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*National Cancer Action Team*

**Chemotherapy Costing and  
Tariff Development Project**

**June 2011**

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# National Cancer Action Team

## Chemotherapy Costing and Tariff Development

### 1 Background

- 1.1 Although there is no official policy as to when chemotherapy may come within the scope of Payment by Results, a national currency is being considered for implementation from April 2012, with a tariff potentially implemented by April 2013. A reasonable assumption, therefore, is that it could be based, in part, on the 2009/10 or 2010/11 Reference Costs collections.
- 1.2 Furthermore, irrespective of developments in the national tariff, expenditure on chemotherapy has continued to increase. Government policy has been to invest in this area as part of its national plan for cancer, with additional funding earmarked for drugs.
- 1.3 For these reasons, the quality and robustness of activity recording and costing has become a key issue for chemotherapy services.

### Current Situation

- 1.4 Reference Costs for chemotherapy were reviewed for 2008/09 by the National Cancer Action Team (NCAT). This indicated significant differences between individual Trust's reference costs reported, raising concern that there were variations in data and/or costing quality.
- 1.5 This indicated an urgent need to ensure accuracy of chemotherapy service costs, because of the potential impact of a tariff on Trust income and as commissioners will come under pressure to review their expenditure on all services, including chemotherapy.
- 1.6 To address these concerns, NCAT held a workshop and circulated additional guidance to help identify and clarify some of the difficulties faced by Trusts and to understand the reasons for such variances.
- 1.7 Learning from the recent exercise for radiotherapy costs, these are likely to be due to 3 key reasons:
  - Different conventions for counting and recording the activity – *for example, drugs are coded by each procurement whereas the unit for reference costs is per cycle.*
  - Different costing assumptions – *for example, how has consultant oncologists' time/cost been allocated between chemotherapy and other cancer services such as radiotherapy?*
  - Genuine variations in cost to the organisation – *for example, where Trusts have been able to secure volume discounts for drugs costs.*
- 1.8 In common with radiotherapy, there is likely to be a variety of commissioning arrangements across England. It is recognised that commissioning arrangements need to support the developments in the service, with full cost and volume contracting based on reported activity and a robust understanding of costs.

## Scope of the Chemotherapy Costing and Tariff Development Project

- 1.9 Work to support Trusts in understanding their chemotherapy costs commenced with the national workshop in July 2010. To take this forward, additional costing guidance was prepared in January 2011. The next steps and progress, as at February 2011, is shown at **Appendix 1**.
- 1.10 A short-life team from NCAT, including senior finance support to provide expertise, has now been brought together to:
- Undertake analysis of 2008/09 and 2009/10 reference costs and provide a commentary on the robustness and variances observed.
  - Make preliminary observations on the development of a tariff for chemotherapy and recommendations for future development.
  - Produce a draft report for the meeting of 17 May 2011, setting out the above.
- 1.11 The proposal for the project is attached as **Appendix 2**.
- 1.12 Following the meeting in May, it was agreed to do some further work to examine different options to calculate an indicative chemotherapy tariff and to show the impact of such a tariff on providers.

## 2 Understanding the national picture

### Data Collection

- 2.1 Initial support from NCAT consisted of meetings with Trusts to identify ways to improve data collection. Key messages emerged that there was a need to:
- Secure access to data through electronic systems
  - Take a whole organisation approach
- 2.2 NCAT proposed to continue working with CfH to ensure clear guidance is available to Trusts nationally.

### Analysis of 2008/09 & 2009/10 Reference Costs

- 2.3 The Reference Costs exercise is a national collection of cost data undertaken by the Department of Health each year in June. Every NHS provider submits this data, based on the previous financial year's accounts. Therefore the 2009/10 collection, submitted in June 2010, was the most recently published data available.
- 2.4 An explanation of chemotherapy reference costs, and their basis in clinical coding and Healthcare Resource Groups (HRGs), is given at **Appendix 3**.
- 2.5 The data downloaded from the DH web site showed that there were 149 (2008/09) and 142 (2009/10) providers of Chemotherapy services in England.
- 2.6 These providers were initially divided into 5 peer groups of approximately 30 providers each, based on the volume of procurement activity (cycles) in 2009/10 as reported in Reference Costs. This was to enable chemotherapy departments of similar size to be compared in groups rather than geographically which would, for example, compare small satellite units with major cancer centres.
- 2.7 The attribution of providers to peer groups was tested by using the same grouping but based on the volume of deliveries, rather than cycles. This caused some anomalies, where the volume of deliveries suggested a different peer group should be attributed than that based on cycles, and the membership of peer groups was adjusted for these anomalies to reflect both measures of activity.
- 2.8 To simplify the above process and to reduce the membership of each peer group to a more manageable size, the providers were finally divided into 8 peer groups of 15-25 providers each. This was based on simple attribution criteria, using the volume of either delivery or procurement activity as shown in the table below:

**Table 1: Attribution of Providers to peer groups**

Peer Group	Activity reported in 2009/10 Reference Costs	Number of Providers
1	>= 10,000 cycles or deliveries	17
2	>= 7,500 cycles or deliveries	18
3	>= 5,750 cycles or deliveries	16
4	>= 4,500 cycles or deliveries	17
5	>= 3,250 cycles or deliveries	20
6	>= 1,750 cycles or deliveries	20
7	>= 1,000 cycles or deliveries	18
8	< 1,000 cycles or deliveries	25
<b>Total</b>		<b>151</b>

2.9 A list of all providers that submitted Reference Costs for chemotherapy in 2008/09 and/or 2009/10 and their allocated peer group is attached at **Appendix 4**. Where providers merged in 2009/10, their 2009/10 configuration is used in both years.

2.10 To facilitate benchmarking within each peer group, a set of four comparisons was produced, based on the following measures:

- Average unit cost of a cycle (procurement)
- Average unit cost of a delivery
- Split of total costs between procurement and delivery
- Cycles procured per delivery

2.11 The comparison was presented to enable each provider to see their own data in the four measures above, compared to other providers in their peer group, as well as looking at the average for the peer group and the national average.

2.12 The costs used in the above charts were all deflated by each provider's Market Forces Factor (MFF). The MFF is a measure of "unavoidable" cost differences between NHS providers based on their geographical location, principally caused by rates of staff pay and the cost of land and buildings. The MFF for each provider is published each year. When comparative data from Reference Costs are published, it is normal practice to deflate all submitted costs by the MFF to ensure a fair "like for like" comparison between providers in different parts of England.

