Working Together

South West Public Health Observatory
Annual Report 2005/06
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Acknowledgements

With thanks to the Eastern Region Public Health Observatory (ERPHO) for permission to use their 2004/05 Annual Report as a template for structuring this report.
This year has been one of significant change, both within the South West Public Health Observatory and in the wider context in which we work.

In April 2005 the SWPHO formally merged with the South West Cancer Intelligence Service and settled into the offices on Whiteladies Road, which it now shares with the Cancer Analysis and Audit teams. At the same time, we have had to respond to and take account of the ongoing NHS reconfiguration – which is likely to have an even greater impact on our work in the coming year – and other changes in the NHS, such as the Agenda for Change programme.

Throughout we have strived to continue our high level of service, while building on the many benefits of the merger and starting to pass those benefits on to our stakeholders.

The theme of this report, Working Together, reflects how this has been achieved and how we propose to build on this year’s successes. This joint work with national, regional and local partners, and within the merged organisation itself, is evident in the achievements highlighted throughout this report, and shows our commitment to providing a ‘seamless public health intelligence service’ in the South West.

We are particularly proud of our new website, which now provides access to thousands of resources on cancer and public health. We are also delighted to have been involved in developing Health Profiles for the region, due to be launched over the summer, and to be accepted as the first Cancer Registry in the country to undergo peer review.

We look forward to strengthening and developing our services and links with partners and stakeholders in 2006/07, and thank all those who have contributed to our achievements over the past year.

Dr Julia Verne, Director
May 2006

Deputy Directors

Paul Brown  Deputy Director, responsible for the Public Health Intelligence, NDTMS, HES and Publications and Communications teams

Tariq Malik  Deputy Director, responsible for the Cancer Registration, Cancer Analysis, Audit, IT and Business Management teams
Summary of progress

The following is a summary of the South West Public Health Observatory’s key activities and achievements in 2005/06:

- formal merger of the South West Public Health Observatory (SWPHO) and South West Cancer Intelligence Service (SWCIS);
- preparation of the national report *Indications of Public Health in the English Regions 6: Sexual Health*;
- development of the Injury Observatory for Britain and Ireland;
- investigation into the high level of road traffic collisions in the South West;
- development of APHO Health Profiles;
- production of Hospital Episode Statistics (HES) Key Indicators for the South West region;
- publication of the National Drug Treatment Monitoring System South West (NDTMS-SW) annual and quarterly reports;
- informing National Institute for Health and Clinical Excellence (NICE) Guidance;
- integration of the cancer and public health intelligence functions post-merger;
- new post of Publications and Communications Manager created (October 2005);
- new corporate branding and identity;
- launch of SWPHO’s new, interoperable website – www.swpho.nhs.uk;
- preparation for the Cancer Registry Peer Review;
- development of the electronic cancer registration system, Cancerbase.net;
- organisation-wide improvements in data quality and management;
- provision of education and training to stakeholders in both the cancer and public health fields;
- successful negotiation and monitoring of the Service Level Agreements (SLAs) between the Cancer Registry and Acute Trusts and Cancer Networks;
- integration of financial management and structure across the whole organisation;
- implementation of Agenda for Change and Knowledge and Skills Framework (KSF).
Introduction

Who we are

About the SWPHO

The South West Public Health Observatory (SWPHO) was created in 2005 as a result of a merger between the existing Public Health Observatory (Public Health Intelligence Team (PHIT)) and the South West Cancer Intelligence Service (SWCIS). It incorporates the Drug Treatment Monitoring System of the South West (NDTMS-SW) and has an academic partnership with the Department of Social Medicine, University of Bristol.

Geographical area covered

The geographical area covered by the SWPHO includes Cornwall and the Isles of Scilly, Devon, Somerset, Dorset, Avon, Gloucestershire, Wiltshire and, in the case of the South West Cancer Intelligence Service, Hampshire and the Isle of Wight (see Figure 1). The total population of the region is 6.6 million (including Hampshire and the Isle of Wight).

Organisation structure

The SWPHO organisation structure is illustrated in Figure 2. The organisation is split across two sites – Bristol and Winchester: the Cancer Registration team is based in Winchester, while the Business Management and IT teams have staff at both sites. The HES team is based in the Department of Social Medicine, University of Bristol. All other teams are based in the Bristol office.

Our stakeholders

The SWPHO works in partnership with a wide range of agencies, networks and organisations regionally and nationally. Information, skills and knowledge are exchanged and collaborative work undertaken. Figure 3 shows the relationships between the SWPHO and its key stakeholders.
Figure 2: SWPHO organisation structure
What we do

The SWPHO, in line with the other regional Public Health Observatories and Cancer Registries in England, has the following roles and responsibilities:

- create and maintain a comprehensive, accurate, timely and accessible register of cancers;
- make it easier to access data and information about cancer and public health in the region;
- provide support and help to people wanting to use such information in appropriate ways;
- provide analysis in order to improve our understanding of health and the factors that influence health within the region;
- monitoring health and disease trends and highlighting areas for action;
- identifying gaps in health information;
- drawing together information from different sources in new ways to improve health;
- carrying out projects to highlight particular health issues;
- evaluating progress by local agencies on improving health and cutting inequality;
- looking ahead to give early warning of future public health problems;
- planning and evaluating clinical management and treatment of cancer through clinical audit;
- research into causes of, and survival from, cancer;
- education of professionals and the public.

Key developments 2005/06

Merger

In April 2005 the formal merger of the South West Public Health Observatory and South West Cancer Intelligence Service, under the title South West Public Health Observatory (SWPHO), took effect. Considerable effort has gone into integrating administrative and support functions over the last year, and developing close working links between information and analytical staff across the organisation. The benefits of this joint working relationship are already being felt and include:

- sharing of data sources across the public health and cancer intelligence functions;
- sharing of analytical skills and expertise between cancer and public health analysts;
- joint projects between cancer and public health intelligence analysts enabling production of new, important regional and national information;
- improved quality of reports and online resources as a result of shared access to IT and publications support functions.

SWPHO now provides a model of integration that could inform other Public Health Observatories considering merging with their regional Cancer Intelligence Service.

New website

Public health intelligence at your fingertips

The SWPHO’s new website was launched in February 2006. The website is a vital tool in our communications with stakeholders and the general public. The new site hosts hundreds of SWPHO-related resources, reflects the new organisational identity, integrates the cancer and public health intelligence functions of the organisation, and is fully interoperable with all other Public Health Observatories in England and Ireland/Northern Ireland. Development of the website is ongoing and evaluation of its effectiveness will take place during the coming year. Preliminary feedback from users has been extremely positive.
This is a non-exhaustive list.
Cancer Registry Peer Review

The SWPHO’s Cancer Registry is the first in the country to undergo peer review, a process that is being rolled out to all registries over the next two years. The review will take place on 5 July 2006. All staff in the Cancer Intelligence Service and members of other support teams have put an enormous effort into preparing for the Review. The process so far has been valuable, contributing to greater understanding of issues around performance indicators and data quality. The SWPHO’s experience has also helped to inform the Review process, which should be helpful to other Cancer Registries in due course.

New publications and communications team

The communications function of the Observatory has been strengthened over the last year with the appointment of a Publications and Communications Manager. Their role is to lead on the development of a communications strategy. This will include consulting with stakeholders on their views about how to take this forward – both through the Advisory Group due to be established in 2006/07 and via a stakeholder evaluation to be carried out later this year.

NICE Guidance

Dr Julia Verne (SWPHO Director) chaired the NICE Guidance Development Group for Skin Cancer Services. In addition, the SWPHO produced the epidemiological and health service needs assessment published in the Guidance. SWPHO also provided the epidemiology and health service needs assessment to be published in the Guidance for urology. Both pieces of work were collaborative efforts between the PHIT, Cancer Analysis and Audit teams.

Supporting volunteers

A policy to support staff who wish to offer their services as volunteers was introduced this year. Up to five days leave are allowed for activities that are public health related. Staff must feed back on their experiences once the volunteering period is over. Examples of voluntary work undertaken in 2005/06 are presented in the Business Management section.

Priorities for 2006/07

Advisory Group and stakeholder evaluation

SWPHO recently set up a Steering Group to advise on the work of the Cancer Registry. Next year we hope to establish an organisation-wide Advisory Group to help support and guide the work of the Observatory as a whole. We are also planning to carry out a ‘stakeholder evaluation’, the results of which will inform our long-term business planning.

Joint working

We aim to continue building on the successful joint working between the cancer and public health intelligence analytical teams. Planned projects include work on inequalities in cancer and examining the possibilities of using HES and Cancer Registry data side by side.

Improved access to routine datasets

There will be a focus on improving the organisation’s ability to provide access to routine datasets from a variety of sources through a user-friendly, interactive, web-enabled interface, which will include online graphing, interactive mapping and the ability to download datasets. This should enable easy, area-based comparisons of a range of indicators as well as the ability to examine a number of indicators in a given area.

Building and strengthening relationships

As regional and local public health structures evolve, we will be proactive in establishing strong relationships with stakeholders at national, regional and local levels. This includes forging relationships with Secondary Care Trusts, the new Strategic Health Authority, and the reconfigured Primary Care Trusts. We will also continue to work closely with other key partner organisations, including the Association of Public Health Observatories, United Kingdom Association of Cancer Registries, Regional Public Health Group, Government Office, Health Protection Agency, Cancer Registries, Tumour Panels and Cancer Networks.

Development of a green policy

As an organisation we are committed to reducing our ecological footprint through the development of a green policy that will cover recycling, energy efficiency, and green transport options.
Objectives

The Public Health Intelligence Team provides up-to-date information and data regarding health and its economic, social and environmental determinants in the South West.

Complementing and supporting the work of public health partners at local level, the PHIT provides analysis of population health at regional and sub-regional levels. It aims to strengthen the availability and use of health-related information sources at local level through the development of networks and the provision of specialist knowledge, skills and training.

Activity and achievements

Lead areas

The PHIT has particular expertise in the areas of sexual health and injury. It provides the lead on these topics on behalf of the Association of Public Health Observatories (APHO).

Sexual Health

National report

In summer 2006, the SWPHO – on behalf of APHO – will publish the sixth in a series of national reports commissioned by the Chief Medical Officer (CMO), Indications of Public Health in the English Regions 6: Sexual Health. PHIT work on the report over the last year has been undertaken jointly with the Health Protection Agency (HPA), and has included joint funding of an analyst post at HPA South West. The report presents regional comparative data on a range of key indicators of sexual health and its determinants, and also highlights indicator availability at sub-regional level.

