.8
Aneurin Bevan University Health Board	278	42	15.1	47	4	8.2	82	47	63.2
Barking, Havering and Redbridge University Hospitals NHS Trust	321	48	15.0	N/A	N/A	N/A	136	99	68.5
Barts Health NHS Trust	488	71	14.5	12	1	10.2	180	82	48.4
Betsi Cadwaladr University Health Board	451	61	13.5	35	7	19.6	145	79	59.1
Bradford Teaching Hospitals NHS Foundation Trust	682	103	15.1	47	2	4.6	335	247	72.6
Brighton and Sussex University Hospitals NHS Trust	722	121	16.8	22	0	0.0	330	204	59.6
Cambridge University Hospitals NHS Foundation Trust	1871	277	14.8	223	9	4.3	644	433	65.8
Cardiff and Vale University Health Board	448	34	7.6	63	2	2.8	121	96	81.9
City Hospitals Sunderland NHS Foundation Trust	355	82	23.1	33	0	0.0	127	50	41.0
Derby Teaching Hospitals NHS Foundation Trust	672	129	19.2	28	0	0.0	303	219	72.0
East Kent Hospitals University NHS Foundation Trust	687	83	12.1	55	2	3.7	265	162	63.8
East and North Hertfordshire NHS Trust	839	132	15.7	61	2	3.7	258	201	75.8
Gloucestershire Hospitals NHS Foundation Trust	588	109	18.5	31	3	9.9	234	152	61.8
Guy's and St Thomas' NHS Foundation Trust	968	112	11.6	78	3	3.1	341	218	61.5
Heart of England NHS Foundation Trust	724	100	13.8	11	2	20.2	314	214	72.0
Hull and East Yorkshire Hospitals NHS Trust	981	187	19.1	81	8	10.0	404	291	70.7
Imperial College Healthcare NHS Trust	764	108	14.1	53	0	0.0	301	199	65.8
Lancashire Teaching Hospitals NHS Foundation Trust	1079	164	15.2	81	3	4.1	485	343	72.3
Leeds Teaching Hospitals NHS Trust	608	108	17.8	85	4	4.0	251	182	68.9
Manchester University NHS Foundation Trust	724	113	15.6	79	4	5.3	264	173	68.1
Medway NHS Foundation Trust	945	129	13.7	79	1	1.2	383	258	67.4
Mid Yorkshire Hospitals NHS Trust	328	64	19.5	42	2	4.5	137	94	69.6
Norfolk and Norwich University Hospitals NHS Foundation Trust	760	126	16.6	20	2	10.5	328	251	75.0
North Bristol NHS Trust	1323	227	17.2	99	5	5.0	522	341	65.3
Northampton General Hospital NHS Trust	361	34	9.4	28	0	0.0	120	62	49.5
Nottingham University Hospitals NHS Trust	565	111	19.6	65	0	0.0	197	130	59.2
Oxford University Hospitals NHS Foundation Trust	1001	135	13.5	65	1	1.6	367	239	61.3
Plymouth Hospitals NHS Trust	762	170	22.3	59	1	1.7	297	177	58.6
Portsmouth Hospitals NHS Trust	599	112	18.7	46	2	4.9	207	121	63.3
Royal Berkshire NHS Foundation Trust	297	42	14.1	48	1	1.9	108	91	80.2
Royal Devon and Exeter NHS Foundation Trust	1223	188	15.4	105	2	1.9	509	365	73.0
Royal Liverpool and Broadgreen University Hospitals NHS Trust	782	121	15.5	34	0	0.0	343	219	64.7

Specialist MDT	No. of men with disease status determined	No. men diagnosed with metastatic disease		No. of men diagnosed with low-risk localised disease	No. men with low-risk localised disease receiving radical treatment		No. of men diagnosed with locally advanced disease	No. men with locally advanced disease receiving radical treatment	
		N	%		N	%		N	%
Royal Surrey County Hospital NHS Foundation Trust	2159	334	15.5	98	10	8.9	861	630	72.9
Salford Royal NHS Foundation Trust	451	93	20.6	66	5	7.7	167	108	68.0
Sheffield Teaching Hospitals NHS Foundation Trust	1129	233	20.6	72	4	5.1	495	369	74.7
South Tees Hospitals NHS Foundation Trust	847	157	18.5	68	0	0.0	253	177	71.8
Southend University Hospital NHS Foundation Trust	1114	160	14.4	99	13	15.3	393	241	61.7
Stockport NHS Foundation Trust	634	113	17.8	51	3	6.1	259	181	69.4
The Christie NHS Foundation Trust	126	13	10.3	14	0	0.0	33	29	80.7
The Newcastle upon Tyne Hospitals NHS Foundation Trust	813	180	22.1	90	0	0.0	295	182	59.4
The Princess Alexandra Hospital NHS Trust	429	57	13.3	28	0	0.0	160	97	66.7
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	770	105	13.6	57	1	1.6	331	215	67.2
The Royal Marsden NHS Foundation Trust	1043	138	13.2	75	2	2.1	385	285	70.2
University College London Hospitals NHS Foundation Trust	785	88	11.2	45	1	2.1	296	203	65.3
University Hospital Southampton NHS Foundation Trust	582	103	17.7	33	0	0.0	244	168	70.4
University Hospitals Birmingham NHS Foundation Trust	503	76	15.1	65	0	0.0	172	114	73.1
University Hospitals Coventry and Warwickshire NHS Trust	1170	151	12.9	97	8	8.5	503	359	69.2
University Hospitals of Leicester NHS Trust	935	169	18.1	71	2	3.0	327	221	67.9
University Hospitals of North Midlands NHS Trust	1385	257	18.6	41	3	8.8	575	412	74.1
Wirral University Teaching Hospital NHS Foundation Trust	671	109	16.2	50	2	5.1	326	209	67.6

Appendix 3: Provider level (surgical centre) data for performance indicator 4.

Performance indicator 4: Proportion of patients who had an emergency readmission within 90 days of radical prostatectomy.

RP Trust	No. men who received RP	No. men who had an emergency readmission within 90 days of RP	Adjusted rate (%)
Overall	6647	878	13.2
Abertawe Bro Morgannwg University Health Board	21	3	14.3
Aneurin Bevan University Health Board	19	5	24.9
Betsi Cadwaladr University Health Board	52	9	16.3
Bradford Teaching Hospitals NHS Foundation Trust	130	19	14.5
Buckinghamshire Healthcare NHS Trust	45	8	17.1
Cambridge University Hospitals NHS Foundation Trust	195	14	7.5
Cardiff and Vale University Health Board	170	32	18.4
City Hospitals Sunderland NHS Foundation Trust	85	15	17.6
Colchester Hospital University NHS Foundation Trust	105	19	18.4
Derby Teaching Hospitals NHS Foundation Trust	91	11	12.3
East Kent Hospitals University NHS Foundation Trust	193	37	18.5
East Lancashire Hospitals NHS Trust	65	13	20.4
East Sussex Healthcare NHS Trust	108	14	13.1
East and North Hertfordshire NHS Trust	154	17	12.2
Gloucestershire Hospitals NHS Foundation Trust	107	12	11.2
Guy's and St Thomas' NHS Foundation Trust	232	11	4.8
Heart of England NHS Foundation Trust	100	26	24.7
Hull and East Yorkshire Hospitals NHS Trust	149	13	8.3
Imperial College Healthcare NHS Trust	138	23	16.7
Lancashire Teaching Hospitals NHS Foundation Trust	71	11	15.2
Leeds Teaching Hospitals NHS Trust	126	9	7.0
Manchester University NHS Foundation Trust	51	5	9.6
Medway NHS Foundation Trust	120	10	8.5
Mid Yorkshire Hospitals NHS Trust	59	14	21.6
Norfolk and Norwich University Hospitals NHS Foundation Trust	145	24	16.4
North Bristol NHS Trust	269	33	12.2
Nottingham University Hospitals NHS Trust	59	7	13.2
Oxford University Hospitals NHS Foundation Trust	99	12	12.7
Plymouth Hospitals NHS Trust	93	12	11.7
Portsmouth Hospitals NHS Trust	102	6	5.8
Royal Berkshire NHS Foundation Trust	120	13	11.0
Royal Devon and Exeter NHS Foundation Trust	206	21	10.3
Royal Liverpool and Broadgreen University Hospitals NHS Trust	149	13	8.7
Royal Surrey County Hospital NHS Foundation Trust	256	25	10.2
Royal United Hospitals Bath NHS Foundation Trust	47	3	6.9