## Key Data Feedback

2.13 An overview of the national picture in terms of key data is shown at **Appendix 4**, which covers the following:

- Procurement – number of cycles, total cost
- Delivery – number of deliveries, total cost
- Attendances – number of attendances, total cost

2.14 For the purposes of comparison, the following measures are shown at **Appendix 5** and as charts at **Appendix 6**:

- Procurement – unit cost (the average cost per cycle)
- Delivery – unit cost (the average cost per delivery)
- Number of cycles per delivery
- Total costs of procurement : Total costs of delivery

2.15 The tables and graphs illustrate the wide range of values that were submitted by Trusts as part of their reference costs submission. This variation can be measured by looking at the peer group averages and key statistical measures, such as the range, inter-quartile range and standard deviation, as shown in Table 2 below:

**Table 2: Key metrics from Chemotherapy reference costs**

	2008/09 procurement	2008/09 deliveries	2009/10 procurement	2009/10 deliveries
Peer Group 1 average unit cost	£642	£193	£644	£189
Peer Group 2 average unit cost	£618	£217	£942	£271
Peer Group 3 average unit cost	£617	£248	£769	£241
Peer Group 4 average unit cost	£723	£312	£908	£275
Peer Group 5 average unit cost	£735	£291	£671	£491
Peer Group 6 average unit cost	£695	£303	£790	£264
Peer Group 7 average unit cost	£726	£267	£895	£400
Peer Group 8 average unit cost	£543	£542	£950	£325
<b>National average unit cost</b>	<b>£652</b>	<b>£239</b>	<b>£760</b>	<b>£262</b>
Lowest unit cost	£0	£0	£0	£0
Highest unit cost	£4,584	£4,145	£5,199	£2,462
<b>Range</b>	<b>£4,584</b>	<b>£4,145</b>	<b>£5,199</b>	<b>£2,462</b>
Lower quartile	£454	£152	£519	£141
Upper quartile	£909	£298	£1,048	£332
<b>Inter-quartile range</b>	<b>£455</b>	<b>£146</b>	<b>£528</b>	<b>£191</b>
<b>Standard deviation</b>	<b>£662</b>	<b>£472</b>	<b>£636</b>	<b>£312</b>

2.16 The following table shows the ratio of cycles per delivery and the ratio of total procurement costs to total delivery costs

**Table 3: Key ratios from Chemotherapy reference costs**

	2008/09 cycles per delivery	2008/09 proc costs: delivery cost	2009/10 cycles per delivery	2009/10 proc costs: delivery cost
Peer Group 1 average	1.1	79:21	1.1	78:22
Peer Group 2 average	0.9	72:28	0.8	73:27
Peer Group 3 average	1.0	72:28	1.2	79:21
Peer Group 4 average	1.0	71:29	1.0	77:23
Peer Group 5 average	0.9	70:30	0.8	54:46
Peer Group 6 average	1.1	72:28	1.1	76:24
Peer Group 7 average	1.1	75:25	1.0	69:31
Peer Group 8 average	1.7	64:36	0.9	73:27
<b>National average</b>	1.0	74:26	1.0	74:26
Lowest ratio	0.0	0:100	0.0	0:100
Highest ratio	1297.0	100:0	112.8	100:0

2.17 The tables above show the degree of variation that exists in the current reference costs collections and implies that there are significant differences in how Trusts are counting and/or costing chemotherapy services.



### 3 Counting and recording activity

#### Introduction

3.1 Tables 2 and 3 in the previous section show the variation in the activity data reported for reference costs, which implies that there is an inconsistency in the counting and recording of activity. Based on the observations from the data tables, combined with the conclusions drawn from the radiotherapy exercise, certain factors seem likely to be relevant to these variances.

#### Use of regimens in chemotherapy

3.2 Chemotherapy services are unique in that they are driven by a nationally agreed set of protocols for the delivery of services. This would imply that the opportunity for variance in means of treatment is significantly reduced, and thus a higher level of consistency in both counting and costing would be expected.

3.3 In reality, this does not seem to be the case and regimens appear to increase the likelihood of problems with data capture. This is supported by the anomalies in the RC data – suggesting that either Trust systems do not readily support the collection of activity in this way or regimens are subject to a wider degree of variance in local application than would be expected (which seems unlikely).

3.4 Regimens can contain any number of cycles, and each cycle can contain one or more deliveries within that cycle. The HRG applicable will depend on:

- The regimen(s) for treatment
- Whether the treatment is the start of a new cycle within the regimen (first attendance), or a continuation of an existing cycle (subsequent attendance)

3.5 In the procurement of drugs, Trust pharmacy systems would be capable of capturing information on the ordering of supplies and the dispensing of drugs, but not necessarily the relevant chemotherapy regimen or the point within the cycle. Both of these pieces of information would need to be captured in order to code the procurement of the drug and generate the correct procurement HRG.

3.6 For the delivery HRGs, Trust PAS systems would need to record the chemotherapy delivery against the patient spell or attendance. This would ensure the activity was not coded as, for example, a medical oncology outpatient which would be reported as part of outpatients rather than as chemotherapy activity.

3.7 A likely example of this is shown in the activity reported under SB11Z (delivery of exclusively oral chemotherapy) for Trusts in peer group 1:

**Table 4: Highest and lowest numbers of cycles procured under HRG SB11Z in peer group 1**

Trust	Cycles
South Tees NHS FT	13
Royal Surrey County NHS FT	8,732

- 3.8 Comparing the level of activity reported by South Tees, the lowest in peer group 1, to that of the highest activity in peer group 1 (Royal Surrey County), it seems unlikely that only 13 deliveries of oral chemotherapy were undertaken. The most likely explanation would be that these have been miscoded as outpatients or day attenders, and therefore excluded from chemotherapy activity and costs.

### **Mapping of regimens to HRG bands**

- 3.9 In order to facilitate a consistent approach to assigning chemotherapy regimens to the correct HRG, the Information Centre began publishing a national mapping of regimens to HRGs. Responsibility for the maintenance of this list has now passed to the Department of Health Payment by Results team, who also provide a portal whereby Trusts can submit regimens that cannot be matched to the list. They will then be considered for addition to the list in the next iteration.
- 3.10 The list has expanded considerably over the past 3 years and is one of the most important tools that will help Trusts consistently identify the correct HRG for the treatment undertaken. It is unclear, however, what proportion of each Trust's activity can be readily matched to the list, i.e. what degree of local variation there is from national regimens.
- 3.11 If a Trust cannot match its treatment regimen to the national list, the coder should use an "unspecified" code which will generate a HRG for regimens not on the national list. However, it would be undesirable to have large amounts of activity recorded as such.
- 3.12 From previous experience of costing chemotherapy regimens, there is some evidence of costing anomalies within the bands – i.e. where regimens with lower drug costs are assigned to higher cost bands by the national regimen list. However, the spread of national average unit costs by each HRG would suggest that this is not material nationally.
- 3.13 It will be important, however, to ensure that the list is maintained on a regular basis. This is so as to ensure that:
- The assignments of regimens to bands keeps pace with changing drug costs, particularly where relatively expensive therapies come off trial
  - Requests for new regimens to be considered can be handled promptly and added to the national list where appropriate.

