Hull PCT Health Outcome and Expenditure Comparison for Cancer 2008/2009

Key findings

- Whilst cancers and tumours programmes in Hull for 2008/2009 have lower spend compared to England, spend is not significantly different from the England average. Hull ranks 13th for spend out of 16 PCTs in the Industrial Hinterlands cluster.

- For 2008/2009 Hull has a marginally worse outcome for breast screening compared to England, but not significantly different from the England average. Hull ranks 14th for outcome out of 16 PCTs in the Industrial Hinterlands cluster.

- Spend has increased by £4 per head in Hull on all caners and tumours programmes compared to the previous year, with a 9% absolute increase on the number of women aged 53-70 screened for breast cancer.
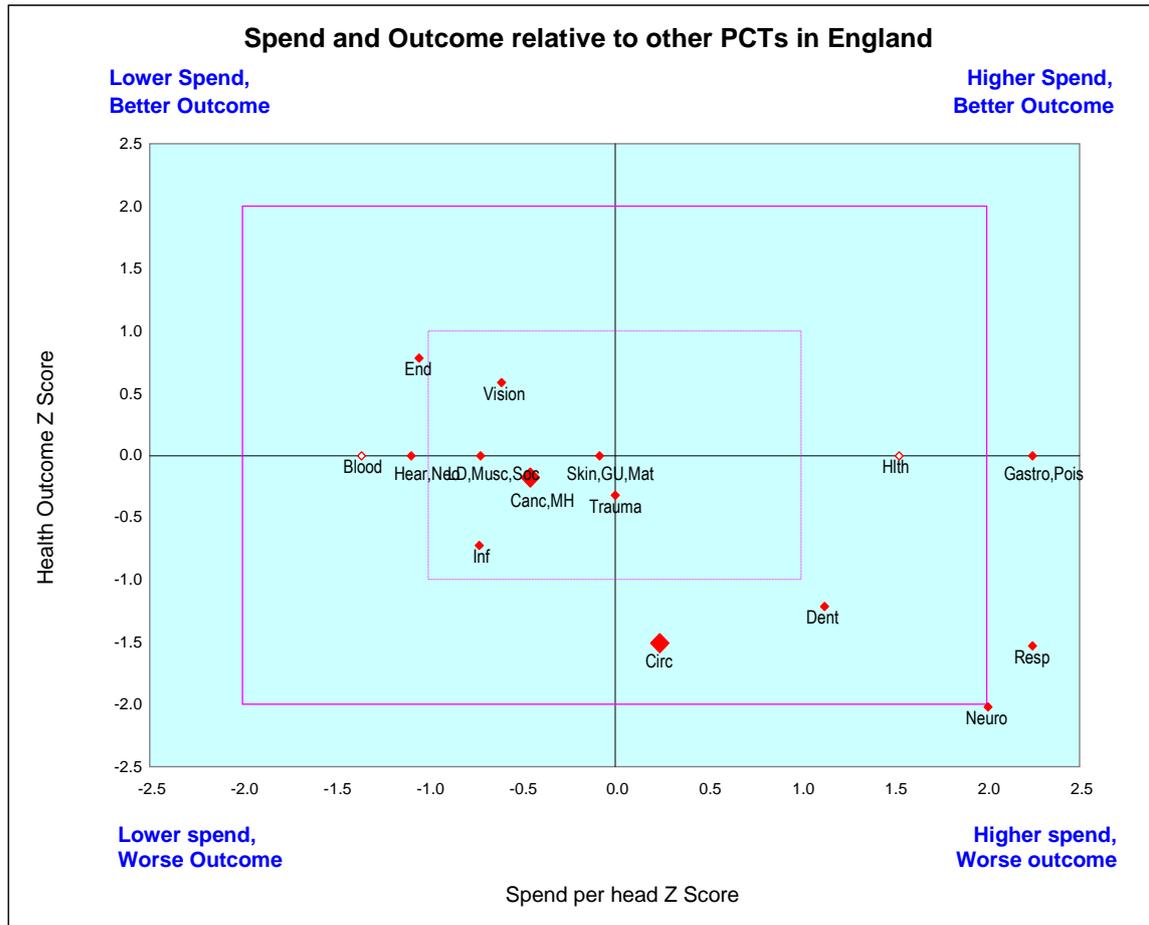
Introduction

Programme budgeting is a well-established technique for assessing investment in health programmes rather than services. The purpose of this report is to provide an overall view of Hull PCT health outcome and expenditure for cancer, highlighted as a key priority goal for World Class Commissioning.