Summary:

- preparation of the national report Indications of Public Health in the English Regions 6: Sexual Health (due summer 2006);
- development of indicators of sexual health to be used in sub-regional analysis;
- advice and support for the development of ASSIST outside the South West region;
- development of the Injury Observatory for Britain and Ireland;
- evaluation of the national Accident & Emergency data set;
- investigation into the high level of road traffic collisions in the South West;
- development of APHO Health Profiles;
- setting a baseline for measuring health inequalities in the South West;
- regular meetings of SWINPHO;
- contributing to the work of the APHO Technical Group;
- supporting the Regional Public Health Group’s work with LAAs and the the Local Government Unit;
- advising on the UK Voluntary Register for Public Health Specialists;
- developing Public Health Intelligence Analysts profiles for Agenda for Change;
- 5-day introductory course on Public Health;
- 2-day GIS training for Public Health Analysts.
Sub-regional analysis

Parallel work has been undertaken to provide selected sub-regional analysis of the sexual health indicators. Advice on analysis has also been provided to a number of national organisations, including the Department of Health and the Healthcare Commission.

Avon Surveillance System for Sexually Transmitted Infections (ASSIST)

The PHIT provided documentation and advice in 2005/06 to support the handover of the ASSIST pilot application to Avon Information Management and Technology (IM&T) Consortium for further development, and to support both the piloting of the ASSIST model in Brent, London and the Medical Research Council (MRC) funded project ‘Care Pathways for STIs in Primary Care’.

Road traffic collisions

Road traffic collisions have been identified as a priority area for further research in the South West, where the level of death and injury on the roads in some areas has been shown to be particularly high. Bringing together information from a variety of sources (including police, Home Office and Department for Transport data), the PHIT has prepared a report to provide both a comprehensive overview and detailed analysis of road traffic collisions across the region. The report is due to be published in 2006/07. This work is part of an ongoing programme of research related to road safety.

Injury

Injury Observatory for Britain and Ireland

The PHIT has provided a lead role in the development of the Injury Observatory for Britain and Ireland. This is a collaborative venture between APHO, counterpart organisations in Scotland, Wales, Ireland and Northern Ireland, and academics. This centres on the development of a website to provide access to comprehensive information on injuries, including relevant strategies, targets, research and comparative analysis. The first analysis undertaken by PHIT has been an overview of mortality due to injury.

Other key areas

Health Profiles

The PHIT has been working with the Association of Public Health Observatories (APHO) to develop a consistent, comparable set of local health indicators. Local Authority level reports have been produced in a standard format to support Directors of Public Health in promoting health for their local communities. They will be disseminated over the summer.

Health inequalities

This year, the PHIT has undertaken work that tracks progress towards targets for reducing inequalities in infant mortality and life expectancy in the South West. Early results suggest that inequalities are increasing in the region as well as nationally. A bulletin summarising this work is due to be published in 2006/07.

SWINPHO

The SWINPHO group is a network of mainly NHS information analysts. It exists to share information and good practice in public health intelligence regionally. The PHIT manages the SWINPHO email list for the circulation of news, mutual support for problem solving, and exchange of expertise. Quarterly meetings are arranged for members to network and share presentations of their work and that of invited speakers. SWINPHO has continued to provide a valuable forum for sharing information and skills over the last year.
APHO Technical Group
The Association of Public Health Observatories (APHO) facilitates collaborative working of the Public Health Observatories (PHOs) and their equivalents in England, Wales, Scotland, Ireland and Northern Ireland. Some PHIT staff members represent the SWPHO on the APHO Technical Group, which is a forum for disseminating good practice and sharing methodologies.

The PHIT team has collaborated closely with other members of the group to develop the Health Profiles discussed earlier. They have also contributed to the Quality Assurance process focusing particularly on methodologies and with the aim of sharing best practice across all Public Health Observatories.

Supporting the work of the Regional Public Health Group
The PHIT provides technical advice and data to support the work of the Regional Public Health Group. In 2005/06 the team provided information to support Local Area Agreements and the work of the Local Government Unit, including contributing to the Regional Public Health Group’s Health and Fuel Poverty Bulletin.

Ad hoc enquiries
The PHIT responds to requests for information from a range of organisations and individuals on a wide variety of different topics. Enquiries can range from requests for information on how many people suffer from a particular health problem in a particular geographical area to how to find information on specific public health topics or how to undertake specific types of analyses. Requests can also now be submitted via the website.

Professional development
PHIT staff members represent the SWPHO on the advisory group of the UK Voluntary Register for Public Health Specialists. The aim of the group is to develop a framework for the training and accreditation of ‘defined’ public health specialists, including those working in public health intelligence. The Faculty of Public Health are in the process of redesigning their training programme to incorporate the new training requirements and PHIT staff are on the working party to progress these developments.

Agenda for Change
The PHIT team has also been involved in developing a series of job profiles for Public Health Intelligence Analysts (now completed) under the Agenda for Change programme. It also has a representative on the professional network, coordinated by APHO, that is responsible for checking the consistency of the results of this programme in line with local implementation guidance.

Training
The third five-day introductory course on public health intelligence was run in Exeter in March. Another is planned for the Autumn. The course is offered free of charge to public health and other information analysts within the NHS to help them develop the skills and knowledge necessary to use and interpret public health data. Staff from the PHIT, HES team and partner organisations contributed to the course. Single-day courses on individual topics may be run in the future.

The PHIT has also run two two-day training courses, developed in conjunction with the London School of Hygiene and Tropical Medicine, on the use of MapInfo as a tool for geographical analysis in public health. The courses were aimed primarily at public health analysts in the South West but were also open to non-public health partners from around the region.

Publications and conferences
Please see Appendix A for information about PHIT publications and Appendix B for details of presentations at conferences in 2005/06.

Future plans and developments 2006/07
There are a number of key developments planned for the next year, including:

New PCT boundary indicators
The PHIT has prepared a series of public health indicators for the newly configured Primary Care Trusts. This will
enable early work in the new PCTs before a full set of indicators can be produced from official sources.

**Scoping sub-Local Authority level information**

We will be working with regional Directors of Public Health to scope the possibility of providing information at geographies that are most useful at local level.

**Provision of public health data to Secondary Care Trusts**

Building on the catchment area calculations developed by the HES team, the PHIT and HES team will develop a set of key public health indicators for use by Secondary Care Trusts to understand the health needs of their populations.

**Website developments**

We are planning a range of enhancements such as online mapping, improved access to routine data, data interrogation and online graphing. These developments will enable easier comparison of area-based indicators as well as examination of a number of indicators in a given geographical area.

**Current staffing**

While PHIT staff have general public health knowledge and skills, each specialises in a number of key areas. These are shown in the table below. PHIT staff can be contacted at firstname.lastname@swpho.nhs.uk or on tel: 0117 970 6474.

<table>
<thead>
<tr>
<th>Name</th>
<th>Job title</th>
<th>Speciality areas</th>
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<tbody>
<tr>
<td>Helen Cooke</td>
<td>Principal Information Analyst</td>
<td>Housing, teenage pregnancy</td>
</tr>
<tr>
<td>Mark Dancox</td>
<td>Public Health Intelligence Analyst</td>
<td>Time series analysis, regional organisation link</td>
</tr>
<tr>
<td>Lynne Kirkham</td>
<td>Public Health Intelligence Analyst</td>
<td>Substance misuse, Geographical Information Systems (GIS)</td>
</tr>
<tr>
<td>Kate Lachowyz</td>
<td>Public Health Intelligence Analyst</td>
<td>Road traffic collisions, safety cameras</td>
</tr>
<tr>
<td>Pauline Masurel</td>
<td>Public Health Intelligence Analyst</td>
<td>Local Government link</td>
</tr>
<tr>
<td>Robert Mulliss</td>
<td>Public Health Intelligence Analyst</td>
<td>Substance misuse, lifestyles</td>
</tr>
<tr>
<td>Wendi Slater</td>
<td>Public Health Intelligence Analyst</td>
<td>Sexual health, injuries, alcohol and mental health</td>
</tr>
<tr>
<td>Alice Walsh</td>
<td>Specialist Trainee in Public Health</td>
<td>Sun beds, engagement with Acute Trusts, practice-based commissioning</td>
</tr>
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Team report
Hospital Episode Statistics (HES)

Objectives

The Hospital Episode Statistics (HES) team in the Department of Social Medicine, University of Bristol manages national and regional HES data on behalf of the South West Public Health Observatory.

The team extracts relevant data from the national HES database and performs analyses on these to produce a range of outputs for the SWPHO. These outputs include:

- HES Key Indicators at PCT and Local Authority level;
- Ad hoc analyses of regional and national HES data;
- reports and contributions to SWPHO reports;
- presentations of findings at Public Health conferences and meetings.

Activity and achievements

Summary:

- production of HES Key Indicators for the South West region;
- investigation, using HES data, into skin infections in drug misusers in England;
- estimating NHS Trust catchment populations using HES data;
- contribution to report on an ageing population in the South West;
- preparation of a report on diabetes in the South West.

HES Key Indicators

A number of routine statistical outputs, referred to as HES Key Indicators, have been produced following a consultation exercise with partner organisations across the South West region. These 84 indicators cover the following topics: general admissions data, accidents, cancers, coronary heart disease and stroke, diabetes, mental health and alcohol, older people, procedures, respiratory disease, Sure Start and others. Key indicators are available at PCT level, but also by Strategic Health Authority, Local Authority and Hospital Trust where appropriate. They are available on the the SWPHO website at: http://www.swpho.nhs.uk/dataandstats/ hes.aspx

Skin infections in drug misusers

Work has been undertaken, in collaboration with Dr Charles Irish, Consultant in Communicable Disease Control, HPA, examining skin and soft tissue infections and vascular damage in drug misusers. The HES database for England 1997–98 and 2004–05 was used to identify the number of drug misuser hospital admissions and the reasons for admission. Findings were presented at the HPA and UKPHA annual conferences in 2005/06 and a journal article is being prepared for publication later in 2006.

Estimating catchment populations

Joint work with the PHIT has been carried out using HES and Census Area Statistics (CAS) wards to estimate the catchment populations for all NHS Trusts providing inpatient hospital care in the South West. Gloucestershire Hospitals NHS Foundation Trust, which has the largest estimated catchment population in the region, is being used as a pilot site for more detailed analysis. We intend to develop this service further after consultation across the region.

Ageing population

The SWPHO published the first in a series of reports on the health of mature adults in April 2005 – Second blooming: towards achieving a healthy and active mature population in the South West. The HES team contributed to this report,
which used the 2001 Census to describe the demographics of the older population and their self-expressed experiences of health.

**Diabetes**

Diabetes is a chronic and degenerative disease that can affect people of all ages and result in premature death, ill health and disability. HES and other data sources are being used to estimate the prevalence of diabetes in people in the South West region and to identify the use of hospital resources associated with diabetes. A report on this subject is due to be published in 2006/07.