## 4 Variations in costs

### Introduction

- 4.1 During the review of radiotherapy costing, many Trusts reported well-developed costing processes in place, including service level reporting and patient level costing. However, this was not always evidenced by the results of the benchmarking of reference costs and this is equally applicable to chemotherapy.
- 4.2 There were also a number of Trusts that described fairly rudimentary methodologies for costing using the basic “top-down approach” output from their costing system.
- 4.3 More broadly, it was observed that the variation in the quality and robustness of costing appeared to be largely dependent on the level of resources that Trusts put into costing in general, and service level costing in particular. Furthermore, good quality costing depends on the close working between:
- The service managers and their staff
  - Business/management accountants for cancer services
  - The individual or department leading the production of reference costs

Each of the 3 departments need to work carefully and closely together to ensure that the input of data and knowledge is sufficient and that the outputs are consistent. Recent initiatives to promote patient level costing and service line reporting have improved these links in many Trusts, but there were other cases where working did not seem to be joined up.

- 4.4 Some specific issues that may affect chemotherapy costing are set out below.

### Procurement of drugs

- 4.5 There may be significant differences in the prices paid for certain drugs by individual Trusts, for example, depending on the volume purchased (availability of bulk discounts). Where drugs are procured from a private sector supplier, there may be a facilities charge or difficulties identifying chemotherapy drugs from within a large invoice.
- 4.6 Trusts will also need to add on costs to the drug costs, such as pharmacy staff time, storage and despatch costs which may be difficult to identify. Trusts will also need to ensure that the cost of wastage and returns are correctly attributed to chemotherapy costs rather than pooled and allocated within overheads.

### Non-chemotherapy drugs and supportive therapies

- 4.7 Several chemotherapy regimens include non-chemotherapy drugs, such as:
- Hormonal therapies
  - Biological therapies
  - Supportive therapies

- 4.8 Such drugs may also be prescribed alongside a regimen of chemotherapy whilst not being formally part of the regimen, e.g. to deal with the side effects of chemotherapy. Many of the supportive drugs, such as antihistamines or anti-emetics, will not have a material cost implication. However, others such as granulocyte-colony stimulating factors (G-CSF) or bisphosphonates, may result in significant costs.
- 4.9 A review of the coding guidance and the reference costs guidance indicates some inconsistency in how supportive therapy drugs are to be coded and costed:
- Reference costs guidance states that the costs of **all** supportive drugs are attributed to chemotherapy procurement, even when delivered without chemotherapy, **whereas**
  - The OPCS coding guidance states that supportive therapies are coded separately as non-chemotherapy drug administration (e.g. infusion of therapeutic substance) if they are not delivered in the same attendance as chemotherapy treatment.
- 4.10 Following the OPCS coding guidance, the costs of supportive therapy drugs that were delivered separately from an attendance for chemotherapy would need to be manually added to the chemotherapy cost pool for the purposes of reference costs.
- 4.11 In addition, under reference cost guidance, the treatment of costs of hormonal therapies is not the same as for supportive therapies. These are only included in chemotherapy costs if they are an intrinsic part of the regimen. No specific guidance is provided for biological therapies.

#### **Staff costs**

- 4.12 Trusts may have issues in the allocation of medical time when costing, because job plans may not be available, accurately documented and/or medical staff often combine a number of different activities in a single PA. In some cases, medical time may be treated as an overhead and thus allocated over all cancer services, such as surgery, radiotherapy and chemotherapy.
- 4.13 The skill mix of medical staff, between consultants and other grades, will vary between Trusts and may be a component of the variation of costs between Trusts.

#### **Apportioning costs and offsetting income**

- 4.14 There is evidently a risk that fundamental errors in costing methodology will occur if the principles of the NHS Costing Manual are not followed carefully.
- 4.15 Allocation of direct costs will need to be undertaken if the facility/unit used for the delivery of chemotherapy is also used for non-chemotherapy activity, e.g. blood transfusions, to ensure chemotherapy costs are not overstated.
- 4.16 Apportionment of overheads should be carried out as prescribed by the costing manual using reasonable bases of apportionment to ensure chemotherapy costs reflect their fair share of Trust overheads.
- 4.17 Contributions from other income, such as private patients' and R&D, will reduce the total cost pool attributed to chemotherapy. The extent to which this is available will vary from Trust to Trust so will have an impact on the variation of costs.

## 5 Setting a national tariff

### Payment by Results

- 5.1 Payment by Results (PbR) is a method of funding NHS activity which has been used in England since 2003/04. It is based on a national tariff published annually which defines what price a Trust may charge for the activities it undertakes.
- 5.2 Its objective is to provide a transparent, rule-based system for paying healthcare Trusts. It seeks to reward efficiency, support patient choice and encourage productivity. It replaced the previous situation where Trusts set their own prices and funding was reliant principally on historic budgets and local negotiating skills.
- 5.3 The national tariff uses Healthcare Resource Groups (HRGs) as the currency for payment and each HRG attracts a standard price. Trusts are reimbursed according to the activity they record by HRG. Activity is predominantly recorded in patient spells (for admitted patients) and attendances (for non-admitted patients).
- 5.4 The principal philosophy behind the existing national tariff is that activity is reimbursed at a standard national price. The introduction of a fixed (or maximum) price tariff will therefore create winners and losers. This means that, for some activities, a Trust will be reimbursed above the costs it incurs and, for some activities, below cost.
- 5.5 Nonetheless the tariff is the same for every Trust and it is for individual Trusts to manage their financial situation in total. For example, if a Trust cannot secure enough income to cover its costs for a particular activity, the Board may address this by reducing costs or even ceasing the activity. There is no option for the tariff being altered to suit individual organisations or circumstances whilst remaining under PbR.
- 5.6 In some specific instances where additional costs are deemed to be outside Trusts' control, these are dealt with through the tariff structure (e.g. patient's age, complications or long lengths of stay) but not through local negotiation.
- 5.7 A national tariff for chemotherapy does not yet exist. The underlying OPCS coding structure has been refined so as to make it fit for the purpose of coding chemotherapy activity. However, with the introduction of a national tariff, organisations will need to assess the impact of the factors raised in this report.

### Calculating an Indicative National Tariff

- 5.8 It is possible to calculate an indicative national tariff by HRG based on the average 2009/10 Reference Costs. We have modelled this by taking the unit costs for each HRG for each Trust, deflating them by each Trust's MFF and calculating the national average unit cost for each HRG.
- 5.9 In our tariff model, a single tariff has been calculated for each HRG, irrespective of whether the patient was an inpatient, outpatient or day attender when receiving chemotherapy. This is because reference costs suggests that these categories are not captured consistently across

Trusts. Also, it is unlikely that the true unbundled costs of chemotherapy vary significantly between different modalities of care.