The Health Outcome and Expenditure Comparison Tool supplied by Yorkshire and Humber Public Health Observatory and Department of Health highlights better/worse outcomes for spend across individual programmes relative to the England average, and The Office for National Statistics (ONS) Industrial Hinterlands cluster rank for 2008/2009. The comparison tool displays two quadrant charts, which select an individual outcome against overall spend on a programme. When comparing outcomes for Hull to England, it is likely that the prevalence of risk factors and mortality will be higher due to increased deprivation in Hull relative to England.

The outcome defined in the World Class Commissioning Strategy for cancer is 'proportion of women aged 53-70 screened for breast cancer within the last three years'. Figures 1 and 2 display programme spend per head for 2008/2009 on all cancers and tumours programmes in Hull, against proportion of women aged 53-70 screened for breast cancer, 2008/2009.

National Quadrant Chart

Figure 1

Spend and Outcome relative to other PCTs in England

Lower Spend, Better Outcome — Higher Spend, Better Outcome — Lower spend, Worse Outcome — Higher spend, Worse outcome

Health Outcome Z Score — Spend per head Z Score

◇ No outcome indicators readily available
◆ Outcome indicators available

Programme Area Abbreviations

Infectious Diseases	Inf	Hearing	Hear	Disorders of Blood	Blood
Cancers & Tumours	Canc	Circulation	Circ	Maternity	Mat
Respiratory System	Resp	Mental Health	MH	Neonates	Neo
Endocrine, Nutritional & Metabolic	End	Dental	Dent	Neurological	Neuro
Genito Urinary System	GU	GI System	Gastro	Healthy Individuals	Hlth
Learning Disabilities	LD	Musculoskeletal	Musc	Social Care Needs	Soc
Adverse effects & poisoning	Pois	Trauma & Injuries	Trauma		