/Appendix 3 continued

RP Trust	No. men who received RP	No. men who had an emergency readmission within 90 days of RP	Adjusted rate (%)
Sheffield Teaching Hospitals NHS Foundation Trust	225	35	15.2
Shrewsbury and Telford Hospital NHS Trust	48	15	29.8
South Tees Hospitals NHS Foundation Trust	106	11	10.8
Southend University Hospital NHS Foundation Trust	23	4	17.6
St George's University Hospitals NHS Foundation Trust	120	15	12.5
Stockport NHS Foundation Trust	116	17	15.3
The Christie NHS Foundation Trust	122	8	7.0
The Newcastle upon Tyne Hospitals NHS Foundation Trust	143	18	12.7
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	155	24	15.4
The Royal Marsden NHS Foundation Trust	161	19	12.4
The Royal Wolverhampton NHS Trust	125	13	10.4
United Lincolnshire Hospitals NHS Trust	17	2	12.1
University College London Hospitals NHS Foundation Trust	387	38	9.5
University Hospital Southampton NHS Foundation Trust	149	22	14.6
University Hospitals Birmingham NHS Foundation Trust	128	24	17.7
University Hospitals Coventry and Warwickshire NHS Trust	151	29	19.3
University Hospitals of Leicester NHS Trust	102	18	18.5
University Hospitals of North Midlands NHS Trust	49	5	10.6
Wirral University Teaching Hospital NHS Foundation Trust	77	15	18.6
Worcestershire Acute Hospitals NHS Trust	112	27	23.2

Appendix 4: Provider level (surgical centre) data for performance indicator 5.

Performance indicator 5: Proportion of patients experiencing at least one severe genitourinary (GU) complication within 2 years of radical prostatectomy.

RP Trust	No. men who received RP	No. men who experienced at least one GU complication	Adjusted rate (%)
Overall	5000	568	11.4
Abertawe Bro Morgannwg University Health Board	10	1	10.1
Aneurin Bevan University Health Board	12	1	8.0
Barking, Havering and Redbridge University Hospitals NHS Trust	63	7	10.9
Betsi Cadwaladr University Health Board	19	1	5.0
Bradford Teaching Hospitals NHS Foundation Trust	116	15	13.0
Buckinghamshire Healthcare NHS Trust	53	13	23.2
Cambridge University Hospitals NHS Foundation Trust	127	7	5.6
Cardiff and Vale University Health Board	106	18	17.2
City Hospitals Sunderland NHS Foundation Trust	62	8	13.7
Colchester Hospital University NHS Foundation Trust	78	13	16.5
Derby Teaching Hospitals NHS Foundation Trust	43	7	16.6
East Kent Hospitals University NHS Foundation Trust	214	40	18.5
East Lancashire Hospitals NHS Trust	39	6	15.4
East Sussex Healthcare NHS Trust	63	6	9.4
East and North Hertfordshire NHS Trust	86	11	12.5
Frimley Health NHS Foundation Trust	21	5	22.3
Gloucestershire Hospitals NHS Foundation Trust*	81	24	28.1
Guy's and St Thomas' NHS Foundation Trust	232	5	2.3
Heart of England NHS Foundation Trust	124	5	4.1
Hull and East Yorkshire Hospitals NHS Trust	94	12	12.9
Imperial College Healthcare NHS Trust	88	4	4.7
Lancashire Teaching Hospitals NHS Foundation Trust	69	15	20.5
Leeds Teaching Hospitals NHS Trust	92	7	7.6
Manchester University NHS Foundation Trust	69	16	23.5
Medway NHS Foundation Trust	83	19	23.0
Mid Yorkshire Hospitals NHS Trust	57	5	9.1
Norfolk and Norwich University Hospitals NHS Foundation Trust	118	11	9.3
North Bristol NHS Trust	195	17	8.7
Nottingham University Hospitals NHS Trust	69	5	7.4
Oxford University Hospitals NHS Foundation Trust*	95	26	27.4
Plymouth Hospitals NHS Trust	45	2	4.3
Portsmouth Hospitals NHS Trust	70	3	4.1
Royal Berkshire NHS Foundation Trust	64	7	10.5
Royal Devon and Exeter NHS Foundation Trust	190	10	5.4
Royal Liverpool and Broadgreen University Hospitals NHS Trust	92	2	2.3

/Appendix 4 continued

RP Trust	No. men who received RP	No. men who experienced at least one GU complication	Adjusted rate (%)
Royal Surrey County Hospital NHS Foundation Trust	107	22	20.0
Royal United Hospitals Bath NHS Foundation Trust	32	0	0.0
Sheffield Teaching Hospitals NHS Foundation Trust	147	14	9.6
Shrewsbury and Telford Hospital NHS Trust	31	5	15.7
South Tees Hospitals NHS Foundation Trust	62	5	7.9
Southend University Hospital NHS Foundation Trust	15	4	27.5
St George's University Hospitals NHS Foundation Trust	138	19	13.7
Stockport NHS Foundation Trust	79	12	14.7
The Christie NHS Foundation Trust	84	11	13.3
The Newcastle upon Tyne Hospitals NHS Foundation Trust	122	12	9.6
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	92	9	9.3
The Royal Marsden NHS Foundation Trust	121	5	4.2
The Royal Wolverhampton NHS Trust	92	1	1.1
United Lincolnshire Hospitals NHS Trust	22	1	4.8
University College London Hospitals NHS Foundation Trust	226	20	9.2
University Hospital Southampton NHS Foundation Trust	103	14	12.9
University Hospitals Birmingham NHS Foundation Trust	133	10	7.5
University Hospitals Coventry and Warwickshire NHS Trust*	93	22	23.5
University Hospitals of Leicester NHS Trust	66	8	12.5
University Hospitals of North Midlands NHS Trust	27	3	11.0
Wirral University Teaching Hospital NHS Foundation Trust	74	2	2.7
Worcestershire Acute Hospitals NHS Trust	95	15	15.3

*Outlier communications can be found in Appendix 9

Appendix 5: Provider level (radiotherapy centre) data for performance indicator 6.

Performance indicator 6: Proportion of patients experiencing at least one severe gastrointestinal (GI) complication within 2 years of radical external beam radiotherapy.

RT Trust	No. men who received RT	No. men who experienced at least one GI complication	Adjusted rate (%)
Overall	9659	960	9.9
Abertawe Bro Morgannwg University Health Board	59	8	13.6
Barking, Havering and Redbridge University Hospitals NHS Trust	108	19	17.4
Barts Health NHS Trust	92	11	12.6
Betsi Cadwaladr University Health Board	33	6	18.2
Brighton and Sussex University Hospitals NHS Trust	220	17	7.7
Cambridge University Hospitals NHS Foundation Trust	282	32	11.5
Colchester Hospital University NHS Foundation Trust	173	25	14.5
Derby Teaching Hospitals NHS Foundation Trust	139	10	7.4
East and North Hertfordshire NHS Trust	382	32	8.3
Gloucestershire Hospitals NHS Foundation Trust	157	16	10.2
Guy's and St Thomas' NHS Foundation Trust	217	22	10.5
Hampshire Hospitals NHS Foundation Trust	13	3	22.1
Hull and East Yorkshire Hospitals NHS Trust	165	21	12.8
Imperial College Healthcare NHS Trust	133	12	9.2
Ipswich Hospital NHS Trust	146	8	5.3
Lancashire Teaching Hospitals NHS Foundation Trust	352	38	10.4
Leeds Teaching Hospitals NHS Trust	340	34	10.0
Maidstone and Tunbridge Wells NHS Trust	373	41	10.9
Norfolk and Norwich University Hospitals NHS Foundation Trust*	309	70	22.8
North Cumbria University Hospitals NHS Trust	62	0	0.0
North Middlesex University Hospital NHS Trust	125	14	11.1
North West Anglia NHS Foundation Trust	107	10	9.5
Northampton General Hospital NHS Trust	75	3	4.0
Nottingham University Hospitals NHS Trust	181	13	7.4
Oxford University Hospitals NHS Foundation Trust	274	12	4.4
Plymouth Hospitals NHS Trust	37	1	2.6
Poole Hospital NHS Foundation Trust	228	25	11.0
Portsmouth Hospitals NHS Trust	205	22	10.9
Royal Berkshire NHS Foundation Trust	150	6	3.8
Royal Cornwall Hospitals NHS Trust	53	7	13.6
Royal Devon and Exeter NHS Foundation Trust	153	15	9.5
Royal Free London NHS Foundation Trust	24	2	8.2
Royal Surrey County Hospital NHS Foundation Trust	234	27	11.1
Royal United Hospitals Bath NHS Foundation Trust	123	11	8.9
Sheffield Teaching Hospitals NHS Foundation Trust	289	22	7.8