**Ad hoc enquiries**

To complement the provision of key indicators the HES team also provides an ad hoc request service. The principal conditions attached to this service are that the information requested should inform regional knowledge and could not reasonably be obtained from another source. Ad hoc enquiries that have recently been provided include:

- the prevalence of obesity recorded as a co-morbid condition in HES;
- the cost of alcohol misuse in North Somerset;
- breast reduction procedures in the South West;
- incidence and in-hospital mortality from eating disorders in England 1997 to 2002;
- patients admitted with a diagnosis of mesothelioma in England.

Figure 4 shows a breakdown of requests by type of organisation/individual.

**Publications and conferences**

Please see Appendix A for information about HES publications and Appendix B for presentations at conferences in 2005/06.

**Future plans and developments 2006/07**

**Key indicators**

Our future plans for developing the HES Key Indicators are:

- to include data for the latest financial years, e.g. 2003/04, 2004/05;
- to add more HES Key Indicators;
- to include deaths within 30 days of emergency admission to hospital: stroke;
- to include emergency hospital admissions: diabetic ketoacidosis and coma;
- to provide rates by Local Authority;
- to create rates by Trust using Trust catchment populations.

**Impact of tourism**

We plan to use HES data to assess the impact of seasonal variations in emergency admissions associated with tourism within the South West region.

**Prostate cancer**

We will continue to develop collaborative projects between the Department of Social Medicine and the SWPHO, including work to compare the incidence of and mortality from prostate cancer in the UK and the USA.

**Knife assaults**

We plan to use HES to examine trends in hospital admissions due to assault with a knife or sharp object.
Older people

The HES team will contribute to and, with other stakeholders, steer the content of a report on mortality and morbidity in older people in the South West.

Ad hoc enquiries

The team will continue to provide an ad hoc request service to inform regional knowledge.

Current staffing

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<tr>
<th>Name</th>
<th>Job title</th>
<th>Speciality areas</th>
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<tbody>
<tr>
<td>Mary Shaw</td>
<td>Reader in Medical Sociology; SWPHO Scientific Director</td>
<td>Health inequalities</td>
</tr>
<tr>
<td>Caroline Trotter</td>
<td>Research Fellow (maternity cover for Mary Shaw)</td>
<td>Epidemiology</td>
</tr>
<tr>
<td>Roy Maxwell</td>
<td>Research Associate</td>
<td>HES data</td>
</tr>
<tr>
<td>Davidson Ho</td>
<td>Research Associate</td>
<td>HES Technical Group and Management Group representative, Moderator of the HES-Tech mailing list</td>
</tr>
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Training

Through the academic partnership between the Department of Social Medicine at the University of Bristol and the SWPHO, SWPHO staff have attended short courses and regional training events run by the Department on topics such as Health Economics, Introduction to Stata and the public health academic-service interface.
Objectives

The National Drug Treatment Monitoring System South West (NDTMS-SW) is part of a national network initially set up by the Department of Health in 1989 to monitor drug service provision throughout England. Coordination of the data collection, collation and reporting in the South West is carried out by NDTMS-SW under the terms of the Service Level Agreement (SLA) with the National Treatment Agency. The NDTMS-SW team has been commissioned to:

- provide drug treatment data to the National Treatment Agency (NTA) both regionally and nationally;
- monitor the progress of the South West drug services in achieving treatment targets set out in the 10-year Drug Strategy (1989) and Models of Care (2002);
- provide information and planning support to the South West region’s Drug Action Teams (DATs) and other key stakeholders in the South West;
- gather data from the community-based non-intensive, Drugs Intervention Programmes (DIP) in the South West and from all DIP projects in Prisons in the South West and Wales, under the terms of an SLA with the Home Office.

Activity and achievements

Summary:

- publication of the NDTMS-SW annual and quarterly reports;
- improved data quality and management;
- project to estimate the prevalence of heroin and crack misusers in Bristol DAT;
- provided training to staff in all regional DATs;
- presentations at conferences.
Publication of the NDTMS-SW annual and quarterly reports
Two analysts from the Public Health Intelligence Team have researched, provided analysis and written the first NDTMS-SW annual report and the first two quarterly reports. The first quarterly report focused on young people in contact with drug services in 2004/05 and the second looked at the geographical distribution of clients in the region in 2004/05.

The team has worked hard to automate the data analysis, as far as possible, allowing time for more in-depth analysis of issues relating to public health such as: looking at outcomes of drug treatment; mapping where the NDTMS-SW client group resides; and using this to evaluate the relative deprivation of clients.

Data quality and management
There have been significant improvements in data quality and management in the last year including:

- NDTMS-SW is now receiving data from all DAT-funded drug services in the region;
- data collection from Residential Rehabilitation services has improved, though these are not under contractual obligations with the local DATs to submit data;
- publication of data quality statistics in the annual and quarterly reports;
- timely delivery of data to the National Treatment Agency and Home Office;
- 70% of agencies moved from collecting data on spreadsheets to using electronic case management systems.

Estimating the prevalence of heroin and crack misusers
The team has been working with academic partners to undertake a synthetic estimate of the prevalence of heroin and crack misusers in Bristol DAT, using capture-recapture analysis to aid understanding of the epidemiology and assist service delivery planning.

Training for staff in regional DATs
Training events have been held for all DATs to inform and train staff on the importance of data accuracy and how changes in the NDTMS dataset should be implemented.

Publications and conferences
Please see Appendix A for information about NDTMS-SW publications and Appendix B for presentations at conferences in 2005/06.

Future plans and developments 2006/07
There will be a focus on the following developments in the coming year:

- work with the last cohort of agencies still using spreadsheets to move to electronic case management systems;
- move to all agencies making submissions via a file upload portal by September 2006;
- ensure that all drug misuse services are submitting the new core data set ‘C’ (as defined by the NTA) by July 2006;
- ensure that data quality stays high within the region;
- evaluate how the Bristol work estimating the prevalence of heroin and crack misusers may be adapted to provide intelligence to other DATs in the region;
- recruit a new member of staff to assist with current workload and future demands.

Current staffing

<table>
<thead>
<tr>
<th>Name</th>
<th>Job title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbara Boulton</td>
<td>Manager</td>
</tr>
<tr>
<td>Merrilynn Shawe</td>
<td>Administrative Manager</td>
</tr>
<tr>
<td>Mike Hall</td>
<td>Electronic Data Transfer (EDT) Manager</td>
</tr>
</tbody>
</table>
Objectives

The Cancer Registry is one of ten regional cancer registries in England and Wales responsible for collating and forwarding data to the Office of National Statistics (ONS). Cancer registration within the UK has 100% population coverage through nine English registries together with Scotland, Wales and Northern Ireland. A national system has been in place since the 1960s with consistent data since the 1970s. There is no other such extensive national database about cancer (internationally) or other diseases (nationally).

Activity and achievements

Summary:

- improved data sources;
- preparation for the Cancer Registry Peer Review;
- improved data quality and ascertainment;
- key role of the Network Liaison Officers (NLOs);
- successful negotiation and monitoring of the SLA between the Cancer Registry and Acute Trusts and Cancer Networks;
- development and deployment of the Registry’s electronic cancer registration system, Cancerbase.net.

Improved data sources

The Cancer Registry is one of the leading registries in the country in the development and implementation of electronic data capture and processing. It currently captures over 95% of data via electronic means, 30% of which undergoes fully automated processing and 65% part-automated. Table 1 shows the data sources used by the Registry in 2005/06.

Cancer Registry Peer Review

After a period of consultation, a revised set of Cancer Registry measures was issued by the Department of Health in October 2005. Forming part of the overall Manual for Cancer Services, the measures identify the elements of a high-quality cancer registration service and are applicable both to commissioners and providers of cancer registration services in England. Cancer registries are now subject to a formal process of self-assessment and peer review to assess conformity with the measures.

The Cancer Registry is the first in the country to undergo peer review and has, in the last year, produced a series of reports and documentation to support the process. The date for the review is 5 July 2006.

Improved data quality and ascertainment

The quality and ascertainment of cancer registry data is measured by the Cancer Registry Standards, a set of criteria developed by the UK Association of Cancer Registries. Tables 2 and 3 show the Cancer Registry performance for the last three complete years, at year-end 2005/06, clearly showing marked improvement in most areas year on year.

Key role of the Network Liaison Officers (NLOs)

Many of the achievements of the Cancer Registry over the last year would not have been possible without the dedicated work of the Network Liaison Officers. The NLOs were appointed in 2002 and have continued to build strong relationships between the Registry, Acute Trusts and Cancer Networks. The NLOs have been pivotal in working with the Trusts and Networks to improve data capture and quality and to facilitate the two-way flow of information between the Cancer Intelligence Service and the Networks and Trusts.
**Table 1: Table of data sources per Trust**

<table>
<thead>
<tr>
<th>Cancer Network</th>
<th>NHS Trust</th>
<th>Core datasets</th>
<th>Treatment</th>
<th>Site specific databases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peninsula</td>
<td>Northern Devon Healthcare</td>
<td>Y Y NA</td>
<td>Y Y Y Y Y</td>
<td>Y Y Y Y 04</td>
</tr>
<tr>
<td></td>
<td>Plymouth Hospitals</td>
<td>Y Y Y N NR</td>
<td>Y Y NR NR</td>
<td>N N N NR 04</td>
</tr>
<tr>
<td></td>
<td>Royal Cornwall Hospitals</td>
<td>Y Y N NR Y Y</td>
<td>Y Y NR IYS</td>
<td>N N NA</td>
</tr>
<tr>
<td></td>
<td>Royal Devon &amp; Exeter Healthcare</td>
<td>Y Y Y Y Y Y</td>
<td>Y Y Y Y Y</td>
<td>Y Y Y Y NA</td>
</tr>
<tr>
<td></td>
<td>South Devon Healthcare</td>
<td>Y Y Y 04</td>
<td>Y Y Y Y Y</td>
<td>Y Y Y Y NA</td>
</tr>
<tr>
<td>Avon, Somerset, Wiltshire</td>
<td>East Somerset</td>
<td>Y Y NA N IYS</td>
<td>Y N NR N</td>
<td>N N NR 04</td>
</tr>
<tr>
<td></td>
<td>North Bristol</td>
<td>Y Y NA NR Y Y</td>
<td>Y Y Y N N</td>
<td>N N NR NA</td>
</tr>
<tr>
<td></td>
<td>Royal United Hospital Bath</td>
<td>Y Y Y 04 N Y</td>
<td>Y N NR Y</td>
<td>N N 04</td>
</tr>
<tr>
<td></td>
<td>Swindon &amp; Marlborough</td>
<td>Y Y NA N N Y</td>
<td>Y N Y N N</td>
<td>N N NR 04</td>
</tr>
<tr>
<td></td>
<td>Taunton &amp; Somerset</td>
<td>Y Y NA NR N N</td>
<td>Y N N N N</td>
<td>N N 04</td>
</tr>
<tr>
<td></td>
<td>United Bristol Healthcare</td>
<td>Y Y Y N N Y</td>
<td>N N N N N</td>
<td>N N NA</td>
</tr>
<tr>
<td></td>
<td>Weston Area Health</td>
<td>Y Y NA NR Y Y</td>
<td>Y Y Y Y Y</td>
<td>N NR NR Y</td>
</tr>
<tr>
<td>3 Counties</td>
<td>Gloucestershire Hospitals</td>
<td>Y Y 04 Y Y Y</td>
<td>Y Y NR NR</td>
<td>NR NR NR NA</td>
</tr>
<tr>
<td>Dorset</td>
<td>Royal Bournemouth &amp; Christchurch</td>
<td>Y Y NA NR Y Y</td>
<td>Y Y Y Y Y</td>
<td>Y NR NR NA</td>
</tr>
<tr>
<td></td>
<td>West Dorset General Hospitals</td>
<td>Y Y NA NR N Y</td>
<td>Y IYS NR</td>
<td>NR NR NR NA</td>
</tr>
<tr>
<td></td>
<td>Poole Hospitals</td>
<td>Y Y 04 NR Y Y</td>
<td>Y Y Y Y Y</td>
<td>N N NR NA</td>
</tr>
<tr>
<td>Central South Coast</td>
<td>North Hampshire Hospitals</td>
<td>Y Y NA NR Y N</td>
<td>Y NR 04 NR</td>
<td>NR NR NR NA</td>
</tr>
<tr>
<td></td>
<td>Isle of Wight</td>
<td>Y Y NA NR Y N</td>
<td>Y NR Y NR</td>
<td>NR NR NR NA</td>
</tr>
<tr>
<td></td>
<td>Portsmouth Hospitals</td>
<td>Y Y IYS 04 Y</td>
<td>N N N N N</td>
<td>N NR NR NA</td>
</tr>
<tr>
<td></td>
<td>Salisbury Healthcare</td>
<td>Y Y NA NK Y Y</td>
<td>Y N NR NR</td>
<td>NR NR NR NA</td>
</tr>
<tr>
<td></td>
<td>Southampton University Hospitals</td>
<td>Y Y Y N Y Y</td>
<td>N Y NR N</td>
<td>N NR NR NA</td>
</tr>
<tr>
<td></td>
<td>Winchester &amp; Eastleigh Healthcare</td>
<td>Y Y NA NK Y Y</td>
<td>Y Y NR NR</td>
<td>NR NR NR NA</td>
</tr>
</tbody>
</table>