- 5.10 Any costs attributed to the HRG SB97Z (same day chemotherapy admission/attendance) have been apportioned across the HRGs for delivery in proportion to the total costs of each delivery HRG. This is because Reference Costs guidance states that the expectation is that no costs should be submitted under this HRG<sup>1</sup>. Therefore it has been assumed that these costs more properly relate to the cost of delivery and that there would be no separate tariff payable for SB97Z.
- 5.11 Any such national tariff would need to be introduced with extreme care and with further refinements over and above a simple national average price, so as not to destabilise the service financially. At the very least, Reference Costs data would need to be significantly “cleaned”, for example by using only the data falling within the inter-quartile range and discarding outlying data.
- 5.12 Our tariff model tested 5 different methodologies to assess the impact of cleaning the reference cost data by removing outliers, as follows:
- **Option 1: Exclude nothing** – a simple average of all data submitted, as described in sections 5.8-5.9 above, in effect making the assumption that any outliers at the lower end of the population are counterbalanced by outliers at the upper end of the population
  - **Option 2: Exclude data outside the inter-quartile range** – this takes the unit costs for each HRG and excludes the uppermost 25% of values and the lowermost 25% of values as outliers, i.e. includes only the “middle 50%” of the data
  - **Option 3: Exclude data below the 10<sup>th</sup> percentile and above the 90<sup>th</sup> percentile** – this is similar to option 2, but excludes only the uppermost 10% of values and the lowermost 10% of values as outliers, i.e. includes only the “middle 80%” of the data
  - **Option 4: Exclude data more than one standard deviation from the mean** – this takes the average unit costs for each HRG and calculates the standard deviation of each population. The standard deviation is a statistically recognised measure of dispersion, rather than the arbitrary 25% and 10% used in options 2 and 3, and forms the basis of most statistical methodologies for identifying outliers. Any data more than 1 standard deviation away from the national average is excluded.
  - **Option 5: Include only data in those peer groups whose averages are closest to the national averages** – this means, in effect, using only data from peer groups 1, 3 and 6, as proxies for large, medium and small Trusts respectively, as those peer group averages fall closest to the national averages for each HRG.
- 5.13 The indicative tariffs calculated are attached at **Appendix 7**. This shows the tariffs calculated under each of the 5 options. It also shows the highest and lowest tariffs calculated for each HRG (shaded red and green respectively) and the range between them. It should be stressed that these are purely illustrative, for the purposes of assessing the potential impact of such a change, and do not reflect DH policy in any way.

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<sup>1</sup> *Reference Costs 2009/10 Collection Guidance Final February 2010*,  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_112590](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_112590), p65, section 361

5.14 Our assessment of the 5 options is as follows:

- **Option 1:** Includes the full set of data, but also includes a significant number of outliers which may call into question the validity of a tariff based on average reference costs.
- **Option 2:** Produces a more reasonable tariff, but excludes almost 50% of the data submitted.
- **Option 3:** Produces an equally reasonable result by excluding approximately 20% of the data (therefore it can be concluded that option 2 probably excludes too much usable data).
- **Option 4:** As with Option 3 this produces a reasonable result, whilst also excluding approximately 20% of the data, and is based on a statistically valid measure of dispersion from the national average.
- **Option 5:** This is easy to understand but is the least scientific of the options. Of the 5 options, it produces a tariff that is most skewed towards the lowest or highest values for each HRG.

5.15 In our view, the most appropriate methodology for excluding outliers would be option 4 because it produces the most “reasonable” tariffs, i.e. mostly avoids being the lowest or highest of the 5 options and is based on a statistically valid measure of dispersion from the national average.

#### **Testing the Impact of an Indicative National Tariff**

5.16 Comparing the 5 options above, it is reassuring to note that, for most HRGs, the national tariffs as calculated under each option are fairly close to each other. This suggests that the average of the national set of data is fairly robust and could provide a reasonable basis for a tariff. It also indicates that the exclusion of outlying data when calculating a tariff would not have a huge impact on most Trusts.

5.17 Nonetheless, confidence in the robustness of average reference costs would be increased by excluding outlying data that is so distant from the national average that it would be reasonable to conclude that it is erroneous in some way.

5.18 Using option 4, the impact that these tariffs would have on each Trust in terms of the income they would receive has been calculated. Each Trust’s income is calculated by taking their activity data as submitted in 2009/10 reference costs, multiplying this by the relevant tariff and adding each Trust’s current (2011/12) PbR MFF. By comparing this indicative income to submitted reference costs, a projected gain or loss is shown. The results of this analysis are at **Appendix 8**.

5.19 This analysis suggests that many Trusts could be affected significantly if such a tariff were to be introduced, assuming Reference Costs reflects accurately the true cost of delivering their chemotherapy service and is indicative of the contract income received for these services. In reality, some Trusts would be funded for significantly more than their reported costs and some significantly less. In order to see the true financial impact on Trusts, the income shown at Appendix 8 would need to be compared to current income being received by Trusts for chemotherapy.

5.20 It is important to note that the largest gains and losses shown at Appendix 8 are created by those Trusts that have submitted reference cost data that can only be considered an extreme outlier from the national average. For example, the largest apparent gainer (Northern Devon) and largest apparent loser (University Hospitals Birmingham) submitted the following average reference costs for 2009/10:

**Table 5: Largest outliers from tariff impact analysis**

	Northern Devon	Univ Hospital B'ham	National average
Average cost per cycle	£199	£13,237	<b>£760</b>
Average cost per delivery	£45	£1,374	<b>£262</b>

5.21 The impact analysis, therefore, reinforces the need for all chemotherapy Trusts to have a good understanding of the costs of providing their service and of the data they submit to reference costs. If Trusts can identify instances where their average unit costs are outliers compared to peer group and national averages and work to understand these variances, they will be able to prepare themselves for the impact of a tariff system on their income.



## 6 Recommendations for next steps

### Introduction

6.1 In order to prepare for the transition to a national tariff, the key aims of the project could be defined as follows:

- Trusts should be able to code and count activity accurately
- Trusts should have a robust costing process
- Trusts should understand key cost drivers
- Existing guidance should be developed to provide full support to chemotherapy Trusts and highlight solutions to known difficulties
- Commissioning arrangements must be fit for purpose
- Feedback from the project should be shared with the PbR Team

### Discussions with Trusts

6.2 In order to fully understand the reasons for variances and the underlying difficulties perceived by Trusts, it is recommended that a sample of Trusts should be identified and meetings arranged to:

- Discuss how to ensure a consistent and accurate approach to counting activity
- Promote a robust costing methodology, in line with national standards
- Gain an overview of the significant factors that make each Trust's costs vary compared to their peers
- Assess any particular difficulties encountered when costing chemotherapy and identify ways to address these
- Identify examples of best practice and practical solutions and communicate these widely
- Ask for views regarding what further support Trusts would find useful from NCAT in the future

6.3 Meetings could also include a discussion of the Trust's 2009/10 Reference Costs data compared to their peers to identify local understanding of variances.

6.4 Key attendees would be chemotherapy managers, finance leads and reference cost leads to explore and understand the issues mentioned above. Local Cancer Network Directors and SHA leads could also be invited to give a strategic overview.

### **Identifying a sample group of Trusts**

6.5 To maximise the benefit from the meetings recommended above, the sample of Trusts could be drawn as follows:

- From within peer groups 1-3 as these demonstrate the least variation, plus
- 1-2 Trusts within peer groups 4-6 to gain an understanding of issues that may specifically affect smaller Trusts
- Trusts whose reference costs are demonstrably in line with national and peer group averages
- A sample from those Trusts using CPORT.