/Appendix 5 continued

RT Trust	No. men who received RT	No. men who experienced at least one GI complication	Adjusted rate (%)
Shrewsbury and Telford Hospital NHS Trust	79	13	16.2
South Tees Hospitals NHS Foundation Trust	214	23	10.9
Southend University Hospital NHS Foundation Trust	112	17	15.3
Taunton and Somerset NHS Foundation Trust	96	3	3.1
The Christie NHS Foundation Trust*	536	83	15.6
The Clatterbridge Cancer Centre NHS Foundation Trust	399	15	3.7
The Newcastle upon Tyne Hospitals NHS Foundation Trust	245	13	5.4
The Royal Marsden NHS Foundation Trust	317	44	13.7
The Royal Wolverhampton NHS Trust	147	15	10.2
Torbay and South Devon NHS Foundation Trust	61	5	8.3
United Lincolnshire Hospitals NHS Trust	155	15	9.9
University College London Hospitals NHS Foundation Trust	31	8	25.1
University Hospital Southampton NHS Foundation Trust	112	17	15.0
University Hospitals Birmingham NHS Foundation Trust	388	24	6.3
University Hospitals Bristol NHS Foundation Trust	93	8	8.6
University Hospitals Coventry and Warwickshire NHS Trust	142	10	7.1
University Hospitals of Leicester NHS Trust	114	10	8.8
University Hospitals of North Midlands NHS Trust	143	13	9.4
Velindre Cancer Centre	153	4	2.5
Worcestershire Acute Hospitals NHS Trust	109	5	4.6

*Outlier communications can be found in Appendix 9

Appendix 6: Provider level (specialist MDT) data for the performance indicators 7, 8, 9 and 10.

Performance indicator 7: Proportion of patients who were given the 'right amount' of information about their condition and treatment.

Performance indicator 8: Proportion of patients who were involved as much as they wanted to be in decisions about their treatment and care.

Performance indicator 9: Proportion of patients who were given the name of a clinical nurse specialist.

Performance indicator 10: Proportion of patients rating their overall care as eight or above (on a scale of 0 – 10, where 0 = 'very poor' and 10 = 'very good')

sMDT_full name	PC diagnoses by sMDT (N)	No. of men who responded	Response rate	No. of men who completed 'diagnosis info' question	No. of men who were given the 'right amount' of information about their condition and treatment		No. of men who completed 'treatment involvement' question	No. of men who were 'involved as much as they wanted to be' in decisions about their treatment and care		No. of men who completed 'CNS' question	No. of men who were 'given the name of a CNS'		No. of men who completed 'overall rating of care' question	No. of men who rated their overall care as 8 or above	
	N	N	%	N	N	%	N	N	%	N	N	%	N	N	%
Overall	35162	25490	73	25248	22822	90	25041	18305	73	24569	20438	83	23809	21210	89
Abertawe Bro Morgannwg University Health Board	725	548	76	541	497	92	540	367	68	528	429	81	525	464	88
Aneurin Bevan University Health Board	331	234	71	230	213	93	228	176	77	225	206	92	215	197	92
Barking, Havering and Redbridge University Hospitals NHS Trust	307	216	70	214	195	91	211	145	69	205	174	85	198	170	86
Barts Health NHS Trust	446	253	57	249	210	84	244	153	63	238	162	68	230	186	81
Betsi Cadwaladr University Health Board	454	333	73	329	282	86	327	220	67	321	231	72	310	262	85
Bradford Teaching Hospitals NHS Foundation Trust	488	359	74	356	317	89	351	240	68	346	264	76	345	304	88
Brighton and Sussex University Hospitals NHS Trust	603	456	76	454	409	90	448	312	70	438	350	80	434	384	88
Cambridge University Hospitals NHS Foundation Trust	1468	1102	75	1087	995	92	1089	831	76	1079	938	87	1024	940	92
Cardiff and Vale University Health Board	572	418	73	411	382	93	408	319	78	402	340	85	389	361	93
City Hospitals Sunderland NHS Foundation Trust	296	200	68	196	174	89	195	122	63	197	183	93	182	155	85
Derby Teaching Hospitals NHS Foundation Trust	524	396	76	393	354	90	386	275	71	378	301	80	370	333	90
East Kent Hospitals University NHS Foundation Trust	633	466	74	463	423	91	460	363	79	450	389	86	437	394	90
East and North Hertfordshire NHS Trust	724	528	73	524	479	91	520	373	72	511	430	84	486	414	85
Gloucestershire Hospitals NHS Foundation Trust	305	240	79	237	206	87	237	161	68	233	187	80	231	199	86
Guy's and St Thomas' NHS Foundation Trust	673	394	59	390	336	86	387	284	73	370	277	75	359	311	87
Heart of England NHS Foundation Trust	750	514	69	506	448	89	502	348	69	498	417	84	466	399	86
Hull and East Yorkshire Hospitals NHS Trust	868	640	74	632	574	91	632	465	74	617	468	76	601	526	88
Imperial College Healthcare NHS Trust	666	384	58	378	339	90	372	238	64	364	299	82	339	285	84
Lancashire Teaching Hospitals NHS Foundation Trust	1087	776	71	771	696	90	762	548	72	747	664	89	728	665	91
Leeds Teaching Hospitals NHS Trust	508	370	73	366	333	91	362	278	77	352	297	84	348	310	89
Manchester University NHS Foundation Trust	666	424	64	417	379	91	418	305	73	408	344	84	396	360	91
Medway NHS Foundation Trust	968	704	73	702	652	93	690	522	76	684	596	87	654	596	91
Mid Yorkshire Hospitals NHS Trust	278	213	77	210	186	89	210	152	72	208	186	89	204	181	89
Norfolk and Norwich University Hospitals NHS Foundation Trust	758	595	78	591	528	89	588	403	69	575	446	78	559	499	89

/Appendix 6 continued

SMDT_full name	PC diagnoses by SMDT (N)	No. of men who responded	Response rate	No. of men who completed 'diagnosis info' question	No. of men who were given the 'right amount' of information about their condition and treatment'		No. of men who completed 'treatment involvement' question	No. of men who were 'involved as much as they wanted to be' in decisions about their treatment and care		No. of men who completed 'CNS' question	No. of men who were 'given the name of a CNS'		No. of men who completed 'overall rating of care' question	No. of men who rated their overall care as 8 or above	
	N	N	%	N	N	%	N	N	%	N	N	%	N	N	%
North Bristol NHS Trust	1327	998	75	980	891	91	978	760	78	957	787	82	926	820	89
Northampton General Hospital NHS Trust	416	319	77	317	269	85	310	193	62	307	254	83	289	231	80
Nottingham University Hospitals NHS Trust	477	351	74	346	300	87	342	224	65	333	267	80	336	301	90
Oxford University Hospitals NHS Foundation Trust	1120	851	76	842	769	91	837	645	77	824	603	73	801	713	89
Plymouth Hospitals NHS Trust	666	495	74	490	443	90	483	351	73	479	417	87	457	398	87
Portsmouth Hospitals NHS Trust	479	364	76	362	322	89	354	240	68	348	273	78	341	286	84
Royal Berkshire NHS Foundation Trust	296	216	73	215	198	92	215	158	73	210	159	76	202	174	86
Royal Devon and Exeter NHS Foundation Trust	1166	901	77	892	823	92	884	680	77	867	757	87	844	767	91
Royal Liverpool and Broadgreen University Hospitals NHS Trust	722	510	71	508	466	92	502	385	77	490	409	83	480	437	91
Royal Surrey County Hospital NHS Foundation Trust	1806	1361	75	1351	1259	93	1347	1054	78	1325	1139	86	1287	1183	92
Salford Royal NHS Foundation Trust	402	273	68	271	251	93	267	192	72	263	228	87	256	235	92
Sheffield Teaching Hospitals NHS Foundation Trust	1034	781	76	776	702	90	769	600	78	753	619	82	734	674	92
South Tees Hospitals NHS Foundation Trust	710	529	75	525	480	91	519	364	70	503	421	84	498	455	91
Southend University Hospital NHS Foundation Trust	955	712	75	709	629	89	704	519	74	691	618	89	668	596	89
Stockport NHS Foundation Trust	430	319	74	317	289	91	314	231	74	313	286	91	294	264	90
The Christie NHS Foundation Trust	84	54	64	54	50	93	54	45	83	54	44	81	52	49	94
The Newcastle upon Tyne Hospitals NHS Foundation Trust	794	608	77	603	544	90	593	450	76	585	519	89	564	519	92
The Princess Alexandra Hospital NHS Trust	271	197	73	194	174	90	194	136	70	180	162	90	180	159	88
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	720	563	78	561	515	92	556	397	71	540	457	85	527	471	89
The Royal Marsden NHS Foundation Trust	1045	684	65	679	626	92	671	512	76	654	532	81	645	586	91
University College London Hospitals NHS Foundation Trust	659	394	60	392	343	88	387	273	71	378	320	85	369	315	85
University Hospital Southampton NHS Foundation Trust	583	433	74	428	369	86	427	317	74	417	338	81	409	361	88
University Hospitals Birmingham NHS Foundation Trust	432	281	65	279	248	89	274	195	71	270	223	83	251	227	90
University Hospitals Coventry and Warwickshire NHS Trust	971	714	74	709	641	90	704	505	72	697	559	80	676	586	87
University Hospitals of Leicester NHS Trust	767	569	74	564	516	91	561	407	73	558	443	79	532	476	89
University Hospitals of North Midlands NHS Trust	1135	832	73	824	736	89	820	574	70	801	704	88	776	692	89
Wirral University Teaching Hospital NHS Foundation Trust	597	418	70	413	362	88	408	298	73	398	322	81	385	340	88