The quadrant chart categorises each programme into 4 quadrants in terms of expenditure and outcome relative to the England average. Each dot represents a programme budget category. The three largest spending programmes nationally (Mental Health, Circulatory Diseases and Cancer) are represented by larger dots. A z score is given to each programme measuring the distance of a value from the mean (average) in units of standard deviations. A programme outside the solid pink +/- 2 z scores box indicates that the data is significantly different from the England average. Approximately 5% of outcomes and expenditures will be outside this box.
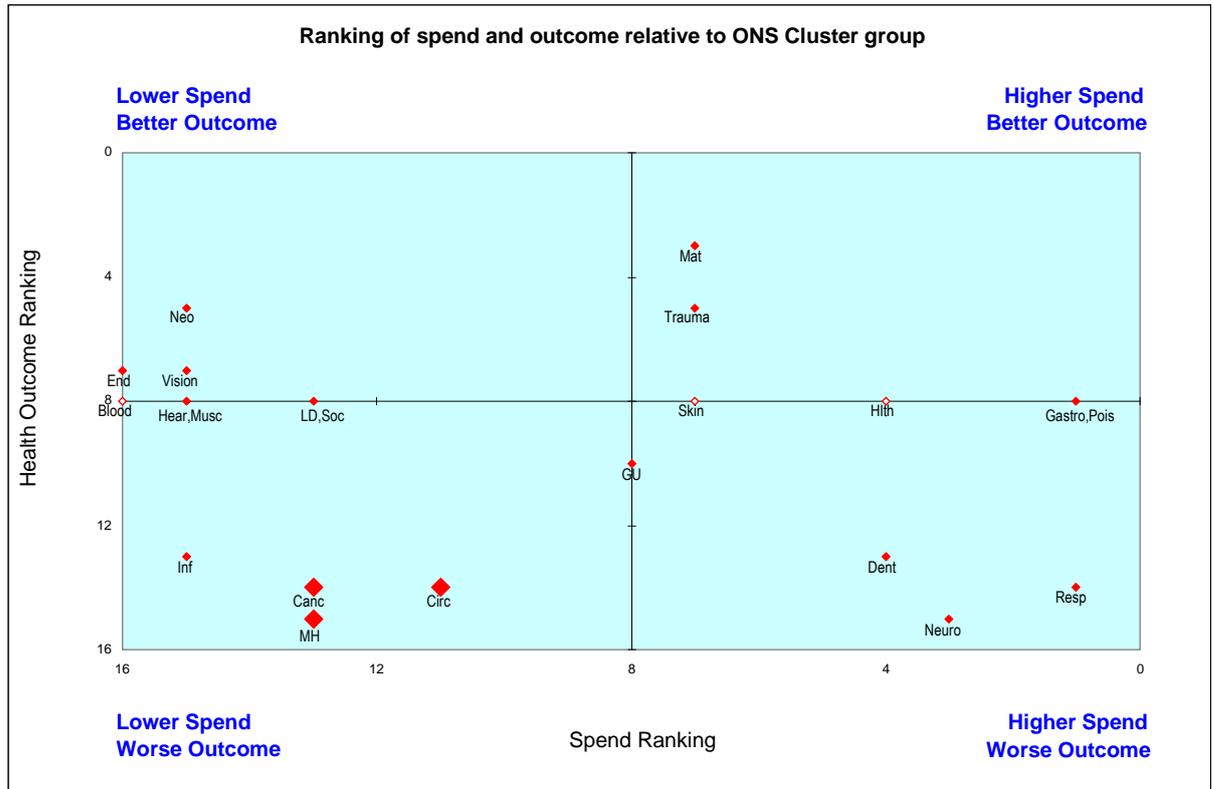
If the programme lies to the left or right of the box, the programme is significantly different on spend and if it lies outside the top or bottom of the box the programme is significantly different on outcome. Programmes outside the box at the corners are significantly different from the England average for both spend and outcome. Programmes outside the dotted pink +/- 1 z score box, may require further investigation. Approximately 30% of outcomes and expenditure will be outside this box.

Figure 1 indicates lower spend in Hull on all cancers and tumours programmes compared to England. Hull's programme spend per head for 2008/2009 was £87 compared to the England average £95. Spend is within one standard deviation of the England average, indicating no significant difference. Programme spend per head on breast cancer for Hull was £8 for 2008/2009.

Figure 1 indicates marginally worse outcome in Hull on proportion of women screened for breast cancer compared to England. For 2008/2009 the percentage of women aged 53 - 70 screened for breast cancer in Hull was 72%, compared to the England average 74%. Outcome is within one standard deviation of the England average, indicating no significant difference.

ONS Cluster Quadrant Chart

Figure 2

Ranking of spend and outcome relative to ONS Cluster group

Lower Spend Better Outcome — Higher Spend Better Outcome

Lower Spend Worse Outcome — Higher Spend Worse Outcome

Health Outcome Ranking

Spend Ranking

◇ No outcome indicators readily available
◆ Outcome indicators readily available

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ONS Cluster Quadrant Chart

The ONS cluster quadrant categorises each programme into 4 quadrants in terms of expenditure and outcome relative to the ONS cluster group Industrial Hinterlands. Rather than producing z scores previously used in the national comparison quadrant, the spend and health outcomes are ranked, with 1 meaning highest spend or best health outcome. Clusters are used to group PCTs together according to key characteristics common to the population in that grouping. ONS derive these groupings, known as clusters, from census data. Hull has been grouped in the Industrial Hinterlands cluster, however it is most unlike all the other PCTs within this cluster.