### **Providing feedback to Trusts**

6.6 The outcome of the meetings would be to develop the existing guidance to provide solutions and advice on key costing and counting issues, so as to prepare Trusts for the introduction of a national currency and/or tariff.

6.7 This could also include the sharing of benchmarking data so Trusts can assess their position against peer group and national averages. This would aim to reduce variances in reported costs by encouraging Trust to explore the reasons why their data may appear to be an outlier.

### **Providing feedback to PbR team**

6.8 Following discussions with Trusts, a summary of the key issues, along with recommendations, should be sent to the PbR team. This would detail how any tariff structure could be adapted so that the issues raised in meetings with Trusts do not adversely affect provision of the service.

6.9 To provide additional feedback, a small group of pilot sites, selected from across all peer groups, could be formed to “road test” an indicative tariff, based on average reference costs.

**NATIONAL CANCER ACTION TEAM  
UPDATE ON PROGRESS IN CODING AND COSTING CHEMOTHERAPY (SACT)  
Paper to NCIG February 2011**

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This paper highlights progress in the current NCAT programme of work to support the introduction of PbR in chemotherapy.

**SUMMARY MILESTONES ACHIEVED & NEXT STEPS**

Key milestones achieved	Next steps
<p><b>Improving data collection:</b> Two meetings arranged with Trusts to offer them the chance to think about how to improve data collection</p> <p>Key messages emerging:</p> <ul style="list-style-type: none"> <li>• secure access to data through electronic systems</li> <li>• take a whole organisational approach working as a multi-disciplinary team – improving communication training and education in this area</li> </ul>	<p>Feedback from the events with Q&amp;A has been posted on the NCAT web site.</p> <p>Continue working with CfH to ensure clear guidance available to Trusts nationally</p>
<p><b>OPCS Coded Regimen list :</b> updated (adult and paediatric) and sent to CfH for publication</p>	<p>List updated and completed and now with CfH before publication in April 11</p> <p>NHSIC reviewing advice on coding supportive treatments and links to other High Cost Drugs</p>
<p><b>Chemotherapy HRG fitness for purpose:</b> recommendations presented to the NHSIC and discussed at ORSG (Autumn 2010)</p>	<p>NHSIC and PbR considering recommendations however no changes to be made to the HRG framework before 2012</p>
<p><b>Review of Reference costs 0910:</b> Improvements in the national picture however still significant discrepancies between Trusts (see Attach 1)</p>	<p>DH considering mandating currency by 2012/13 (although not within current PbR guidance) - NCAT Looking to find and work with Trusts willing to be early adopters in the use HRG 4 for contracting</p>
<p><b>Chemotherapy costing guide:</b> Developed as a result of the work with CPORT sites – now complete (see Attach 2) and now available on NCAT web site</p>	<p>Notify Networks and Trusts that the guide is available</p>

**Susan Gibbin, Project Consultant,  
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## Chemotherapy Costing & Tariff Development Project

### 1. Introduction

The following document comprises the proposal of Bailey & Moore Solutions Ltd (hereafter referred to as “Bailey & Moore”) for support to the above project.

### 2. Company Background

Bailey & Moore was established in May 2006 by Richard Bailey and Fiona Moore to provide high-quality financial consultancy services to the NHS and related health organisations.

Since that time, the company has undertaken projects for a wide range of clients. Our recent clients have included:

- NCAT – radiotherapy tariff and costing project
- The Royal Marsden NHS Foundation Trust
- Croydon Health Services NHS Trust
- London Ambulance Service NHS Trust
- Hounslow PCT
- Kingston PCT
- NHS London

We specialise in combining visible solutions, reasonable cost and a personal service that reflects over 20 years’ experience in senior financial management.

### 3. Skills and Experience

Richard Bailey has worked in NHS finance since 1988, in roles at Regional Health Authority, Trust, Commissioner and Strategic Health Authority. At South West London SHA (2002-06) he was the SHA lead for Payment by Results and Reference Costs. As a consultant to Croydon Health Services NHS Trust (2006 to date) he also led on these two areas for the Trust. He also has substantial experience of information systems, coding and HRG grouping.

Fiona Moore has worked at senior level in NHS finance since 1991 in a variety of roles at Commissioner, Strategic Health Authority and the Department of Health National Performance Support Team. Prior to that, she worked as an accountant in private practice. She specialises in financial systems, team building and project management. She is a qualified practitioner of the OGC's Managing Successful Programmes framework.

Bailey & Moore have undertaken a detailed bottom-up costing of Chemotherapy regimens for the Royal Marsden, including delivery of the 2009 Chemotherapy reference costs, on time and within budget.

Most recently, Bailey & Moore have also worked with NCAT to review the reference costs for radiotherapy services, provided guidance on costing methodologies and advised on the development of a tariff.

#### **4. Proposed Project**

- Undertake analysis of 2008/09 and 2009/10 reference costs and provide a commentary on the robustness and variances observed.
- Make preliminary observations on the development of a tariff for chemotherapy and recommendations for future development.
- Produce a draft report for the meeting of 17/18 May 2011, setting out the above.
- Attend meeting and discuss findings and next steps, including potential involvement in a Trust costing working group.

#### **5. Price**

Our daily rate offered for this project is £900 per day, plus reasonable expenses in respect of travel and overnight accommodation where meetings are held at more distant locations.

The total price based on the estimated requirement of 10 days is therefore up to **£9,000**.

If it transpires that more than 10 days are required to complete the project or to provide additional services, we will notify the client and these will be subject to separate negotiation and agreement.

All prices exclude VAT, which will be charged at the prevailing rate.

Richard Bailey  
Fiona Moore  
28 April 2011

## A Brief Guide to Coding, Counting and Reference Costs

### Introduction

Reference Costs are collected annually each June by the DH from all NHS Trusts. They provide an historical statement of Trusts' costs based on their published annual accounts for the financial year that ended in the previous March. The data is published on the DH web site each year.

Reference Costs cover the vast majority of health services expenditure and provide the most complete and authoritative record of NHS Trusts' costs. They therefore provide a useful tool for analysing and benchmarking costs that can be used by Trusts, commissioners and other interested parts.

The currency for Reference Costs is Healthcare Resource Groups (HRGs). These are derived from clinical coding, as described below.

### Clinical Coding

All hospital-based activity is coded for the patient's diagnoses (using a coding system known as ICD10) and for any procedures undertaken (using a coding system known as OPCS4).