Appendix 7: Provider level (surgical centre) data for performance indicators 11 and 12.

Performance indicator 11: Mean urinary incontinence score after radical prostatectomy

Performance indicator 12: Mean sexual function score after radical prostatectomy

RP Trust	No. men who received RP and were sent a questionnaire	No. of men who responded	Response rate (%)	No. of men who completed sufficient information for an EPIC-26 urinary incontinence score	Mean EPIC-26 urinary incontinence score adjusted for age, comorbidities, cancer risk status and IMD	No. of men who completed sufficient information for an EPIC-26 sexual function score	Mean EPIC-26 sexual functionscore adjusted for age, comorbidities, cancer risk status and IMD
Overall	7424	5690	77	5474	71.0	5575	22.7
Abertawe Bro Morgannwg University Health Board	25	20	80	19	83.2	20	15.5
Aneurin Bevan University Health Board	25	19	76	19	65.5	19	16.0
Barking, Havering and Redbridge University Hospitals NHS Trust	52	38	73	36	73.3	38	22.9
Betsi Cadwaladr University Health Board	65	52	80	49	73.2	49	17.8
Bradford Teaching Hospitals NHS Foundation Trust	160	126	79	119	74.0	123	24.2
Buckinghamshire Healthcare NHS Trust	61	49	80	48	78.2	48	22.1
Cambridge University Hospitals NHS Foundation Trust	204	159	78	154	73.3	157	22.4
Cardiff and Vale University Health Board	231	188	81	180	75.3	186	20.5
City Hospitals Sunderland NHS Foundation Trust	99	78	79	72	67.6	76	21.0
Colchester Hospital University NHS Foundation Trust	107	86	80	85	69.5	82	17.6
Derby Teaching Hospitals NHS Foundation Trust	72	53	74	53	63.6	53	18.3
East Kent Hospitals University NHS Foundation Trust	237	195	82	191	78.3	186	30.0
East Lancashire Hospitals NHS Trust	72	57	79	53	62.1	57	17.4
East Sussex Healthcare NHS Trust	92	76	83	76	77.1	74	27.5
East and North Hertfordshire NHS Trust*	154	117	76	113	63.3	124	20.1
Gloucestershire Hospitals NHS Foundation Trust*	98	85	87	82	65.9	80	15.2
Guy's and St Thomas' NHS Foundation Trust	249	161	65	156	75.5	155	28.7
Heart of England NHS Foundation Trust*	163	129	79	120	64.2	125	15.3
Hull and East Yorkshire Hospitals NHS Trust	180	139	77	132	75.0	135	32.5
Imperial College Healthcare NHS Trust	119	81	68	75	71.7	79	24.7
Lancashire Teaching Hospitals NHS Foundation Trust*	92	61	66	58	59.9	60	19.5
Leeds Teaching Hospitals NHS Trust	134	102	76	98	63.4	104	23.4
Manchester University NHS Foundation Trust	83	56	67	52	71.9	54	20.1
Medway NHS Foundation Trust	154	109	71	104	70.7	104	25.6
Mid Yorkshire Hospitals NHS Trust	68	50	74	48	70.8	49	15.5
Norfolk and Norwich University Hospitals NHS Foundation Trust	168	138	82	136	73.6	138	20.4
North Bristol NHS Trust	323	264	82	255	74.6	256	26.8
Nottingham University Hospitals NHS Trust	92	68	74	66	71.0	66	28.4
Oxford University Hospitals NHS Foundation Trust	120	92	77	88	66.5	89	25.2
Plymouth Hospitals NHS Trust	87	69	79	69	80.0	68	25.4
Portsmouth Hospitals NHS Trust	113	98	87	90	79.4	97	25.5
Royal Berkshire NHS Foundation Trust	118	92	78	86	66.4	90	18.7

/Appendix 7 continued

RP Trust	No. men who received RP and were sent a questionnaire	No. of men who responded	Response rate (%)	No. of men who completed sufficient information for an EPIC-26 urinary incontinence score	Mean EPIC-26 urinary incontinence score adjusted for age, comorbidities, cancer risk status and IMD	No. of men who completed sufficient information for an EPIC-26 sexual function score	Mean EPIC-26 sexual functionscore adjusted for age, comorbidities, cancer risk status and IMD
Royal Devon and Exeter NHS Foundation Trust	235	189	80	186	74.4	186	25.2
Royal Liverpool and Broadgreen University Hospitals NHS Trust	167	132	79	130	78.8	130	33.7
Royal Surrey County Hospital NHS Foundation Trust	214	174	81	171	70.8	172	24.5
Royal United Hospitals Bath NHS Foundation Trust	56	42	75	41	83.8	40	27.9
Sheffield Teaching Hospitals NHS Foundation Trust*	239	189	79	179	64.0	196	18.6
Shrewsbury and Telford Hospital NHS Trust	47	40	85	39	68.6	38	13.6
South Tees Hospitals NHS Foundation Trust	107	85	79	85	70.1	85	23.7
Southend University Hospital NHS Foundation Trust	22	15	68	15	59.1	15	16.8
St George's University Hospitals NHS Foundation Trust	164	103	63	96	68.1	100	32.3
Stockport NHS Foundation Trust*	101	82	81	82	60.9	79	33.1
The Christie NHS Foundation Trust	124	87	70	86	72.6	84	17.5
The Newcastle upon Tyne Hospitals NHS Foundation Trust	169	140	83	135	70.1	135	22.2
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	140	118	84	114	71.7	114	32.8
The Royal Marsden NHS Foundation Trust	158	113	72	108	75.6	112	28.2
The Royal Wolverhampton NHS Trust	161	122	76	117	75.6	121	28.4
United Lincolnshire Hospitals NHS Trust	22	19	86	19	69.5	19	17.6
University College London Hospitals NHS Foundation Trust	361	227	63	216	69.5	219	27.8
University Hospital Southampton NHS Foundation Trust	162	125	77	120	74.5	124	26.9
University Hospitals Birmingham NHS Foundation Trust	155	106	68	100	69.3	103	23.6
University Hospitals Coventry and Warwickshire NHS Trust	149	110	74	107	68.9	107	19.6
University Hospitals of Leicester NHS Trust	125	109	87	101	70.3	107	19.9
University Hospitals of North Midlands NHS Trust	52	45	87	43	67.0	45	12.7
Wirral University Teaching Hospital NHS Foundation Trust	113	88	78	84	70.0	85	26.8
Worcestershire Acute Hospitals NHS Trust*	164	123	75	118	72.7	118	15.5

*Outlier communications can be found in Appendix 9

Appendix 8: Provider level (radiotherapy centre) data for performance indicator 13 and 14.