Y = Available and received; N = Available not supplied; NR = Not presently recorded; NA = Not applicable; IYS = Incomplete year sent; 04 = Available from 2004.
**Table 2: Case ascertainment. The percentage of registrations made from a Death Certificate Only (DCO) and the percentage of registrations with a pathological verification (MV)**

<table>
<thead>
<tr>
<th>Measure</th>
<th>SWCIS 2001</th>
<th>SWCIS 2002</th>
<th>SWCIS 2003</th>
<th>National Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>% DCO Rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>8.2</td>
<td>7.6</td>
<td>3.9</td>
<td>2.0</td>
</tr>
<tr>
<td>Females</td>
<td>8.5</td>
<td>8.7</td>
<td>5.5</td>
<td>2.0</td>
</tr>
<tr>
<td>Lung</td>
<td>12.5</td>
<td>14.1</td>
<td>8.5</td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td>5.0</td>
<td>4.4</td>
<td>2.4</td>
<td></td>
</tr>
<tr>
<td>Cervix</td>
<td>1.6</td>
<td>4.0</td>
<td>2.2</td>
<td></td>
</tr>
<tr>
<td>Melanoma</td>
<td>1.6</td>
<td>1.4</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Colorectal</td>
<td>6.2</td>
<td>6.9</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>Prostate</td>
<td>10.3</td>
<td>6.0</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>% MV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>72.2</td>
<td>77.2</td>
<td>82.5</td>
<td>79</td>
</tr>
<tr>
<td>Females</td>
<td>72.8</td>
<td>78.2</td>
<td>84.5</td>
<td>80</td>
</tr>
<tr>
<td>Lung</td>
<td>59.0</td>
<td>67.3</td>
<td>68.4</td>
<td>66</td>
</tr>
<tr>
<td>Breast</td>
<td>82.8</td>
<td>90.9</td>
<td>94.5</td>
<td>91</td>
</tr>
<tr>
<td>Cervix</td>
<td>85.3</td>
<td>95.1</td>
<td>95.5</td>
<td>94</td>
</tr>
<tr>
<td>Melanoma</td>
<td>88.1</td>
<td>94.4</td>
<td>98.5</td>
<td>96</td>
</tr>
<tr>
<td>Colorectal</td>
<td>80.0</td>
<td>85.2</td>
<td>88.5</td>
<td>86</td>
</tr>
<tr>
<td>Prostate</td>
<td>84.9</td>
<td>79.7</td>
<td>82.4</td>
<td>86</td>
</tr>
</tbody>
</table>

**Notes**

DCO – Death Certificate Only. These are cases where the only information available to the Registry is from a death certificate. This may be the first time the cancer was diagnosed but may also indicate cases where data is missing. The table above shows that the rate has decreased from previous years, although not in line with the UK target. Access to General Practitioner notes started late for diagnosis year 2002 with access to two out of the eight Family Health Service Authorities (FHSA), increasing to five in 2003 and six in 2004.

MV – Microscopic verification is an indication of cases where the diagnosis of cancer has been confirmed by microscopic cellular investigation.

**Table 3: Completeness of registrations. The percentage of registrations with a known valid code for the data fields listed**

<table>
<thead>
<tr>
<th>SWCIS Registrations</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>UK Average 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postcode</td>
<td>99.2</td>
<td>99.8</td>
<td>100</td>
<td>98.9</td>
</tr>
<tr>
<td>NHS number</td>
<td>82.5</td>
<td>94.9</td>
<td>99.7</td>
<td>92.5</td>
</tr>
<tr>
<td>Tumour morphology</td>
<td>72.1</td>
<td>74.9</td>
<td>82.3</td>
<td>86.8</td>
</tr>
<tr>
<td>Basis of diagnosis</td>
<td>91.8</td>
<td>95.7</td>
<td>100</td>
<td>95.8</td>
</tr>
<tr>
<td>% registrations with treatment recorded</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>43.3</td>
<td>42.3</td>
<td>43.9</td>
<td>45.0</td>
</tr>
<tr>
<td>Radiotherapy</td>
<td>2.9</td>
<td>1.7</td>
<td>14.7</td>
<td>18.3</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>14.1</td>
<td>12.0</td>
<td>8.0</td>
<td>16.9</td>
</tr>
<tr>
<td>% registrations with tumour stage present</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td>67.2</td>
<td>72.5</td>
<td>81.2</td>
<td>71.7</td>
</tr>
<tr>
<td>Cervix</td>
<td>64.5</td>
<td>68.7</td>
<td>81.4</td>
<td>74.7</td>
</tr>
<tr>
<td>Colorectal</td>
<td>63.3</td>
<td>68.1</td>
<td>70.5</td>
<td>66.0</td>
</tr>
<tr>
<td>Melanoma</td>
<td>67.6</td>
<td>81.8</td>
<td>81.0</td>
<td>70.2</td>
</tr>
<tr>
<td>Tumour grade present - breast cancer</td>
<td></td>
<td></td>
<td></td>
<td>69.3</td>
</tr>
</tbody>
</table>

**Notes**

This table clearly highlights the improvement in capturing NHS numbers through online access and batch traces through the National Strategic Tracing Service (NSTS). Capture of radiotherapy data has also increased through improved ascertainment of data direct from radiotherapy centres. Improvements in data capture, defined system algorithms and staff training account for the increase in registrations with tumour stage present.
Service Level Agreements (SLAs)

The Cancer Registry has successfully negotiated SLAs with all Acute Trusts and Cancer Networks in the region. This has been a significant achievement over the last year. Defined guidelines for data extracts, submissions, timescales and contacts have been incorporated into the SLAs, to ensure clear understanding for all parties involved.

Development and deployment of Cancerbase.net

Cancer Registry staff have worked with the IT team to develop the SWPHO’s bespoke cancer registration system, Cancerbase.net. Registry staff have been trained on how to use the system, which has greatly contributed to improvements in data quality. The new system was launched in August 2005. The system has attracted considerable interest from other cancer registries in the UK and overseas and places the SWPHO at the forefront of cancer registration in the UK.

Future plans and developments 2006/07

Our emphasis is on improving the quality and timeliness of data, and hence the information produced, along with increasing the number of data sources captured and enhancing the automation of data processing. The Cancer Registry in collaboration with the NLOs will continue to:

- improve the data quality and completeness of cancer data coverage and particularly the ascertainment of treatment data;
- work with local stakeholders to increase the completeness and ascertainment of data fields such as cancer stage for diagnosis;
- explore possible new data sources such as outpatient data, haematology and radiology databases, hospice and private hospital data and post-mortem reports;
- improve on the 70% coverage of GP notes;
- work with the IT team to further develop the Registry database, Cancerbase.net, and access to electronic data offloads from a range of different sources (see the Information Technology Team Report).

Current staffing

<table>
<thead>
<tr>
<th>Name</th>
<th>Job title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tina Ball</td>
<td>Head of Cancer Registration</td>
</tr>
<tr>
<td>Carlos Rocha</td>
<td>Cancer Registry Assistant Manager</td>
</tr>
<tr>
<td>Leigh Appleby</td>
<td>Data Quality Coordinator</td>
</tr>
<tr>
<td>Dianne Prior</td>
<td>Training and Data Quality Coordinator</td>
</tr>
<tr>
<td>Ian Horlock</td>
<td>Senior Registry Officer</td>
</tr>
<tr>
<td>Könén Dashwood</td>
<td>Senior Registry Officer</td>
</tr>
<tr>
<td>Glyn Eves</td>
<td>Senior Registry Officer</td>
</tr>
<tr>
<td>Helen Batterby</td>
<td>Registry Officer</td>
</tr>
<tr>
<td>Trudie Benn</td>
<td>Registry Officer</td>
</tr>
<tr>
<td>Victoria Randall</td>
<td>Registry Officer</td>
</tr>
<tr>
<td>Sandra Roll</td>
<td>Registry Officer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Job title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deborah Blitz</td>
<td>Registry Officer</td>
</tr>
<tr>
<td>Chris Middleton</td>
<td>Registry Officer</td>
</tr>
<tr>
<td>Jane Simons</td>
<td>Registry Officer</td>
</tr>
<tr>
<td>Miriam Stratton</td>
<td>Registry Officer</td>
</tr>
<tr>
<td>Annette Wallace</td>
<td>Registry Officer</td>
</tr>
<tr>
<td>Cynthia Walters</td>
<td>Registry Officer</td>
</tr>
<tr>
<td>Heather Edmonds</td>
<td>NLO</td>
</tr>
<tr>
<td>Lynne Kitson</td>
<td>NLO</td>
</tr>
<tr>
<td>Lucy Elliss-Brookes</td>
<td>NLO</td>
</tr>
<tr>
<td>Tracy Street</td>
<td>NLO</td>
</tr>
<tr>
<td>Cynthia Walsh</td>
<td>NLO</td>
</tr>
</tbody>
</table>
Team report

Cancer Analysis

Objectives

The Cancer Analysis team aims to ensure that Cancer Registry data is used to support health services to its maximum potential. It undertakes analysis of Cancer Registry data and produces a wide range of publications that reflect and support policy guidelines for cancer services. The team also provides an ad hoc enquiry service that deals with some 200 information requests each year.