For chemotherapy, only OPCS codes are relevant in terms of deriving the HRG. Chemotherapy OPCS codes are split into two parts: procurement (codes beginning with X70 and X71) and delivery (codes beginning with X72 and X73). The following OPCS codes (version 4.5) was available to record chemotherapy activity in 2009/10 and 2010/11:

**Table 1: OPCS codes used to record chemotherapy procurement in 2009/10 and 2010/11**

OPCS code	Description
<i>Chemotherapy Procurement</i>	
X701	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 1
X702	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 2
X703	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 3
X704	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 4
X705	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 5
X708	Other specified procurement of drugs for chemotherapy for neoplasm in Bands 1-5
X709	Unspecified procurement of drugs for chemotherapy for neoplasm in Bands 1-5
X711	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 6
X712	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 7
X713	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 8
X714	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 9
X715	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 10
X718	Other specified procurement of drugs for chemotherapy for neoplasm in Bands 6-10
X719	Unspecified procurement of drugs for chemotherapy for neoplasm in Bands 6-10

Procurement deals with the purchase and supply of chemotherapy drugs, and any supporting therapy, when delivered as part of a chemotherapy regimen.

**Table 2: OPCS codes used to record chemotherapy delivery in 2009/10 and 2010/11**

OPCS code	Description
<i>Chemotherapy Delivery</i>	
X721	Delivery of complex chemotherapy for neoplasm including prolonged infusional treatment at first attendance
X722	Delivery of complex parenteral chemotherapy for neoplasm at first attendance
X723	Delivery of simple parenteral chemotherapy for neoplasm at first attendance
X724	Delivery of subsequent element of cycle of chemotherapy for neoplasm
X728	Other specified delivery of chemotherapy for neoplasm
X729	Unspecified delivery of chemotherapy for neoplasm
X731	Delivery of exclusively oral chemotherapy for neoplasm
X738	Other specified delivery of oral chemotherapy for neoplasm
X739	Unspecified delivery of oral chemotherapy for neoplasm

Delivery refers to the delivery of a part of or all of a chemotherapy cycle.

These codes were updated in 2009/10 (version 4.5) so as to reflect more accurately ongoing developments in chemotherapy treatments and to improve the mapping of individual regimens to OPCS codes.

### Healthcare Resource Groups (HRGs)

Healthcare Resource Groups (HRGs) are standard groupings of clinically similar treatments which use comparable levels of healthcare resource. i.e. cost a similar amount to provide.

HRGs offer organisations the ability to understand their activity in terms of the types of patients they care for, and the treatments they undertake. They enable the comparison of activity within and between different organisations and provide an opportunity to benchmark treatments and services to support trend analysis over time.

A useful introduction to HRGs can be found at:

[http://www.ic.nhs.uk/webfiles/Services/casemix/Prep%20HRG4/Introduction%20to%20HRG4 January%202008.pdf](http://www.ic.nhs.uk/webfiles/Services/casemix/Prep%20HRG4/Introduction%20to%20HRG4%20January%202008.pdf)

HRGs are derived from the clinical coding described above. Software called the HRG Grouper processes the codes (ICD10 and OPCS4) on each patient record, together with other information such as age and length of stay, and calculates the applicable HRG.

For mainstream hospital services, a single “core HRG” is produced for each outpatient attendance or inpatient spell (i.e. the period from admission to discharge). However, chemotherapy is one of several “unbundled” services. This means that, when these services are delivered, additional HRGs are generated for the spell or attendance which describes the unbundled activity. For a chemotherapy patient, the core HRG will describe the patient’s diagnosis and any surgical procedures undertaken, while the additional unbundled chemotherapy HRGs will describe the chemotherapy activity.

Chemotherapy HRGs are derived from procedure coding (OPCS4) only and other information about the patient (e.g. diagnosis, age) is not taken into account – this would be reflected only in the core HRG for the spell.

The HRGs for chemotherapy therefore follow a similar structure to the OPCS codes. There is a section for procurement and a section for delivery. There is also a third section that covers day or outpatient attendances in addition to the above.

### Procurement HRGs

These cover the costs of all drugs dispensed during the course of the regimen (including supportive therapy, where part of the delivery of the regimen) plus the costs of procuring the drugs themselves (e.g. Pharmacy staff, delivery and storage). There are 11 procurement HRGs, 10 bands for recognised national regimens plus a further band for drugs not forming part of an identified national regimen:

HRG code	HRG label
SB01Z	Procure Chemotherapy drugs for regimens in Band 1
SB02Z	Procure Chemotherapy drugs for regimens in Band 2
SB03Z	Procure Chemotherapy drugs for regimens in Band 3
SB04Z	Procure Chemotherapy drugs for regimens in Band 4
SB05Z	Procure Chemotherapy drugs for regimens in Band 5
SB06Z	Procure Chemotherapy drugs for regimens in Band 6
SB07Z	Procure Chemotherapy drugs for regimens in Band 7
SB08Z	Procure Chemotherapy drugs for regimens in Band 8
SB09Z	Procure Chemotherapy drugs for regimens in Band 9
SB10Z	Procure Chemotherapy drugs for regimens in Band 10
SB16Z	Procure Chemotherapy drugs for regimens not on the national list

The bands broadly correlate to the cost, so band 1 is procurement of the cheapest drugs and band 10 the most expensive.

The unit of measurement for procurement is cycles. A cycle of treatment may cover more than one attendance at hospital and more than one dispensation of any given drug.



## Delivery HRGs

These cover the costs of delivering the chemotherapy, such as the staff and premises used. There are 6 delivery HRGs as follows:

HRG code	HRG label
SB11Z	Deliver exclusively Oral Chemotherapy
SB12Z	Deliver simple Parenteral Chemotherapy at first attendance
SB13Z	Deliver more complex Parenteral Chemotherapy at first attendance
SB14Z	Deliver complex Chemotherapy, including prolonged infusional treatment at first attendance
SB15Z	Deliver subsequent elements of a Chemotherapy cycle
SB17Z	Deliver chemotherapy for regimens not on the national list

Again, these broadly correlate to cost. SB11Z is normally the cheapest with an oral prescription issued to the patients, often in an outpatient setting.

The remaining HRGs cover parenteral chemotherapy.

- SB12Z and SB13Z generally cover injections
- SB14Z covers longer infusional treatments
- SB15Z covers all follow-up treatments within an existing cycle
- SB17Z covers all deliveries of a regimen not identified on the national list.

For inpatients, the costs of delivery do not have to be separately identified. They remain a component of the total cost of the inpatient spell. However, the majority of chemotherapy is dispensed in a day attendance or outpatient setting, where the primary reason for the patient attending hospital is to receive chemotherapy. For such attendances, the cost of delivery is identified separately.

The Trust generally records this activity in attendances. An attendance is broadly the same as a delivery for Reference Costs purposes, with the following notes:

- If a patient receives both oral and parenteral chemotherapy in one attendance, this was counted as 2 deliveries until 2008/9 – one SB11Z for the oral delivery and one HRG from SB12Z to SB15Z for the parenteral delivery. Since 2009/10 the parenteral delivery determines the OPCS coding and the HRG;
- If a patient is on more than one regimen concurrently, a delivery is recorded for each regimen as appropriate. For example, if a patient is on 3 regimens concurrently, each attendance could consist of more than 1 delivery, depending on the make up of each regimen (eg if treatment days coincide).