Performance indicator 13: Mean bowel function score after radical external beam radiotherapy

Performance indicator 14: Mean sexual function score after radical external beam radiotherapy

RT Trust	No. men who received EBRT and were sent a questionnaire	No. of men who responded	Response rate (%)	No. of men who completed sufficient information for an EPIC-26 bowel function score	Mean EPIC-26 bowel function score adjusted for age, comorbidities, cancer risk status and IMD	No. of men who completed sufficient information for an EPIC-26 sexual function score	Mean EPIC-26 sexual functionscore adjusted for age, comorbidities, cancer risk status and IMD
Overall	14598	11123	76	9612	85.3	10111	17.2
Abertawe Bro Morgannwg University Health Board	276	213	77	179	85.5	198	14.7
Barking, Havering and Redbridge University Hospitals NHS Trust	174	122	70	103	85.8	105	18.8
Barts Health NHS Trust	148	98	66	76	87.2	85	22.1
Betsi Cadwaladr University Health Board	186	142	76	119	82.4	128	11.7
Brighton and Sussex University Hospitals NHS Trust	374	291	78	245	85.7	270	18.5
Cambridge University Hospitals NHS Foundation Trust	315	243	77	224	83.6	226	18.1
Colchester Hospital University NHS Foundation Trust	225	173	77	149	84.7	158	20.3
Derby Teaching Hospitals NHS Foundation Trust	220	185	84	166	86.7	168	15.3
East and North Hertfordshire NHS Trust	558	406	73	332	86.1	370	16.9
Gloucestershire Hospitals NHS Foundation Trust	105	89	85	84	82.7	86	15.6
Guy's and St Thomas' NHS Foundation Trust	171	108	63	81	86.9	98	20.7
Hampshire Hospitals NHS Foundation Trust	44	37	84	30	87.9	33	21.7
Hull and East Yorkshire Hospitals NHS Trust*	331	258	78	214	86.1	225	12.7
Imperial College Healthcare NHS Trust	150	85	57	68	86.7	80	22.0
Ipswich Hospital NHS Trust	220	171	78	149	87.0	159	24.0
Lancashire Teaching Hospitals NHS Foundation Trust	627	477	76	401	86.9	430	15.4
Leeds Teaching Hospitals NHS Trust	462	367	79	325	86.9	336	20.6
Maidstone and Tunbridge Wells NHS Trust	575	448	78	400	84.6	401	21.2
Norfolk and Norwich University Hospitals NHS Foundation Trust*	475	394	83	335	82.2	365	15.2
North Cumbria University Hospitals NHS Trust	74	57	77	45	84.2	48	12.2
North Middlesex University Hospital NHS Trust	121	87	72	68	84.7	76	15.2
North West Anglia NHS Foundation Trust	162	133	82	125	89.4	123	20.4
Northampton General Hospital NHS Trust	147	121	82	107	84.2	113	13.7
Nottingham University Hospitals NHS Trust	303	243	80	212	87.8	226	15.4
Oxford University Hospitals NHS Foundation Trust	488	389	80	351	85.7	358	17.1
Plymouth Hospitals NHS Trust	92	72	78	61	88.7	63	16.4
Poole Hospital NHS Foundation Trust	295	246	83	219	85.4	226	18.6
Portsmouth Hospitals NHS Trust	243	188	77	161	85.7	169	14.4
Royal Berkshire NHS Foundation Trust	225	163	72	144	88.5	145	18.9
Royal Cornwall Hospitals NHS Trust	83	59	71	54	87.0	51	16.2

/Appendix 8 continued

RT Trust	No. men who received EBRT and were sent a questionnaire	No. of men who responded	Response rate (%)	No. of men who completed sufficient information for an EPIC-26 bowel function score	Mean EPIC-26 bowel function score adjusted for age, comorbidities, cancer risk status and IMD	No. of men who completed sufficient information for an EPIC-26 sexual function score	Mean EPIC-26 sexual functionscore adjusted for age, comorbidities, cancer risk status and IMD
Royal Devon and Exeter NHS Foundation Trust	202	168	83	155	85.7	148	17.7
Royal Free London NHS Foundation Trust	59	38	64	30	81.7	34	14.2
Royal Surrey County Hospital NHS Foundation Trust	433	335	77	309	83.1	307	18.7
Royal United Hospitals Bath NHS Foundation Trust	169	140	83	128	84.8	125	12.4
Sheffield Teaching Hospitals NHS Foundation Trust	472	371	79	324	82.7	344	14.6
Shrewsbury and Telford Hospital NHS Trust	137	104	76	92	80.6	85	15.2
South Tees Hospitals NHS Foundation Trust	319	248	78	217	85.6	212	15.8
Southend University Hospital NHS Foundation Trust	140	111	79	86	82.4	99	14.0
Taunton and Somerset NHS Foundation Trust	134	112	84	96	86.2	101	16.5
The Christie NHS Foundation Trust	571	396	69	342	83.3	363	17.8
The Clatterbridge Cancer Centre NHS Foundation Trust	609	433	71	368	90.3	402	23.2
The Newcastle upon Tyne Hospitals NHS Foundation Trust	411	319	78	281	87.4	292	16.2
The Royal Marsden NHS Foundation Trust	367	264	72	227	86.4	233	23.6
The Royal Wolverhampton NHS Trust	271	199	73	161	85.8	186	16.1
Torbay and South Devon NHS Foundation Trust	89	72	81	67	78.8	70	23.9
United Lincolnshire Hospitals NHS Trust	175	139	79	114	82.0	129	15.9
University College London Hospitals NHS Foundation Trust	50	37	74	28	87.0	36	18.8
University Hospital Southampton NHS Foundation Trust	178	137	77	121	80.6	123	16.4
University Hospitals Birmingham NHS Foundation Trust	582	396	68	342	86.0	352	15.5
University Hospitals Bristol NHS Foundation Trust	192	143	74	122	86.6	132	15.6
University Hospitals Coventry and Warwickshire NHS Trust	138	108	78	96	87.0	103	16.7
University Hospitals of Leicester NHS Trust	196	144	73	126	83.4	131	14.8
University Hospitals of North Midlands NHS Trust	240	187	78	169	86.7	170	17.0
Velindre Cancer Centre	431	322	75	268	86.0	293	18.3
Worcestershire Acute Hospitals NHS Trust	164	135	82	116	86.7	122	14.1

*Outlier communications can be found in Appendix 9

Introduction to the NPCA Outlier Process 2018

In this 2018 report the NPCA “potential outlier” process reporting treatment-specific complications using both hospital routine data and patient-reported outcome measures has been introduced for the first time in England and Wales. The information used herein has been derived from data sources which are completely independent of the medical teams involved in diagnosis and treatment and by this means, we believe that the information shown is as free as it can be from any potential clinical prejudice or bias.

The report details key indicators which are validated measures of outcome both for radical prostate surgery and radiotherapy. “Potential outliers” are highlighted if their cumulative results differ significantly from those of most of the teams carrying out treatment of a similar type. This information is then fed back to the clinicians in units highlighted, affording the opportunity for those individual groups to look at their data as reported, establish its veracity and respond in writing, setting out potential causes for their negative outlier status and where necessary, putting in place mechanisms to correct problems where they exist.

It is important to recognise that this is not a “name and shame” exercise. Rather, it encourages treating clinicians to look carefully at their practice when their data suggests that their results lie outside the norm. The responses shown confirm that this endeavour has been successful, as evidenced by the careful scrutiny of practice initiated by most groups following notification. In the majority, there was a rational explanation for “potential outlier” status and where there was an identifiable problem, modifications to process and/or treatment have been made. We believe that this method is both fair and open, addressing problems where they exist and explaining unusual results when they do not. The NPCA team are grateful to the clinicians identified for their willingness to comply so readily and promptly and for making this process a success.

Professor Noel Clarke

NPCA Urological Clinical Lead representing the British Association of Urological Surgeons

Professor Heather Payne

NPCA Oncological Clinical Lead representing the British Uro-oncology Group

Surgical centres

Performance indicator 5: Proportion of patients experiencing at least one severe genitourinary (GU) complication within 2 years of radical prostatectomy.

Gloucestershire Hospitals NHS Foundation Trust
Oxford University Hospitals NHS Foundation Trust
University Hospitals Coventry and Warwickshire NHS Trust

Performance indicator 11: Mean urinary incontinence score after radical prostatectomy.

East and North Hertfordshire NHS Trust
Lancashire Teaching Hospitals NHS Foundation
Sheffield Teaching Hospitals NHS Foundation Trust
Stockport NHS Foundation Trust

Performance indicator 12: Mean sexual function score after radical prostatectomy.

Gloucestershire Hospitals NHS Foundation Trust
Heart of England NHS Foundation Trust
Worcestershire Acute Hospitals NHS Trust

Radiotherapy centres

Performance indicator 6: Proportion of patients experiencing at least one severe gastrointestinal (GI) complication within 2 years of radical external beam radiotherapy.

Norfolk and Norwich University Hospitals NHS Foundation Trust
The Christie NHS Foundation Trust

Performance indicator 13: Mean bowel function score after radical external beam radiotherapy.

Norfolk and Norwich University Hospitals NHS Foundation Trust

Performance indicator 14: Mean sexual function score after radical external beam radiotherapy.