Activity and achievements

Summary:

- major contribution to the analysis for the first DAHNO annual report;
- completed South West region updates to the CIS for 2003 data;
- participation in the improvement of the CIS system;
- series of reports published for the Cancer Networks Peer Review;
- investigations into prostate cancer and a number of rare cancers in the South West;
- updating annual information and reports;
- responded to almost 200 ad hoc requests for information.

DAHNO (Data for Head and Neck Oncology)

DAHNO is a national audit service sponsored by the Healthcare Commission that aims to enhance the care of head and neck cancer patients through the continuous process of reviewing and making changes to meet agreed standards. The UK Association of Cancer Registries (UKACR) is supporting the project, providing analysis and advice on data validation. The Cancer Analysis team has made a significant contribution to this process, undertaking a large part of the analysis for the first DAHNO annual report (published in March 2006).

Cancer information service (CIS)

The CIS is a national system that allows interrogation and analysis of cancer registry data over the web. The South West Cancer Intelligence Service has been contributing to the CIS since the system was created in 2003 and is responsible for an annual upload of incidence and survival data for the South West region. In 2005 registration of data from 2003 was completed. The Cancer Analysis team has participated in the process of improving the CIS interface and the specification for a module that will enable data quality indicators to be reported by organisation. This is expected to be available by the end of 2006. Cancer Registry data for 2004 is due to be loaded in mid-2006.

The CIS is available to registered users who have access to an NHS.net connection. Prospective or current users in the South West region can contact the Cancer Analysis team at info@swpho.nhs.uk or 0117 970 6474 for support, training and help.

Reports for Cancer Networks Peer Review

A series of reports has been produced to support the Cancer Networks Peer Review. The reports summarise incidence and mortality for major cancer sites for networks and PCTs and present recent trends in cancer survival. Similar updated reports will be published annually. The series includes specific reports for each network on:

- data quality
- invasive breast cancer
- lung cancer
- colorectal cancer
- gynaecological cancer
stomach and oesophageal cancer
urological cancer
haematological cancer.

Prostate cancer

The Cancer Analysis and Audit teams have collaborated to investigate the rise in the number of cases of prostate cancer diagnosed in the South West in recent years. A report detailing the findings of this investigation, Preliminary analysis of trends in prostate cancer and its management in the South West region, Hampshire and the Isle of Wight, was published in August 2005 and is available on the SWPHO website. Figure 6 illustrates the key trends. This work was undertaken jointly with the HES and Public Health Intelligence teams who will also be contributing to the development of NICE Guidance on prostate cancer (see New Urological Observatory on opposite page).

Updating annual information and reports

The Cancer Analysis team updated its regular reports, such as annual PCT reports, and added the latest year of cancer information (2003) to the interactive spreadsheets available on the SWPHO website.

Other updates included Cancer incidence in Plymouth. This report again found that Plymouth had a higher incidence than the South West region for cancers that are associated with smoking, such as lung cancer, and that it did not have an unusually high incidence of cancers associated with exposure to radiation, such as leukaemia. The results were explained to residents in the Plymouth area at a public meeting in February 2006.

Information requests

The Cancer Analysis team responds to a wide range of ad hoc requests for information. Most requests are from NHS organisations, particularly Cancer Networks and PCTs. However, requests have also been received from university departments, the media, MPs, commercial organisations and the general public (see Figure 7). These included requests for:

- the annual incidence of leukaemia by age in a consultant’s area;
- the incidence, mortality and 5-year survival rates for each PCT in a particular cancer network;
- an estimate of the future number of cancers in order to plan the future provision of chemotherapy services in a particular cancer network;
- dates and causes of death of particular patients in order to audit different types of surgery;
- number of cases of cervical cancer by stage to assess the feasibility of a research study;
- the number of people with sarcoma in the South West and details of where they were treated to inform specialist service provision.

Requests can be made by contacting the Cancer Analysis team directly, or electronically using the SWPHO website. The website explains what data is available and the rules relating to confidentiality.

Figure 6: Trends in prostate cancer in the SWCIS area 1992–2004

Figure 7: Ad hoc cancer information requests 2005/06
**Supporting South of England Specialised Commissioning for Cancer**

The SWPHO has an arrangement to supply epidemiological and health services information on rare cancers to support Specialised Commissioning. This involves liaison with the Thames Cancer Registry and Oxford Cancer Intelligence Unit.

**Publications and conferences**

Please see Appendix A for information about the Cancer Analysis team’s publications and Appendix B for presentations at conferences in 2005/06.

**Future plans and developments 2006/07**

During the next year the Cancer Analysis team will be expanding the amount of information available via the website, including updating and supplementing the information sheets. Major work is planned in the areas of social deprivation, survival, and cancer in the over 75s.

**New Urological Observatory**

The Cancer Intelligence Service is currently engaged in setting up a new national database on urological cancers, which includes cancers of the prostate, bladder and kidney. The database will combine a dozen existing databases from the Cancer Registries of England and Wales, the British Association of Urological Surgeons (BAUS) and the national Hospital Episode Statistics (HES) system. The new database will allow much deeper and more powerful analysis than is possible from each individual database.

Once the new database is established, the SWPHO, together with the National Collaborating Centre for Cancer, will use the information it provides to write the Needs Assessment document for the forthcoming NICE Clinical Guidelines on Prostate Cancer, due to be published in 2007.

This project builds on recent work on the epidemiology of and service provision for prostate cancer carried out by SWPHO over the last 18 months. For further information please contact: sean.mcphail@swpho.nhs.uk

**Current staffing**

<table>
<thead>
<tr>
<th>Name</th>
<th>Job title</th>
<th>Speciality areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andy Pring</td>
<td>Acting Head of Cancer Analysis</td>
<td>Head and neck, data quality</td>
</tr>
<tr>
<td>Sean McPhail</td>
<td>Senior Information Analyst</td>
<td>Urological cancers, skin cancers, cluster analysis, CIS</td>
</tr>
<tr>
<td>Annika Evans</td>
<td>Information Analyst</td>
<td>Ad hoc requests</td>
</tr>
</tbody>
</table>
Team report

Audit

Objectives

The role of the Audit team is to help clinicians improve the care of cancer patients in line with the National Cancer Plan. The team works with multi-disciplinary regional Tumour Panels made up of healthcare professionals and patients with expertise in, or experience of, a particular cancer type. The Audit team, in cooperation with the Tumour Panels, conducts audits and service evaluations to national or regional standards, and supports the development of guidelines. Results are shared regionally to promote change and improve cancer services. They have also informed national guidance, e.g. NICE (National Institute for Health and Clinical Excellence) guidance.

Activity and achievements

Summary:

- informed NICE guidance on a range of cancer topics;
- taken forward more than 30 reviews of cancer care in cooperation with the Tumour Panels and other health professionals;
- supported the development of Cancer Network audits;
- supported the development and appropriate use of national audits;
- organised educational days to share good practice and stimulate change;
- produced reports, which have been shared regionally and informed national guidance;
- published articles in national journals;
- published a patient-held diary, including information leaflets for patients with skin cancer, on the SWPHO website;
- presented findings at regional and national conferences.

Informing NICE Guidance

National guidance has been informed by regional projects undertaken by the Audit team on behalf of the Tumour Panels.

NICE ‘Improving Outcomes’ Guidance on Cancer Services:

- Head and neck – regional guidelines made a major contribution to the development of relevant NICE Guidance, and compliance with this guidance is now being audited via the South West Audit of Head and Neck Cancer (SWAHN).
- Children and adolescents – The development of NICE Guidance was informed by the SWPHO audit of GP referral pathways.
- Skin – NICE guidance has been informed by previous Skin Tumour Panel projects and by the audit of rare skin cancers reported in 2005.
- Sarcoma – The South West Sarcoma Tumour Panel is a registered stakeholder for the NICE Guidance and has contributed information, including regional guidance and audit data, to the Guidance development.
- Brain – regional neuro-oncology guidelines (published on the SWPHO website) informed the development of NICE Guidance to be published in 2006.
- Urology – prostate cancer guidance is being informed by a regional survey of the use of prostate specific antigen (PSA) testing in relation to the recommendations of the Prostate Cancer Risk Management Programme (PCRMP).

Other national guidance:

- Gynaecology – regionally agreed, evidence based guidelines have been welcomed by clinicians from beyond the region, as well as being used locally as part of the peer review process.
Upper GI – regionally developed protocols for staging CT scans for upper GI malignancy have been published in Clinical Radiology.

Reviews of cancer care

Projects were taken forward for most cancer types and for palliative care. Twenty-seven projects were ongoing at the year end: breast cancer (2), children and adolescents’ cancer (1), colorectal cancer (2), gynaecological cancer (6), haematological cancer (5), head and neck cancer (2), sarcoma (2), skin cancer (3), upper GI cancer (2), urological cancer (1), palliative care (1). More than 20 reports (either written or conference presentations) were produced (see Appendices A and B) and further interim reports were provided to Tumour Panels, Cancer Networks and national bodies (e.g. NICE).

Support for Cancer Network audits

This was provided by participating in Network audit groups (with audit and information professionals) and Network Site Specialist Groups (with clinical teams), and supporting audits used to meet the requirements for Cancer Network Peer Review. These included the three regional upper GI audits, which received very positive feedback from the peer review team.

National audits

Colorectal cancer – two regional audits (one on pre-operative MRI and radiotherapy for rectal tumours, and another on lymph node harvesting) were progressed using data fields from the National Bowel Cancer Audit Project (NBOCAP), helping to ensure that the collected data is effectively used to improve practice, and stimulating local ownership and participation in the national audits.

Gynaecological cancer – participated in planning the collection of data for the proposed National Cervical Screening Audit.

Head and neck – the third regional audit report on head and neck cancer (2005), was shared with the national Data for Head and Neck Oncology Audit (DAHNO) project. Regional data from the national DAHNO project, and the project’s future development, were reviewed with the Tumour Panel.

Organisation of educational days

Two highly successful educational days were held with support from the Audit team. The Soft Tissue Sarcoma Tumour Panel held their 5th Annual Clinical Day in Southampton in October 2005, which included presentations from the Director of the SWPHO as well as guest speakers from the Department of Health, the Royal Marsden Hospital and clinical teams in the region. The Brain Tumour Panel held a Neuro-oncology Study Day at the Royal Devon and Exeter Hospital in March 2006 which included presentations on local audits and trial participation, and a review of future treatment prospects from a guest speaker from the Beatson Institute in Glasgow. The feedback from both events was very positive.