### Attendance HRG

From 2009/10, an attendance HRG (SB97Z – same day chemotherapy admission/attendance) was also added. This is generated as the core HRG when a patient is admitted as a day case or attends as an outpatient or day attender solely for the purpose of the delivery of chemotherapy, i.e. there are no other OPCS codes recorded other than the procurement and/or delivery of chemotherapy. Prior to 2009/10, various core HRGs were generated by this type of activity, which then had to be ignored for costing purposes.

Reference costs guidance states that “it is expected that there will be a zero cost submitted for this activity” because all costs should be included in the procurement and delivery HRGs.

If the patient is admitted as inpatient, a core HRG other than SB97Z will be generated depending on the coding of the spell. Also, if a day case, day attender or outpatient includes treatment other than chemotherapy, a core HRG other than SB97Z will be generated.

### Chemotherapy Reference Costs

Chemotherapy has a dedicated section within the Reference Costs collection, which records the “unbundled” cost of chemotherapy as described above. This means the costs directly associated with procurement or delivery. These do not include, for example:

- outpatient clinics attended by patients undergoing chemotherapy treatment
- ward costs, if a patient undergoing chemotherapy treatment is admitted to a bed
- multi-disciplinary team meetings regarding patients’ progress
- post-treatment administration and follow up

The units of measurement for chemotherapy are based on regimens and are as follows:

- Procurement is measured in cycles. These refer to the number of repetitions of treatment specified in the regimen.
- Delivery is measured in deliveries. These are broadly similar to attendances, except where a patient undergoes more than one regimen in a single attendance, which would generate a separate delivery for each regimen.

Trusts will record their chemotherapy activity with the OPCS codes described in Table 1. The HRG grouper will process these records and calculate the appropriate HRG from the list in Table 2.

Trusts calculate the cost of providing each of the HRGs using their costing systems, which take costs from their accounting ledgers and allocate them across all the activities they undertake. Dividing these costs by the recorded activity volumes by HRG gives the average unit costs by HRG that are submitted for Reference Costs.

### Implications of Reference Costs and HRGs for a Chemotherapy Tariff

In mainstream acute services, the national tariff is based on previous years’ Reference Costs, adjusted for known changes since the date of submission. HRGs therefore provide the currency that provides reimbursement under the national tariff.

In chemotherapy, HRGs have a much shorter history and are still subject to development each year in response to feedback from Trusts. Nonetheless, it is expected that any future national tariff for chemotherapy would also be based on activity recorded by HRG.

Provider Key Data

Org code	Organisation name	Peer Group	2008/09 Procurement		2008/09 Delivery		2009/10 Procurement		2009/10 Delivery		2009/10 Attendance	
			Cycles	Cost	Deliveries	Cost	Cycles	Cost	Deliveries	Cost	Attends	Cost
				(MFF adj)		(MFF adj)		(MFF adj)		(MFF adj)		(MFF adj)
RBV	THE CHRISTIE NHS FOUNDATION TRUST	1	44,855	£24.7m	38,998	£4.2m	45,684	£27.5m	42,720	£8.1m	37,936	£0.0m
REN	CLATTERBRIDGE CENTRE FOR ONCOLOGY NHS FOUNDATION TRUST	1	29,079	£16.5m	29,680	£4.5m	31,813	£19.1m	28,820	£4.0m	0	£0.0m
RYJ	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	1	9,845	£10.3m	9,845	£2.6m	26,427	£9.2m	21,341	£2.2m	10,215	£4.6m
RHQ	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	1	24,178	£19.1m	25,081	£5.8m	23,077	£18.8m	23,065	£4.3m	22,290	£0.0m
RPY	THE ROYAL MARSDEN NHS FOUNDATION TRUST	1	18,324	£14.0m	18,845	£3.9m	19,010	£18.8m	25,784	£5.7m	0	£0.0m
RBZ	NORTHERN DEVON HEALTHCARE NHS TRUST	1	13,420	£2.6m	5,797	£0.3m	14,764	£2.9m	5,797	£0.3m	2,375	£1.0m
RXF	MID YORKSHIRE HOSPITALS NHS TRUST	1	15,105	£3.9m	9,217	£1.8m	14,199	£5.6m	9,951	£2.1m	10,006	£0.0m
RTE	GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	1	15,633	£11.9m	17,304	£4.4m	14,189	£13.0m	15,973	£4.4m	0	£0.0m
RWE	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	1	13,746	£7.4m	12,082	£3.3m	13,746	£10.1m	12,630	£1.7m	11,394	£1.6m
RTR	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	1	11,148	£7.3m	12,492	£2.2m	13,397	£7.4m	5,968	£1.5m	7,521	£0.0m
RWH	EAST AND NORTH HERTFORDSHIRE NHS TRUST	1	11,472	£9.3m	10,514	£2.4m	13,305	£11.1m	12,030	£2.4m	8,194	£0.0m
RTD	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1	5,444	£4.5m	4,452	£0.7m	13,291	£6.3m	12,609	£1.5m	9,543	£2.8m
RR8	LEEDS TEACHING HOSPITALS NHS TRUST	1	15,653	£11.8m	214	£0.0m	11,744	£9.2m	14,370	£3.9m	1,313	£0.0m
RX1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	1	9,795	£8.0m	12,123	£2.6m	9,868	£8.7m	12,528	£2.4m	12,104	£0.1m
RGT	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1	9,552	£8.6m	9,871	£2.6m	9,527	£9.9m	10,451	£2.2m	10,451	£0.0m
RA2	ROYAL SURREY COUNTY NHS FOUNDATION TRUST	1	14,379	£9.3m	14,164	£1.9m	8,749	£5.5m	11,624	£2.1m	15,879	£0.0m
RNJ	BARTS AND THE LONDON NHS TRUST	1	8,372	£4.0m	10,088	£3.2m	8,372	£4.4m	10,088	£3.5m	0	£0.0m
<b>Sub-total, Peer Group 1</b>			<b>270,000</b>	<b>£173.4m</b>	<b>240,767</b>	<b>£46.4m</b>	<b>291,162</b>	<b>£187.6m</b>	<b>275,749</b>	<b>£52.2m</b>	<b>159,221</b>	<b>£10.1m</b>
RWD	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	2	9,496	£6.2m	9,598	£1.8m	9,364	£4.4m	9,509	£1.1m	8,656	£0.0m
RM1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2	8,530	£4.7m	9,001	£0.6m	8,856	£5.3m	9,156	£1.1m	16,354	£0.0m
RHU	PORTSMOUTH HOSPITALS NHS TRUST	2	7,333	£7.5m	8,343	£1.5m	8,648	£8.5m	9,584	£1.0m	9,584	£0.0m
RR1	HEART OF ENGLAND NHS FOUNDATION TRUST	2	8,304	£6.5m	9,034	£2.3m	8,581	£5.0m	8,685	£3.5m	5,333	£0.0m
RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	2	6,549	£4.3m	6,436	£1.6m	7,626	£7.5m	8,621	£0.5m	7,570	£0.0m
RRV	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	2	7,716	£6.0m	8,653	£3.0m	7,470	£7.5m	8,148	£2.1m	8,774	£0.0m
RWA	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	2	7,670	£4.6m	8,197	£1.8m	7,268	£5.8m	8,847	£2.3m	7,923	£0.0m
RTH	OXFORD RADCLIFFE HOSPITALS NHS TRUST	2	41,209	£7.9m	41,209	£2.0m	6,960	£11.7m	8,218	£1.6m	8,217	£0.2m
RRK	UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST	2	9,260	£3.7m	9,258	£10.0m	611	£8.1m	8,083	£11.1m	0	£0.0m
RJL	NORTHERN LINCOLNSHIRE AND GOOLE HOSPITALS NHS FOUNDATION TRUST	2	5,926	£6.1m	5,806	£0.3m	4,284	£5.8m	8,199	£1.3m	0	£0.0m
RF4	BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	2	1,949	£3.3m	8,179	£2.2m	2,698	£3.0m	8,201	£3.2m	7,704	£2.4m
RXH	BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	2	1,010	£4.6m	8,685	£2.2m	1,010	£5.3m	8,685	£2.9m	480	£0.0m
RXN	LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	2	7,903	£4.6m	6,896	£0.8m	7,996	£4.9m	7,198	£0.8m	1,034	£0.0m
RXC	EAST SUSSEX HOSPITALS NHS TRUST	2	7,516	£5.3m	4,465	£0.8m	7,718	£3.4m	4,255	£0.8m	32	£0.0m
RTG	DERBY HOSPITALS NHS FOUNDATION TRUST	2	7,754	£5.2m	7,057	£2.0m	7,681	£6.0m	7,888	£1.8m	7,501	£0.0m
RL4	THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST	2	6,996	£2.3m	8,073	£0.9m	6,602	£3.0m	7,677	£1.0m	7,411	£0.0m
RJE	UNIVERSITY HOSPITAL OF NORTH STAFFORDSHIRE NHS TRUST	2	6,644	£6.9m	7,239	£2.1m	6,476	£7.2m	7,537	£1.3m	6,158	£1.0m
RA7	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST	2	5,930	£7.5m	8,318	£1.9m	6,226	£6.9m	7,866	£2.1m	8,048	£0.1m
<b>Sub-total, Peer Group 2</b>			<b>157,695</b>	<b>£97.4m</b>	<b>174,447</b>	<b>£37.8m</b>	<b>116,075</b>	<b>£109.3m</b>	<b>146,357</b>	<b>£39.6m</b>	<b>110,779</b>	<b>£3.7m</b>
RCB	YORK HOSPITALS NHS FOUNDATION TRUST	3	2,116	£3.6m	0	£0.0m	7,453	£2.9m	0	£0.0m	597	£0.1m
RXW	SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	3	7,159	£2.6m	7,606	£2.8m	6,585	£7.6m	5,482	£0.2m	6,203	£3.5m