Hull and East Yorkshire Hospitals NHS Trust

Response from Gloucestershire Hospitals NHS Foundation Trust

Performance indicator 5: Proportion of patients experiencing at least one severe genitourinary (GU) complication within 2 years of radical prostatectomy.

Performance indicator 12: Mean sexual function score after radical prostatectomy

25.01.19

1. 'the mean sexual function EPIC-26 domain score'

We acknowledge that our patient cohort, from the time period audited, have not recovered the level of sexual function we would like to see.

Our main deficiency has been in pre and post-operative penile rehabilitation. This has been the result of the lack of availability of erectile dysfunction clinics and thus lack of capacity to see the patients pre-operatively and then offer the level of support they need post-operatively to enhance the recovery of sexual function.

Since the audit results we have addressed this short fall, we are in the process of setting up additional clinics and have appointed a new consultant urologist who is leading the re-configuration of the service.

We are looking at pre-operative assessment of sexual function in patients undergoing RALP and initiating treatment pre-operatively where appropriate. Post-operative rehabilitation is also being reviewed.

We are confident we will see an improvement in sexual function moving forward and will be auditing pre and post-operative sexual function closely.

2. 'the percentage of men who experienced at least one genitourinary complication within 2 years'

During the time period audited we experienced an increased rate of development of urethral stricture post-operatively. This increase resulted in the complication rate highlighted.

The strictures occurred across all 4 surgeons performing the operation. We reviewed the entire process of surgery to try and identify any causative factors. Discussion with other departments highlighted similar problems in the units.

Following our review we have changed the skin prep used at surgery, we have also shortened the time a catheter may be put on gentle traction during surgery.

Since the changes the stricture rate has diminished to acceptable levels and thus our post-operative complication rate has fallen.

Response from Oxford University Hospitals NHS Foundation Trust

Performance indicator 5: Proportion of patients experiencing at least one severe genitourinary (GU) complication within 2 years of radical prostatectomy.

25.01.19

Thank you for bringing these 26 men from 2015 to our attention. We have inspected the outcome data on these men and found that, for 22 of these men, the GU complication in question was a urethral stricture. All of these urethral strictures were bulbar rather than anastomotic indicating issues related to positioning or the catheter or both rather than technical skill at the anastomosis. Since this time we have, as a unit, changed our catheters and modified the amount of traction used during the apical stages of the procedure and had a marked reduction in our stricture rate.

Please note that, from our audit of data from 2016, the stricture rate had fallen to 2%, and at most recent audit of 2017 data last month, we noted that this low stricture rate has fallen further to 1.6%.

We hope that this is a satisfactory explanation for the unexpectedly high GU complication rate in 2015 and our successful efforts to address the issue.

Response from University Hospitals Coventry and Warwickshire NHS Trust

Performance indicator 5: Proportion of patients experiencing at least one severe genitourinary (GU) complication within 2 years of radical prostatectomy.

02.11.18

The higher than expected incidence of severe urinary complications after radical prostatectomy was identified by our internal quality assurance program in 2015. As soon as this was identified we modified our surgical technique. Performing the same analysis on the 2016 cohort of patients showed 4.6% patients affected. When comparing this to the data in Sujenthiran et al 2017 our current data would make us one of the best performing institutions in the UK.

Response from East and North Hertfordshire NHS Trust

Performance indicator 11: Mean urinary incontinence score after radical prostatectomy

07.11.18

Firstly, I would like to thank the NPCA team for all the help over the last four weeks both by phone and email. We have been impressed with the level of commitment to help us make sense of the NPCA data.

We have analysed both the NPCA data, specifically the 120 EPIC-26 forms submitted to your dataset and compared them to the total 355 robotic prostatectomies that have been done at the Lister in the same surgical time frame.

We have three comments which we would be grateful if you could consider with regards to our unit being a potential outlier

1: Adjustments

The adjustment for SE group disadvantages us at the Lister a little as does the 27% locally advanced disease.

We feel our more favourable SE group doesn't impact on continence results in our dataset and we also feel that we have much more T3 disease in our 355 cases than our trust uploaded NPCA data.

We are actually much closer to the 41% mean and may have been adjusted to a degree that pushes us in the wrong direction as a result of this

2: Secondly, we have carefully analysed our 355 patients and compared them to the 120 entered in the NPCA.

The pad free and security pad rates in our 355 patients do appear to be better than those 120 patients that were looked at in the NPCA and this data is potentially not a true representation of our unit.

3: Thirdly, and most importantly we have been a Royal College of Surgeons of England Accredited Robotic Training Centre for 7 years and produced 6 consultants all performing robotics now. We are well known for this hands-on robotic training scheme which is important in producing tomorrows surgeons. The data from the NPCA and our own data set highlights an opportunity to adjust this modular training program to improve results for the future.

Response from Lancashire Teaching Hospitals NHS Foundation

Performance indicator 11: Mean urinary incontinence score after radical prostatectomy

08.11.18

We have now reviewed the case records of patients undergoing radical prostatectomy diagnosed between 1 April 2015 and 30 September 2016. We have identified 116 patients . 3 surgeons performed laparoscopic radical prostatectomies during this time period.

58 out of these 116 patients responded to the NCPA patient survey.

We have carefully reviewed the case records of these 58 patients.

46 out of these 58 patients have reported full continence or use a small pad for protection (occasional leak).

Therefore our records are at variance with the NCPA patient survey findings. We believe our records unambiguously confirm that our outcomes are satisfactory.

We have transitioned to robotic surgery and since May 2017 all prostatectomies are being performed robotically with a robust mentorship programme that includes operative videos review.

We are prospectively auditing our outcomes. We will constantly strive to achieve outcomes comparable to centres of excellence.

Response from Sheffield Teaching Hospitals NHS Foundation Trust

Performance indicator 11: Mean urinary incontinence score after radical prostatectomy

27.11.18

We thank the NPCA team for undertaking this work and appreciate the value of this audit. We note that a separate, larger and more detailed audit (Life and Prostate Cancer) examining men over a longer time period (18-42 months after diagnosis) found better data for STH. For example, overall health was scored 76.5/100 for Sheffield and 76.9 for England, and 94.4% of men in Sheffield 'agreed'/'strongly agreed' that their treatment had been the right decision for themselves (92.8% in England for comparison). With regards to incontinence, 70.3% of Sheffield patients leaked urine either 'never' or 'once per week' (versus 71.3% for England). These data are encouraging as completion rates were high in this audit (419/648 men invited replied (64.7%)). In addition, many of our patients are recruited into multicentre clinical trials (for example, we were high volume recruiters for ProtecT, PART, TOOKAD and VANCEo1 randomised trials) that include Radical Prostatectomy and longitudinal surveys of recovery after treatment [e.g. *Patient-Reported Outcomes after Monitoring, Surgery, or Radiotherapy for Prostate Cancer. N Engl J Med. 2016 375: 1425-37*]. Sheffield men were not outliers in these studies.

Regardless, we are disappointed by the NPCA findings and hope that these do not reflect current or overall outcomes in Sheffield. Firstly, our robotic surgery programme was in development during recruitment for this study (NPCA men were diagnosed from April 2015-September 2016 and STH robotic surgery started late 2013). As such, outcomes were maturing during this audit period. Secondly, these findings are from half our population (52%: 179 of 346 men undergoing surgery) and may reflect those most unhappy with recovery. Finally, our region has poor survival from prostate cancer (reflecting many factors including low rates of PSA testing, late presentation and higher than average social deprivation). This affects our radical treatment patterns. For example, our rates of surgery in men aged 70-80 were higher than national average (21% vs. 13% in NPCA: of note, older men have more incontinence than younger men [e.g. *J Urol 1997; 158(5): 1733-7*]) and we treat many locally advanced cancers (Radical treatment rate for T₃ disease in NPCA 2017 audit was 72%; these men may have no or only partial nerve sparing (degree of nerve sparing strongly associated with continence).

Going forward we will endeavour to measure outcomes using prospective in house monitoring of performance (using the same Tool as used in this audit) to understand if (and why) these findings are still present. We will also encourage all our patients to return NPCA questionnaires, so that findings represent our entire population.

Response from Stockport NHS Foundation Trust

Performance indicator 11: Mean urinary incontinence score after radical prostatectomy

28.11.18

We welcome the feedback we have received from the NPCA in terms of our continence rates at 18 months after surgery. We have looked at these results and compared them to the data we have on our system. We do as a trust recognise the need to constantly improve our patient outcomes.

This data represents the start of our robotic programme and although we had a recognised mentoring system in place there was clearly a variation in the patient experience in terms of this particular outcome measure. Part of our IOG compliant network at this time contained an in-reach element which we felt made it more difficult to run a unified service and to keep a close eye on outcomes. This has been changed to an outreach service in the past 18 months which we feel will improve audit / feedback and therefore our outcomes.