Patient-held diary for skin cancer patients

A patient-held diary, informed by previously reported focus groups supported by the Audit team, has been made available via the SWPHO website, together with other skin cancer information leaflets used in the South West.

Publications and conferences

Please see Appendix A for information about Audit team publications and Appendix B for details of presentations at conferences.

Future plans and developments

2006/07

The Audit team will continue to work with clinical and other specialist teams from the SWPHO, Trusts and Cancer Networks, to improve the care of cancer patients in line with the National Cancer Plan.

Activities will include:

- implementation and follow-up of the Tumour Panel projects discussed above;
- organisation of educational days;
- joint work with the Cancer Analysis and Registration teams, including the use of audit data, to improve the quality of the Cancer Registry data;
● appropriate use of data from national audits, (e.g. DAHNO);

● increased use of new sources of data (e.g. Somerset Cancer Registry, Hospital Episode Statistics);

● continuing to link audit standards to national guidance, and using audit results to inform national guidance;

● working with Network Site Specific Groups to run audits against national standards for cancer services peer review.

### Current staffing

<table>
<thead>
<tr>
<th>Name</th>
<th>Job title</th>
<th>Speciality areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard Hancock</td>
<td>Head of Audit</td>
<td>Neuro-oncology, urology</td>
</tr>
<tr>
<td>Veronique Poirier</td>
<td>Deputy Head of Audit</td>
<td>Breast, children and adolescents, haematology, sarcoma, skin cancer</td>
</tr>
<tr>
<td>Jenny Weeks</td>
<td>Project Manager</td>
<td>Colorectal, gynaecology</td>
</tr>
<tr>
<td>Diana Bailey</td>
<td>Project Manager</td>
<td>Head and neck, upper GI</td>
</tr>
<tr>
<td>Kate Ruth</td>
<td>Clinical Audit Facilitator</td>
<td>Selected haematology, skin and urology projects</td>
</tr>
<tr>
<td>Jane Simons</td>
<td>Registry Officer</td>
<td>Liaison with Trusts and Registry</td>
</tr>
</tbody>
</table>
Team report

Information Technology

Objectives

Information technology underpins many of the core functions of the SWPHO including data capture, analysis and dissemination. With the majority of data now being received electronically and the increasing use of our website for publications and communications, the function of IT is pivotal to the continued success of the organisation.

The SWPHO’s Cancer Registry is one of the most advanced in the country in terms of electronic data receipt and processing. The IT function is essential to the development of this service and supports the national objectives for electronic data capture for cancer registration.

Activity and achievements

Summary:
- development of the electronic cancer registration system, Cancerbase.net;
- improved data quality using IT systems;
- development and launch of the new SWPHO website;
- achieved Interoperability between SWPHO and other PHO websites.

Cancerbase.net

After 20 months of planning and development, the IT team released its ‘next generation’ cancer registration system in August 2005, Cancerbase.net. This bespoke cancer registration system, delivers a user-friendly, fit-for-purpose application designed to meet local and national needs and changing circumstances.

The new system provides innovative automated demographic data quality improvements by integrating the application with the National Strategic Tracing Service and Quick Address management software. It also provides online help to assist Registry Officers for patient and tumour coding, matching and processing rules guidelines.

The IT team will be showcasing Cancerbase.net at the European Network of Cancer Registries (ENCR) conference in June. There has also been a lot of interest in the system from other Cancer Registries, some of which are considering adopting or adapting the system for their own use.

Improving data quality through IT

The IT team continues to seek ways of improving the Cancer Registry’s data quality and assurance program. Data cleansing and analysis have formed an important part of this process, and we are always looking to best practice for achieving and sustaining an appropriate level of data quality. The development of Cancerbase.net has been critical to this process but over the last year the IT team has also been involved in implementing an organisation-wide data quality strategy, including the development of policies relating to data quality and security.

New SWPHO website

The development of the new website is a major achievement of the last year. It has been particularly important in: the process of integrating the public health and cancer intelligence functions of the organisation; reinforcing the organisation’s new identity; and providing a vital communications link with key stakeholders and the general public.

There are currently hundreds of SWPHO cancer and public health-related resources available online, including reports, datasets, news items, events, posters and presentations and links to other websites, and access to thousands of resources held by other PHOs.
Interoperability

The IT team has worked with other Public Health Observatories to ensure that the SWPHO website is ‘interoperable’ with all other PHO websites (i.e. can search across all PHO websites). The new website was designed specifically to meet both national PHO requirements for interoperability and the standards of the electronic Government Interoperability Framework (eGIF). The site became interoperable in March.

Site usage statistics between February and May 2006 are given below.

### Users

<table>
<thead>
<tr>
<th>Users</th>
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<th>NHS</th>
<th>Staff</th>
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<tr>
<td>New</td>
<td>199</td>
<td>183</td>
<td>72</td>
<td>454</td>
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### Searches

<table>
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<tr>
<th>Searches</th>
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<td>Searches</td>
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### Session activity

<table>
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<tr>
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<td>Logons</td>
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### Most popular downloads

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<th>Position</th>
<th>Count</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>557</td>
<td>Why Register?</td>
</tr>
<tr>
<td>2</td>
<td>411</td>
<td>SWPHOcus May 2006</td>
</tr>
<tr>
<td>3</td>
<td>239</td>
<td>Public Health South West E-bulletin, April 2006</td>
</tr>
<tr>
<td>4</td>
<td>223</td>
<td>What is a Complex Password?</td>
</tr>
<tr>
<td>5</td>
<td>215</td>
<td>Geographical distribution of clients in contact with drug treatment services during 2004/05. Second quarter summary 2005/06</td>
</tr>
<tr>
<td>6</td>
<td>207</td>
<td>Public Health South West E-bulletin, Mar 2006</td>
</tr>
<tr>
<td>7</td>
<td>201</td>
<td>How Do I Search the Site?</td>
</tr>
<tr>
<td>8</td>
<td>182</td>
<td>Factsheet No 12: Head and Neck Cancer in the South West. ICD-10: C00-C14, C30-C32, C73</td>
</tr>
<tr>
<td>9</td>
<td>175</td>
<td>PHIT/Public Health Intelligence Team</td>
</tr>
<tr>
<td>10</td>
<td>169</td>
<td>Estimated number of smokers aged 11–15 in each Primary Care Trust in the South West</td>
</tr>
</tbody>
</table>
### Future plans and developments 2006/07

#### Cancer registration processing

- To improve the data quality and completeness of cancer data coverage, and particularly to improve ascertainment of treatment data, plans are currently under way to obtain and process electronic data offloads from:
  - the National Cancer Analysis Team for Hospital Episode Statistics (HES);
  - Radiotherapy Episode Statistics (RES);
  - Chemotherapy Episode Statistics (CES);
  - and Cancer Waiting Times data.

In addition, the team will be working with the Southern cluster local service provider to receive pathology and specialist cancer datasets via an XML offload.

- Realignment of our data capture and transmission processes with National Programme for IT (NpfIT) objectives, whereby a standardised registry dataset will be available from the Secondary Uses Service (SUS).

- Setting up SWPHO as a Registered Authority for access to SUS.

#### Systems integration

The new organisation has an enormous amount of stored data across its various teams, and we are starting to look at ways of integrating multiple datasets into a single data warehouse for organisation intelligence, analysis and reporting. This facility will then lend itself to two data intelligence operations:

- online analytical processing (OLAP), providing analysts with tools for exploring patterns and trends in multidimensional organisation data;
- data mining, using statistical techniques and artificial intelligence algorithms to discover patterns that are hidden deep in the data, and providing opportunities for extracting predictive and descriptive information.

#### ICT strategy

The SWPHO is working towards further integrating IT into the business process by closely aligning the development and implementation of systems with the organisation’s overall strategy. The IT strategy will outline how this can be achieved through three types of service delivery: organisation services; technical infrastructure services; and development services. The plans include:

- building an organisation-wide Intranet;
- improving the corporate storage regime;
- systems integration through data warehousing and OLAP.

### Current staffing

<table>
<thead>
<tr>
<th>Name</th>
<th>Job title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gill Christmas</td>
<td>Head of IT (Winchester)</td>
</tr>
<tr>
<td>Paul Eves</td>
<td>Senior Applications Developer (Winchester)</td>
</tr>
<tr>
<td>James Withers</td>
<td>Senior Applications Developer (Bristol)</td>
</tr>
<tr>
<td>Terry Payne</td>
<td>Senior Applications Developer (Winchester)</td>
</tr>
<tr>
<td>Greg Vickery</td>
<td>Applications Developer (Winchester)</td>
</tr>
<tr>
<td>Matthew Greenslade</td>
<td>Database Developer (Bristol)</td>
</tr>
<tr>
<td>Greg Gallagher</td>
<td>Data Development and Support Officer (Winchester)</td>
</tr>
<tr>
<td>Gary Bates</td>
<td>Senior Applications Developer – Website (Winchester)</td>
</tr>
<tr>
<td>Andy Elsey</td>
<td>Contract Web Architect (Winchester)</td>
</tr>
<tr>
<td>Bill Ashdown</td>
<td>Senior Systems Specialist (Winchester)</td>
</tr>
<tr>
<td>Matt George</td>
<td>Systems Support Officer (Bristol)</td>
</tr>
</tbody>
</table>
Team report
Business Management

Objectives

The prime objective of the Business Management team in 2005/06 was the integration of all administrative functions into one SWPHO Business Management team.

Following the integration of the administrative functions, it was absolutely vital that communications regarding human resources and policies and procedures were also improved and brought together in one area. The organisation retains two host employers, Bristol South and West Primary Care Trust (BSWPCT) and Southampton University Hospital Trust (SUHT), and it has been a priority to maintain efficient and effective communications between staff, management and our employing agencies during this period of change.

Activity and achievements

Summary:

- integration of financial management and business management infrastructure;
- implementation of Agenda for Change;
- development and production of ‘Post Outlines’ for staff under the Knowledge and Skills Framework;
- investigation of options for Winchester office move;
- introduction of a ‘global’ Health and Safety Policy covering staff across the whole organisation;
- Service Level Agreements negotiated and signed for 2005/06;
- supported staff engaged in voluntary work.

Finance

The majority of budgets and financial activity have now been rationalised into one host organisation – SUHT. This has resulted in a single finance service for the raising of funding, procurement of goods and services, payment of suppliers, and budget monitoring.

Payment of salaries remains split by host employers, although a successful cross-charging mechanism has been established with the BSWPCT for relevant staff. This situation will be reviewed once Agenda for Change has been implemented in both host organisations.