Figure 2 indicates cancers and tumours programmes in Hull rank 13th for spend out of 16 PCTs in the Industrial Hinterlands cluster. Hull's spend per head for 2008/2009 was £87 compared to the cluster average £95. Hull's breast cancer programme spend per head for 2008/2009 was £8.

Figure 2 indicates breast screening programmes in Hull rank 14th for outcome out of 16 PCTs in the Industrial Hinterlands cluster. For 2008/2009 the proportion of women aged 53-70 screened for breast cancer in Hull was 72% compared to the cluster average 76%.

Previous year

Hull's programme spend per head for 2007/2008 on all cancers and tumours programmes was £83, compared to £87 for 2008/2009, an increase of £4. Spend is within one standard deviation of the England average for both years, indicating no significant difference. For 2007/2008 Hull was ranked 11th for spend out of 16 PCTs in the Industrial Hinterlands cluster, compared to 13th for 2008/2009. Programme spend per head for 2007/2008 on breast cancer for Hull was £7 compared to £8 for 2008/2009.

For 2007/2008 the proportion of Hull women aged 53 - 70 screened for breast cancer was 63%, compared to 72% for 2008/2009, an increase of 9 percentage points. For 2007/2008 outcome is outside one standard deviation of the England average, but for 2008/2009 outcome is within one standard deviation of the England average. For 2007/2008 Hull was ranked 15th for outcome out of 16 PCTs in the Industrial Hinterlands cluster, compared to 14th in 2008/2009.

Data Sources and Definitions for 2008/2009

PB category	Health Outcome Indicator	Data Source
Infectious Diseases	Mortality from infectious and parasitic diseases. Directly Standardised Rate (DSR) per 100,000 European Standard Population. 2006 - 2008. All ages. Persons	National Centre for Health Outcomes Development (NCHOD)
Cancers and Tumours	% of women aged 53 - 70 screened for breast cancer, 2008-2009	Healthcare commission
Endocrine, Nutritional and Metabolic	% of diabetic patients whose last HbA1c was 7.5 or less 2008-2009	Quality and Outcomes Framework, Information Centre
Mental Health	% of patients on enhanced CPA receiving follow up (face to face or telephone) within 7 days of discharge 2007/2008	Healthcare commission
Neurological	Mortality from epilepsy: Under 75 Directly age-standardised rates (DSR) per 100,000 European Standard population, 2006-2008 persons	National Centre for Health Outcomes Development (NCHOD)
Vision	Total sight tests per 10,000 population, 2008-2009	The Information Centre for Health and Social Care, Primary Care
Circulatory System	Mortality from coronary heart disease: Under 75s, directly age-standardised rates (DSR) per 100,000 European Standard population, 2006 - 2008	National Centre for Health Outcomes Development (NCHOD)
Circulatory System	Mortality from stroke: Under 75 Directly age-standardised rates (DSR) per 100,000 European Standard population, 2006 - 2008	National Centre for Health Outcomes Development (NCHOD)
Respiratory system	Mortality from bronchitis and emphysema and COPD:Under 75 Directly age-standardised rates (DSR) per 100,000 European Standard population, 2006-2008	National Centre for Health Outcomes Development (NCHOD)

PB category	Health Outcome Indicator	Data Source
Dental Problems	Decayed missing and filled teeth 5 year olds 2007-2008	BASCD
Trauma and injuries	Mortality from accidents: Directly age-standardised rates (DSR) per 100,000 European Standard population, 2006-2008	National Centre for Health Outcomes Development (NCHOD)
Genitourinary	Deaths within 30 days admission, all genito urinary admissions excluding day cases, standardised rates, all ages FY 2007/2008	National Centre for Health Outcomes Development (NCHOD)
Maternity	% low birth weight births (live and still) <2500gms, 2008	National Centre for Health Outcomes Development (NCHOD)
Conditions of neonates	Neonatal infant mortality per 1,000 births (infants aged less than 28 days), 2006-2008	National Centre for Health Outcomes Development (NCHOD)