We would like to thank you for providing the first epic data which will be an invaluable baseline for our planned prospective audit using this tool which we will be planning to share annually both as part of the NPCA but also on our hospital website to help with patient counselling.

Response from Heart of England NHS Foundation Trust

Performance indicator 12: Mean sexual function score after radical prostatectomy

14.12.2018

Re: Potential 'outlier' status for sexual function domain of EPIC-26 patient-related outcome measure

Many thanks for your letter alerting us to our potential status as an 'outlier' for sexual function EPIC-26 domain score as assessed >18 months following prostate cancer diagnosis of patients at (formerly) Heart of England NHS Foundation Trust for the period April 2015 - September 2016. We were undoubtedly disappointed to learn of this result given the dedication and hard work of our clinical team.

We are sorry to learn that you have sent several communications in writing on 4th October, 19th October, and 27th November 2018 but did not receive any response. I would like to notify you that [the previous Clinical Lead] has retired from the Trust on 30th September 2018 and this may explain the lack of response. This has been brought to my attention as Clinical Service Lead for the first time on 3rd December 2018 as a result of notification sent to the Trust Chief Executive Officer.

We have reviewed the aggregate information included in the notification letter. As per your advice, we have also requested the patient-level data from NCRAS for those Trust patients who contributed to the NPCA survey for the period in question (n = 125 patients). Once we had received the data on 5th December 2018, we embarked on reviewing the clinical records for some of these patients (80 patients) to investigate possible reasons, limitations, or inaccuracies that could explain the findings in question. Given the limited timeframe available and to ensure that we meet the response deadline of 14th December 2018, we were unable to review all the records. We have summarised our conclusions in the following points.

Review of aggregate data

We understand the sexual function scores were adjusted for age, comorbidities, cancer risk status, and socioeconomic deprivation. The aggregate data indicate that, whilst most patient characteristics included are similar to the national data, we have treated a higher proportion of patients of age 70-80 years (27% vs 13%) and from a lower socioeconomic status (class 5 was 26% vs national of 11%).

Our EPIC-26 score for sexual function domain was 15.3 vs a national average of 22.7. The literature classifies EPIC-26 sexual function scores of <40 as poor function (Vertosick et al, J Urol 2017). Therefore, whilst statistically we would be categorised as an 'outlier', it is unclear whether the numerical values mentioned are of any meaningful clinical significance.

The Charlson score indicates similar comorbidity profile to the national data, however, to our knowledge, the Charlson Comorbidity index has not been validated or correlated with sexual function scores. The Massachusetts Male Aging study indicated that erectile function is worse in patients at age 70 years. Since we are treating an older cohort of patients, it is likely that some of the results could be explained by this difference.

Review of patient-level data

On reviewing patient records, we found that data pertaining to measurement of pre- and postoperative sexual function (eg the use of standardised patient-completed questionnaires) is limited and of poor quality in general. As a result, we were unable to assess whether the treatment these patients had received for prostate cancer (i.e. radical prostatectomy) may have contributed to the low scores of the EPIC-26 sexual function domain.

All our patients underwent open radical prostatectomy. This is in contrast to the national context which indicates that robotic surgery was used for almost 75% of patients according to NPCA 2017 report. Whilst the literature is controversial with regards to impact of robotic surgery on functional outcomes, there is supporting evidence that clearly indicates that sexual function is better if robotic technology is used.

Our 'nerve-sparing' prostatectomy rates are generally low (approximately 25%) compared to the national average (overall 53% according to NPCA 2017 report). This may also explain the difference in sexual function scores compared to the national average.

One patient had radical prostatectomy over 18 months following diagnosis as he was initially on 'active surveillance' for prostate cancer. It is unclear from the aggregate data and the methodology of the PROM survey whether the latter may have taken place before or after this patient received treatment.

Four patients had adjuvant treatment within 12 months of radical prostatectomy including radiotherapy +/- ADT. The latter may have impacted on their sexual function scores.

One patient developed Peyronie's disease following radical prostatectomy and eventually underwent insertion of penile prosthesis. This may have impacted on their sexual function scores.

Action plan

Despite our disappointment with the results and the limitations above, we have found this exercise very helpful to benchmark our results against the national outcomes. As a result, we had extensive internal discussions about how we could improve these in the future. We have identified the following objectives for our unit:

- Improve documentation of pre- and postoperative functional measures using standardised validated patient-completed questionnaires (eg SHIM, ICIQ, or EPIC-26). This would allow us to assess the impact of treatment of prostate cancer on our patient population.
- Improve our 'nerve sparing' surgical rates by adopting robotic surgery and 'joint consultant' operating.
- Continue to contribute to national audits such as NPCA and BAUS and regularly monitor our clinical outcomes. We are already undertaking these in our unit.

Response from Worcestershire Acute Hospitals NHS Trust

Performance indicator 12: Mean sexual function score after radical prostatectomy

05.12.18

Following various communications with the NPCA project team to fully understand the methodology used by the NPCA particularly in relation of using the “EPIC” instrument for PROMS for the 1st time and the fact that the statistical analysis of one of the domains (mean sexual function domain 18 months following surgery) has shown that Worcestershire results show a statistically significant difference (albeit clinically non meaningful difference) from the national mean.

I consulted with my colleagues, and studied the cohort of patients and we came up with the following conclusions and action points.

There is no base line assessment of the patients prior to the intervention, which makes it impossible to know how much this had an impact on their perception of erectile function 18 months following surgery.

There is a huge difference between Worcestershire patients and the national aggregate, with 32% of our patients aged between 70 and 80 compared to only 13% nationally. This also means that they are likely to have more comorbidities and a lower base line score.

Despite the attempts of NPCA to correct for the comorbidities (using the Charlson score as calculated from the HES data base) this is highly likely to under-estimate the comorbidities (as evidenced in our cohort of patients) and consequently disproportionately dis-advantage services like ours dealing with an older more co-morbid population.

We operate on a large number of locally advanced disease, with aggressive extended lymphadenectomy techniques (as evidenced by the lymph node yield), sometimes with elective sacrifice of the neurovascular bundles, for oncological expedience and these facts have not been accounted for during the analysis.

Our request to have access to the patient level responses to be able to conduct these analyses ourselves to inform our service development was turned down on information governance basis?

We will be looking forwards to continue co-operating with the NPCA to improve data capture in the future and to ensure that “clinically meaningful variations” can be identified and acted upon to continually improve services.

Response from Norfolk and Norwich University Hospitals NHS Foundation Trust

Performance indicator 6: Proportion of patients experiencing at least one severe gastrointestinal (GI) complication within 2 years of radical external beam radiotherapy.

Performance indicator 13: Mean bowel function score after radical external beam radiotherapy.

04.12.18

Thank you very much for informing us that NNUH is a potential outlier for rectal toxicity for prostate cancer. We have looked at all of the patient level data and the radiotherapy plans that patients received in the period 2015-2016. We agree that we treated 309 patients and have checked all of the diagnosis codes from subsequent colonoscopy for radiation toxicity. We were unable to check the data for patients who subsequently underwent colonoscopy at the James Paget Hospital (JPH) or the Queen Elizabeth Hospital (QEH) following radiotherapy treatment at NNUH. We agreed that the NNUH patients who were given a diagnosis of radiation proctitis did indeed have this complication and that these patients were either referred for GI investigation either via the 2 week wait pathway or due to rectal symptoms via their attending oncologist. Only a very small minority of patients had presented incidentally via the screening programme. We have no reason to think the colonoscopy diagnosis codes for QEH or JPH will be any different. We have come to the conclusion that our rate of 23 % for radiation proctitis is real, and that we are an outlier for this complication. This conclusion is based on the assumption that endoscopy units nationwide apply WHO ICD-10 coding to all of their procedures such that there are no "unreported" instances of radiation proctitis.

We have looked very carefully at all of the patients that we have treated in this period to try and find reasons for our radiation proctitis rate.

Most of the patients we treated in that period either had high or very high risk prostate cancer. Standard treatment at NNUH at that time involved rapid arc radiotherapy. Those patients that received radiotherapy to the prostate and seminal vesicle received 66Gy/37 fractions to the prostate and seminal vesicles and 74Gy/37 fractions to the prostate alone. The treatment was given concomitantly. Our standard PTV margins at that time were 1cm on the prostate and seminal vesicles and 1cm/0.5cm on the prostate alone. CHHIP dose constraints were used to assess urinary, rectal and bowel DVHs.