An electronic finance system was implemented at SUHT in January 2006. All the SWPHO financial activities have now been successfully migrated to the new system, which has an improved online payment service. Despite initial teething problems, the system is successfully achieving its ambition and we look forward to the new financial year with an improved budgeting and reporting suite.

Agenda for Change

The SWPHO has been working with its host employers to implement the Agenda for Change initiative. Job Information Packs for all staff were submitted by the end of 2004. Some assimilation offers were received in 2005/06 and the review process is currently under way for staff who have rejected their offers.

Knowledge and Skills Framework (KSF)

Following on from the job evaluation process under Agenda for Change, work has begun on introducing the KSF element. KSF ‘Post Outlines’ have been produced for the majority of posts. The delay in finalising some job evaluations has had a knock on effect for KSF. However, the process of developing the remaining Post Outlines has commenced and staff consultation is under way.
Premises

The Highcroft office site in Winchester is to be sold on the open market, for possible redevelopment, post 2009. The Business Management team has negotiated a new three-year lease with the landlords effective from 1 January 2006. However, new premises are being sought. Previous attempts to secure alternative premises in 2005 were unsuccessful due to the shortage of suitable accommodation in the area.

With the expansion of the SWPHO office in Bristol and the transfer of ownership of the building to a new landlord, the premises at Whiteladies Road have been improved and altered to create a more pleasant working environment. The provision of cycle parking at the building is to be investigated with Bristol City Council in 2006/07.

Health and Safety

All SWPHO staff are now operating under a global Health and Safety Policy. During the year 45 members of staff attended fire safety training and 25 attended office safety training. All staff have had a formal annual work station assessment. An assessment of the air quality at the Bristol office has necessitated the landlord undertaking various remedial actions, some of which are still ongoing.

Voluntary work

The SWPHO offers up to five days paid leave to all staff wishing to undertake health related voluntary work. This year staff have provided support to MapAction, which specialises in the mapping of disaster areas and supplying geographical information for humanitarian relief operations, a ‘Healthy Living Day’ at Bath City Farm, work promoting the wellbeing of migrant workers, and the Wessex Research Group Network, an organisation concerned with new research in ecological, spiritual, cultural, artistic, historical and scientific fields.

Service Level Agreements

SLAs were successfully negotiated with Acute Trusts and Cancer Networks (see Cancer Registration).

Future plans and developments 2006/07

BMT restructuring

The Business Management Team is to undergo a restructuring during 2006/07 that will enable it to meet the future demands of the organisation. Principally, this will focus on the provision of a project-orientated approach to new and changing processes that affect the organisation.

NHS Electronic Staff Record System

The introduction of the NHS Electronic Staff Record System will provide many benefits to the administration of all staff-related activities. This is a welcome improvement in streamlining our relationship with our host employers.

Developing a green policy

The Business Management team will be leading on the development of a green policy for the organisation. See ‘Priorities for 2006/07’ in the Introduction for further details.

Relocation of Winchester office

The search for a suitable site for the relocation of the Winchester office staff (within the local area) will continue during 2006/07, with the aim of being in-situ within the year.

Current staffing

<table>
<thead>
<tr>
<th>Name</th>
<th>Job title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jenny Flaherty</td>
<td>Head of Business Management (Winchester)</td>
</tr>
<tr>
<td>Jon Templeton</td>
<td>Administration Office Supervisor (Bristol)</td>
</tr>
<tr>
<td>Rosemarie Gattrell</td>
<td>Administrative Secretary (Winchester)</td>
</tr>
<tr>
<td>Anita Platt</td>
<td>Administrative Secretary (Winchester)</td>
</tr>
<tr>
<td>Emma Cordon</td>
<td>Office Secretary and Administrator (Bristol)</td>
</tr>
</tbody>
</table>
Team report

Publications and Communications

Objectives

The Publications and Communications team aims to provide a professional publishing service for the organisation and our co-publishing partners. This includes providing editorial, print and production expertise, as well as promotion, dissemination and distribution services.

The team also aims to promote greater understanding of the SWPHO’s work, products and services, and to facilitate two-way communications with SWPHO stakeholders and the general public, and internally with staff.

Activity and achievements

Summary:

- new post of Publications and Communications Manager created;
- development of the SWPHO communications strategy;
- new corporate branding and identity;
- launch and promotion of the new SWPHO website;
- production of supporting materials for conferences and events;
- development of internal communications.

New Publications and Communications Manager

The new post of Publications and Communications Manager was filled in October 2005. Creation of this post reflects the SWPHO’s commitment to improving the publications and communications processes across the whole organisation. The Publications and Communications Manager role is pivotal in improving communications externally and internally following the merger of the public health and cancer intelligence services, and in strengthening the identity of the merged organisation to external audiences.

Media communications for the SWPHO continue to be provided by the Regional Public Health Group.

Development of the Communications Strategy

The Publications and Communications Manager is tasked with leading on the development of the SWPHO’s Communications Strategy. Work has been undertaken to develop a streamlined publications programme that is responsive to the needs of all our stakeholders. The Publications and Communications Manager, along with the Graphic Designer, the Director, Deputy Directors and other members of the Senior Management Team, have worked on developing a range of publication formats, together with guidelines for authors, to ensure timely, purposeful and quality outputs. A ‘house style’ has been developed, in consultation with staff, to ensure consistency of both design and writing styles across all teams.

New corporate branding and identity

A new corporate identity has been developed for the SWPHO to reflect the changed nature of the organisation post-merger. Templates have been produced for reports and other print and online materials consistent with the new design. Figure 9 shows how the new visual identity has been applied across a range of SWPHO products.

E-communications

The SWPHO’s new website was officially launched in February 2006. An email announcement was sent to over 2,000 SWPHO contacts encouraging registration, and a flyer was produced for staff to circulate at conferences, seminars and other events. Mousemats promoting the site were also produced and sent to the first fifty new registrants on the website.
Figure 9: Examples of how the new SWPHO corporate identity has been applied across a range of SWPHO products
A monthly email alert service giving details of new resources added to the website was launched in March. This will automatically be sent to registered users of the site and a similar, weekly alert is now being circulated to staff.

Conferences and events

SWPHO staff have attended a number of national and regional conferences and events throughout the course of the year. Details of specific attendances and contributions are given in Appendix B. The Publications and Communications team has been involved in the production of posters and other supporting publicity materials, such as the website promotional flyer and ‘join our mailing list’ postcard, all of which have been re-designed to reflect our new corporate branding and identity.

Internal communications

The merger of the public health and cancer intelligence services has presented new challenges for internal communications across the whole organisation. The split-site locations (Bristol and Winchester), as well as the hosting of staff, such as the HES team, at other sites present particular challenges. Improving internal communications has therefore been a priority over the last year, and considerable progress has been made. There has been a review of internal communications that has resulted in:

- a reorganisation of senior management, staff and team meetings to facilitate and improve two-way channels of communication across the whole organisation;
- improved procedures for sharing information from these and other meetings to all staff;
- improved integration of shared IT systems;
- more opportunities for staff to travel between sites;
- regular visits by the Publications and Communications Manager (based in the Bristol office) to the Winchester site;
- improved procedures for sharing information with peripatetic staff, such as the Network Liaison Officers;
- regular opportunities for staff to feed back formally and informally about organisational issues;
- the introduction of a regular staff newsletter.

Future plans and developments

2006/07

There are a number of areas of work that will be the focus of concern for the Publications and Communications team over the coming year:

- further development of the Communications Strategy;
- further development of the publications programme and suitable formats for different project outputs;
- launch of a quarterly newsletter for external audiences (SWPHOcus);
- carry out a stakeholder evaluation in 2006/07 with the aim of using the feedback to improve our services and the overall quality of our publications and communications;
- organise training in professional writing skills and using Reference Manager for all staff involved in writing reports;
- development of a new database of contacts for the whole organisation;
- production of new information flyers promoting different SWPHO products and services.

Current staffing

<table>
<thead>
<tr>
<th>Name</th>
<th>Job title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helen Bolton</td>
<td>Publications and Communications Manager</td>
</tr>
<tr>
<td>Jeannette Smith</td>
<td>Graphic Designer</td>
</tr>
</tbody>
</table>
## Appendix A: publications

The following publications or their abstracts are available to download from the SWPHO website.

<table>
<thead>
<tr>
<th>Title</th>
<th>Team</th>
<th>Date of publication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second blooming: towards achieving a healthy and active mature population in the South West</td>
<td>PHIT/HES</td>
<td>Apr-05</td>
</tr>
<tr>
<td>A review of bisphosphonate usage in the South West Region in patients with a diagnosis of myeloma or MGUS</td>
<td>Audit</td>
<td>Jun-05</td>
</tr>
<tr>
<td>MDT Meeting Function-survey and prospective audit - Gynaecology</td>
<td>Audit</td>
<td>Jun-05</td>
</tr>
<tr>
<td>Revised standards for the process of care in neuro-oncology in the South West region</td>
<td>Audit</td>
<td>Jun-05</td>
</tr>
<tr>
<td>Peninsula cancer network data quality report</td>
<td>Cancer Analysis</td>
<td>Jun-05</td>
</tr>
<tr>
<td>Dorset cancer network data quality report</td>
<td>Cancer Analysis</td>
<td>Jun-05</td>
</tr>
<tr>
<td>Avon, Somerset &amp; Wiltshire cancer network data quality report</td>
<td>Cancer Analysis</td>
<td>Jun-05</td>
</tr>
<tr>
<td>Three counties cancer network data quality report</td>
<td>Cancer Analysis</td>
<td>Jun-05</td>
</tr>
<tr>
<td>Central South Coast cancer network data quality report</td>
<td>Cancer Analysis</td>
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<td>Breast cancer in five cancer networks</td>
<td>Cancer Analysis</td>
<td>Jun-05</td>
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<td>Urological cancer in five cancer networks</td>
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<td>Stomach and oesophagus cancer in five cancer networks</td>
<td>Cancer Analysis</td>
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<td>Colorectal cancer in five cancer networks</td>
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<td>Lung cancer in five cancer networks</td>
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<td>Gynaecological cancer in five cancer networks</td>
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<tr>
<td>Haematological cancer in five cancer networks</td>
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<td>CT scan usage in the management of oesophageal, oesophagogastric and gastric cancers (Article in <em>Clinical Radiology</em>)</td>
<td>Audit</td>
<td>Jul-05</td>
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<tr>
<td>Annual Report 2004/05 - National Drug Treatment Monitoring System (South West Region)</td>
<td>PHIT/NDTMS</td>
<td>Aug-05</td>
</tr>
<tr>
<td>Health Poverty Index: an atlas of indicators about the health of the South West</td>
<td>PHIT</td>
<td>Aug-05</td>
</tr>
<tr>
<td>Preliminary analysis of trends in prostate cancer and its management in the South West Region, Hampshire and the Isle of Wight</td>
<td>Cancer Analysis</td>
<td>Aug-05</td>
</tr>
<tr>
<td>Audit of anaemia management during radical pelvic radiotherapy or chemoradiotherapy for cervix cancer</td>
<td>Audit</td>
<td>Sep-05</td>
</tr>
<tr>
<td>Patient-held diary/information leaflets for patients with skin cancer</td>
<td>Audit</td>
<td>Sep-05</td>
</tr>
<tr>
<td>Information to support breast cancer awareness week</td>
<td>Cancer Analysis</td>
<td>Oct-05</td>
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<tr>
<td>Third head and neck cancer audit report</td>
<td>Audit</td>
<td>Oct-05</td>
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<tr>
<td>Information to support oral cancer awareness week</td>
<td>Cancer Analysis</td>
<td>Nov-05</td>
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<tr>
<td>Information to support lung cancer awareness week</td>
<td>Cancer Analysis</td>
<td>Nov-05</td>
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<tr>
<td>Title</td>
<td>Team</td>
<td>Date of publication</td>
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<tr>
<td>Incidence of rare skin cancer in South West England</td>
<td>Audit</td>
<td>Nov-05</td>
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<tr>
<td>South West gynaecological cancer treatment guidelines 2005</td>
<td>Audit</td>
<td>Dec-05</td>
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<tr>
<td>Cancer incidence, mortality and survival in England</td>
<td>Cancer Analysis</td>
<td>Dec-05</td>
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<tr>
<td>Cancer in the Channel Islands</td>
<td>Cancer Analysis</td>
<td>Dec-05</td>
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<tr>
<td>National Drug Treatment Monitoring System Quarterly Report 1 (Young people)</td>
<td>PHIT/NDTMS</td>
<td>Jan-06</td>
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<tr>
<td>PCT Key Data sheets (Cancer information for each PCT in the South West, Hampshire and the Isle of Wight)</td>
<td>Cancer Analysis</td>
<td>Jan-06</td>
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<tr>
<td>Screening for prostate cancer (Article in Trends in Urology, Gynaecology and Sexual Health)</td>
<td>PHIT</td>
<td>Jan-06</td>
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<tr>
<td>Cancer incidence in Plymouth</td>
<td>Cancer Analysis</td>
<td>Feb-06</td>
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<tr>
<td>Stage III and IV ovarian cancer in the South West of England: 5-year outcome analysis for cases treated in 1998 (Article in International Journal of Gynaecological Cancer)</td>
<td>Audit</td>
<td>Feb-06</td>
</tr>
<tr>
<td>National Drug Treatment Monitoring System Quarterly Report 2 (Geographical distribution of clients)</td>
<td>PHIT/NDTMS</td>
<td>Mar-06</td>
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<tr>
<td>Audit of preoperative chemotherapy regimens for oesophageal resected cases</td>
<td>Audit</td>
<td>Mar-06</td>
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</table>
Appendix B: conferences and events

Many of the following posters and presentations are available to download from the SWPHO website.

<table>
<thead>
<tr>
<th>Date</th>
<th>Conference/ event</th>
<th>Activity/representation</th>
<th>Team</th>
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<tbody>
<tr>
<td>April 2005</td>
<td>Second blooming</td>
<td>● Including a workshop on data provision and requirements for the evaluation and monitoring of the health of older people in the South West</td>
<td>PHIT</td>
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<tr>
<td></td>
<td>Launch Event</td>
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</table>
| April 2005 | Cancer Information in Context Day (ASCWS Cancer Services Network) | ● The use of clinical audit information at SWCIS (Oral presentation)  
● The use of cancer data at South West Cancer Intelligence Service (SWCIS) (Oral presentation)  
● SWCIS Registration, what is it? (Oral presentation)  
● Matching and markup of cancer data at SWCIS (Oral presentation)  
● The use of clinical audit information at SWCIS (Oral presentation) | Audit          |
| April 2005 | UKPHA 13th Annual Public Health Forum | ● Building intelligence systems across boundaries: experiences of sharing information to monitor cross-cutting programmes addressing the wider determinants of health (Workshop)  
● The inter-relationship between health and crime and older adults in the South West (Oral presentation)  
● Involving patients in service redesign: stifled by NHS Guardians (Oral presentation)  
● The role of school catering services in the development of healthier options school tuck shops (Oral presentation)  
● Using health and police data to quantify and describe the characteristics of domestic violence and abuse in the South West in order to develop a partnership approach to interventions (Oral presentation)  
● Homelessness and health: how can we make services accessible? (Oral presentation)  
● Older people and their health status (Oral presentation)  
● Empowering schools to set up healthier options school tuck shops: the development of a how to start and sustain a healthier options school tuck pack (Oral presentation)  
● How do women’s experiences of drugs misuse and treatment differ from those of men and what are the implications of this for public health? (Oral presentation)  
● Using data from health, police and other sources to quantify the extent of domestic violence and abuse in the South West in order to develop a partnership approach to interventions (Oral presentation)  
● Prostate cancer in the South West: an epidemic associated with diagnostic practices? (Poster)  
● Equity of access to drug services in the South West GOR using National Drug Treatment Monitoring System (NDTMS) data (Poster) | PHIT           |
<table>
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<tr>
<th>Date</th>
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<th>Activity/representation</th>
<th>Team</th>
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| May 2005   | South West Public Health Scientific Conference       | ● Empowering schools to set up healthier options school tuck shops: the development of a how to start and sustain a healthier options school tuck pack (Oral presentation)  
● The role of school catering services in the development of healthier options school tuck shops (Oral presentation)  
● Using police and A&E data to assess the impact of domestic violence on health services in the South West (Oral presentation)  
● One year on from responsible authority status: how Primary Care Trusts in the South West have responded to their status as new statutory partners in crime and disorder reduction partnerships (Oral presentation)  
● Homelessness and health: how can we make services accessible? (Oral presentation)  
● Prostate cancer in the South West: an epidemic associated with diagnostic practices? (Oral presentation)  
● The effect of mobile screening services on the local incidence of breast cancer (Oral presentation)  
● How do women’s experiences of drug misuse and treatment differ from those of men and what are the implications of this for public health? (Poster) | PHIT             |
| May 2005   | British Society for Haematology Meeting              | ● Audit of High Grade B Non-Hodgkin’s Lymphoma in the South West region (2001): Scope for improvement in meeting government targets (Poster)  
● Audit of High Grade B Non-Hodgkin’s Lymphoma in the South West region (2001): Clinical data on 337 new cases (Poster) | Audit            |
| May 2005   | British Gynaecological Cancer Society                | ● A regional audit of gynaecological cancer MDTS (Oral presentation) | Audit            |
| June 2005  | Annual Conference of South East Clinical Effectiveness Network | ● An audit of histological reporting practice for oesophageal tumours (Oral presentation)  
● Staging computed tomography in upper GI malignancy. A survey of the 5 cancer networks covered by the SWCIS (Poster) Awarded prize | Audit            |
<p>| June 2005  | Prevention of Childhood Injury                       | ● Deaths and hospital admissions from injury and poisoning among children and young people in England (Poster)                                                                                                         | HES              |
| July 2005  | Dorset &amp; Somerset Public Health Network              | ● Introduction to the work of the South West Public Health Observatory (Oral presentation)                                                                                                                                 | PHIT             |
| September 2005 | Health Poverty Index Launch Event                    | ● Presentations and workshops explaining the value of the Health Poverty Index (published in 3 volumes by SWPHO in March 2005)                                                                                           | PHIT             |
| September 2005 | Health Scrutiny Event, Plymouth                  | ● Introduction to the work of the South West Public Health Observatory (Oral presentation)                                                                                                                                | PHIT             |</p>
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| September 2005 | HPA Annual Conference    | ● Investigation and handling of alleged increased cancer incidence in a ward close to Hinkley Point nuclear power station by the South West Cancer Intelligence Service (SWCIS) (Oral presentation)  
● An increase in Bristol of drug misuse associated infections from 1998 to 2003, detected by Hospital Episode Statistics data analysis (Poster) | Cancer Analysis       |
| September 2005 | UKACR Annual Conference  | ● Improving outcomes in breast cancer: audit of care in Central South Coast Cancer Network (Oral presentation)  
● An audit of the histological reporting practice for oesophageal tumours (Poster)  
● Staging computed tomography in upper GI malignancy. A survey of the 5 cancer networks covered by the SWCIS (Poster)  
● Pattern of referral for paediatric cancer patients: the reality behind the two-week wait urgent referral pathways (Poster)  
● Hodgkin’s disease: 10 year outcome study (Poster)  
● Clinical workload and data quality assessment for soft tissue sarcoma (Poster)  
● Rare skin tumours in the South West (Poster)  
● Trends in prostate cancer and its management in the South West region, Hampshire and the Isle of Wight (Oral presentation) | Audit                  |
<p>| October 2005  | South West Observatory: Using Census 2001 data event | ● Presentation on the use of Census 2001 data for public health analysis (Oral presentation) | PHIT                  |
| October 2005  | Regional Development Agency | ● Road traffic collisions in the South West (Oral presentation) | PHIT                  |
| October 2005  | Ministry of Defence      | ● Introduction to the work of the South West Public Health Observatory (Oral presentation) | PHIT                  |
| October 2005  | APHO Staff Conference    | ● Joint working between a Public Health Observatory and Cancer Registry: the South West experience (Oral presentation) | PHIT                  |
| December 2005 | Local Government Unit Conference | ● SWPHO manned ‘Market stall’ with relevant posters, publications and publicity material | PHIT                  |
| January 2006  | E-base                   | ● Health Poverty Index (Oral presentation) | PHIT                  |
| March 2006    | National Drug Treatment Conference | ● Demographic distribution and drug misuse among 10–18 year olds (Oral presentation) | NDTMS                 |</p>
<table>
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<tr>
<th>Date</th>
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</thead>
</table>
- Estimating catchment populations for the South West: how and why (Poster)  
- Drug poisoning and drug related deaths in the South West region – regional trends and opportunities for prevention (Poster)  
- Trends in prostate cancer and its management in the South West region, Hampshire and the Isle of Wight (Poster)  
- Malignant mesothelioma: an asbestos legacy (Poster) | HES/PHIT  
PHIT  
Cancer Analysis/Audit  
Cancer Analysis |
| March 2006 | South West Observatory: New Age for the South West Conference | - Participation in all workshops from a public health perspective | HES/PHIT |
| March 2006 | Informatics Forum of the Network Development Programme | - Problems with orphan records (Oral presentation)  
- Network Liaison Officers: who we are and what we do (Oral presentation)  
- Cancer Intelligence Service audits and Network Audit development (Oral presentation)  
- SWCIS: Improving data quality, providing more information (Oral presentation) | Cancer Registration  
Cancer Registration  
Audit  
Cancer Analysis |
| March 2006 | Sport England | - Workshop on multi-agency approaches to data sharing | PHIT |
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Comments

1 = very good  2 = fairly good  3 = fairly poor  4 = very poor

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