Our very high risk patients received nodal irradiation in addition with 55 Gy 37 fractions to the pelvic nodes, 66 Gy to prostate and seminal vesicles and 74gy to the prostate alone. The treatment was delivered concomitantly. Volumes were based on the original Pivotal trial. Our CTV to PTV nodal expansion was 0.5cm. Prostate and seminal vesicle expansions were as above. We used the Pivotal dose constraints to assess bowel, bladder and rectal DVH's. Many of our patients had rectal preparation prior to treatment. At this time all patients had daily cone beams to assess prostate position with bony matching and movement if the CTV was not covered adequately. Only 10 patients failed the rectal DVH constraints and then only at one level.

We have not found any significant difference in radiation proctitis rate between those that received pelvic radiotherapy (14 of 77 patients, 18%) radiation proctitis rate) to those treated with radiotherapy to the prostate alone (55 of 231 patients 23%).

We have compared our practice to other hospitals in our region and do not believe that the margins we used at that time were out of keeping with these centres. We note that there is great heterogeneity between prostate cancer treatment protocols in different centres.

We have changed our margins following analysis of our set up errors and our standard margins are now 0.6/0.5cm on the prostate and 1cm on the seminal vesicles. We now match the treatment field directly to the prostate and seminal vesicles.

In summary although we accept that we do have an increased rate of radiation proctitis we have not yet clearly established the cause of this. We note 71 % of our patients had locally advanced disease. It appears that the CHHIP trial dose constraints were falsely reassuring for this group of patients.

Going forward we have already reduced our margins for the PTV's and our matching process has changed. We have moved to 60 Gy in 20 fractions for the majority of our patients and are reviewing our dose levels with a view to reducing the prostate and seminal vesicle dose. We have established an HDR brachytherapy service for our high risk/locally advanced patients with the first patient treated on the 29th November 2018. We will also prospectively audit our prostate radiotherapy patients going forward.

Response from The Christie NHS Foundation Trust

Performance indicator 6: Proportion of patients experiencing at least one severe gastrointestinal (GI) complication within 2 years of radical external beam radiotherapy.

10.12.18

We thank you for your letter of 30 November informing us that that the Christie is a potential outlier in data recorded within the NCPA in respect of gastrointestinal toxicity in patients who had received radical radiotherapy for prostate cancer.

We are grateful for this notification and have taken this signal seriously. As you are aware we have a strong interest in toxicity associated with radiation therapy and have published extensively on the assessment of this and indeed have presented and published toxicity following modifications in our radiation techniques and fractionation which have led to the current protocol within which this patient group were treated(Appendix 1). Our own analysis of this patient recorded data has not flagged any concern that our toxicity was out with the range recorded within National and International trials. For completeness we have requested that the toxicity data of patients treated within the CHHiP trial at our centre be compared with patient groups receiving radiotherapy in other centres. This request has been made to Professor David Deamaley and Emma Hall . We have been assured that this will be made available to us by 18 December 2018 and will be shared with the NCPA.

We have had an opportunity to review the patient group that has been identified by the OPCS 4 and ICD-10 codes.

We can verify that the OPCS codes correctly indicate that this patient group did have per rectal endoscopic procedures. This has led to the correct labelling K627; Radiation proctitis in the majority of patients although review of our individual notes indicates that a significant minority were identified with non-radiotherapy related problems.

All patients had documented follow up; the vast majority within Oncology clinics. The main reason for referral for endoscopy was rectal bleeding, and it appears that we have a low threshold for referring patients for investigations.

We have conducted an initial analysis of this data; the time frame has not allowed greater investigation and in particular we have not had the opportunity to review the patients to allow patient reported data to be analysed. We intend to analyse this patient set more thoroughly and believe this will be helpful to us but also to interrogate the validity of the metrics that you have recorded.

From this analysis we have found that the patients fall into the following categories

Patients correctly identified with self-limiting radiation proctitis	50%
Patients diagnosed with non-radiation related pathology	14%
Patients correctly identified with ongoing radiation proctitis (GI/G2)	36%

As indicated we will in time be able to provide a more robust analysis of this data and in addition provide patient recorded data.

We will also have information from the CHHiP trial which will shed further light on our toxicity outcomes.

We thank you for sharing this with us and providing the opportunity to comment on this. We believe that the tools used in identifying patients within this audit have been proven to be robust.

We do however have concerns that the use of endoscopy as a measure of toxicity in a group of patients where NICE guidelines encourage the use of this investigation is a poor measure of toxicity which is relevant to the patient . Although this does clearly identify patients with significant toxicity the overall figure recorded is more indicative of the threshold of referral of patients to exclude other malignancy as a cause of rectal bleeding.

We understand that you are looking to introduce patient reported data and are supportive of this to finesse the important data currently captured in NCPA

Patient-reported outcomes and health-related quality of life in prostate cancer treated with a single fraction of high dose rate brachytherapy combined with hypofractionated external beam radiotherapy. Choudhury A; Arthur C; Malik J; Mandall P; Taylor C et at. Clinical oncology (Royal College of Radiologists (Great Britain)); Oct 2014; vol. 26 (no. 10); p. 661-667

Dose-escalated hypofractionated intensity-modulated radiotherapy in high-risk carcinoma of the prostate: outcome and late toxicity. Thomson D; Merrick S; Swindell R; Coote I; Kelly. K; Stratford J; Wylie J; Cowan R; Elliott T; Logue J; Choudhury A; Livsey J .Prostate cancer; 2012; vol. 2012 ; p. 450246

Efficacy of data capture for patient-reported toxicity following radiotherapy for prostate or cervical cancer. Farnell DJ; Routledge J; Hannon R; Logue JP; Cowan RA et al. Famell DJ; Routledge J; Hannon R; Logue JP; Cowan RA; Wylie JP; Barraclough LH; Livsey JE; Swindell R; Davidson SE. European journal of cancer (Oxford, England : 1990); Feb 2010; vol. 46 (no. 3); p. 534-540

Response from Hull and East Yorkshire Hospitals NHS Trust

Performance indicator 6: Proportion of patients experiencing at least one severe gastrointestinal (GI) complication within 2 years of radical external beam radiotherapy.

15.01.2019

Many thanks for informing that the sexual function domain score of the patients treated in Hull with external beam radiotherapy, based on the EPIC -26 questionnaire, lies outside the expected limit around the national mean score.

As per the NPCA EPIC-26, the mean sexual score of 225 patients who received external beam radiotherapy for the prostate cancer between 1st April 2015 – 30th September 2016 in our trust was 12.7.

Whereas, the mean national score of this domain was 17.2 (with a funnel limit 13.1).

I have discussed with our clinical cancer lead and cancer lead manager.

There is currently ED clinic run by a specialist urology nurse. Probably, patients having radiotherapy are not well informed thus not utilizing this service optimally.

I have decided following action plan:

1) Improving awareness of availability of existing service:

We are having a local meeting on 23rd of January where we would be discussing and sharing our own 6-month PROMs prospective study results (including EPIC score) with nursing, oncology and radiographer team. I would discuss the data provided by NPCA and measures to improve it including to promote increase referral to available ED clinics and to encourage discussion around the sexual functions during consultation (perhaps, we, in radiotherapy, are focused-on bowel functions only).

2) Engaging with living with and beyond survivorship team to include patients with prostate cancer in their service to assess the patients about the sexual function's rehabilitation.

3) Involving ED services at district general hospitals and in the community.

4) Analysing the patient level data to identify any other factors not taken into account – such as changes from the baseline sexual functional score and duration and types of hormones (antiandrogen vs LHRH agonist)

Incidentally, I am doing a prospective study to assess the patients reported outcomes in the patients receiving radiotherapy (IRAS Project-216169) employing same tools those used in the CHHiP trial including EPIC to generate 'real-word' data in patients receiving hypofractionation (60/20).

We started it last year. About 150 patients have been entered so far (Target 250). Forty-nine patients have completed more than 6 months follow up.

Our radiographer has pulled out this data.

Hull PROMs in Prostate cancer having radiotherapy: EPIC- results for the first 49 patients that have a 6 month Follow up completed.

	Baseline Mean score	6 Month Mean Score
Overall Sexual Score	17.16	27.8
Sexual Function Score	7.54	4.48
Sexual Bother Score	39.81	78.86

In this cohort of 49 patients, even baseline sexual function score is very low -7.54- which has, as expected, deteriorated further at 6 months (mostly would be on hormones) to 4.48.

Strangely, the patients are not bothered at this stage thus overall sexual score improved. We would keep analysing the data.

It would be interesting to know how these scores would change at 18 months follow-up.