Provider Key Data

Org code	Organisation name	Peer Group	2008/09 Procurement		2008/09 Delivery		2009/10 Procurement		2009/10 Delivery		2009/10 Attendance	
			Cycles	Cost	Deliveries	Cost	Cycles	Cost	Deliveries	Cost	Attends	Cost
				(MFF adj)		(MFF adj)		(MFF adj)		(MFF adj)		(MFF adj)
RGN	PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST	3	8,378	£2.8m	3,318	£0.7m	6,503	£3.4m	3,561	£0.5m	1,464	£0.2m
RVW	NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	3	7,132	£3.8m	3,885	£0.7m	6,319	£4.6m	3,548	£0.8m	3,514	£0.0m
RC1	BEDFORD HOSPITAL NHS TRUST	3	8,486	£1.6m	0	£0.0m	6,240	£2.8m	1,999	£0.5m	0	£0.0m
RXQ	BUCKINGHAMSHIRE HOSPITALS NHS TRUST	3	5,909	£3.6m	5,187	£2.2m	6,051	£3.4m	0	£0.0m	4,327	£1.7m
RK9	PLYMOUTH HOSPITALS NHS TRUST	3	7,994	£6.6m	7,565	£1.3m	6,026	£5.1m	6,099	£1.2m	6,076	£0.0m
RJF	BURTON HOSPITALS NHS FOUNDATION TRUST	3	3,439	£2.9m	3,395	£0.8m	5,981	£3.7m	3,257	£1.6m	3,275	£0.0m
RKB	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	3	6,902	£4.5m	7,858	£2.3m	5,893	£7.2m	6,520	£2.3m	6,262	£0.0m
RNA	THE DUDLEY GROUP OF HOSPITALS NHS FOUNDATION TRUST	3	4,975	£2.0m	6,341	£1.2m	5,843	£4.3m	5,843	£1.2m	8,516	£0.0m
RTF	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	3	5,835	£3.7m	6,416	£1.7m	5,828	£3.8m	6,378	£1.7m	5,976	£0.0m
RD3	POOLE HOSPITAL NHS FOUNDATION TRUST	3	7,253	£5.6m	10,774	£2.2m	5,818	£4.5m	6,847	£2.0m	4,421	£1.0m
RH8	ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	3	5,981	£5.7m	6,798	£1.4m	5,686	£7.5m	6,751	£1.5m	9,127	£0.0m
RXK	SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	3	5,586	£4.0m	5,594	£1.3m	5,680	£4.7m	5,758	£1.1m	5,188	£0.0m
RAJ	SOUTHEND UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	3	0	£0.0m	6,462	£1.3m	0	£0.0m	6,462	£1.7m	0	£0.0m
RGQ	IPSWICH HOSPITAL NHS TRUST	3	2,026	£1.8m	5,853	£1.6m	2,076	£2.3m	7,260	£2.0m	7,260	£2.9m
<b>Sub-total, Peer Group 3</b>			<b>89,171</b>	<b>£55.0m</b>	<b>87,052</b>	<b>£21.6m</b>	<b>87,982</b>	<b>£67.7m</b>	<b>75,765</b>	<b>£18.2m</b>	<b>72,206</b>	<b>£9.5m</b>
RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	4	8,124	£3.8m	8,124	£1.1m	5,715	£7.2m	5,307	£0.4m	4,576	£2.6m
RYQ	SOUTH LONDON HEALTHCARE NHS TRUST	4	7,440	£1.9m	3,137	£1.2m	5,583	£2.6m	301	£0.3m	3,654	£3.1m
RHM	SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST	4	5,016	£8.2m	4,776	£3.5m	5,028	£7.9m	5,724	£2.2m	5,757	£0.0m
RNS	NORTHAMPTON GENERAL HOSPITAL NHS TRUST	4	5,077	£1.8m	5,707	£3.0m	4,998	£3.1m	5,614	£2.2m	5,480	£1.1m
REF	ROYAL CORNWALL HOSPITALS NHS TRUST	4	6,273	£4.9m	5,757	£1.6m	4,956	£4.0m	5,320	£1.4m	4,785	£1.2m
RWY	CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	4	5,171	£1.5m	5,819	£1.8m	4,646	£3.7m	5,510	£0.7m	4,868	£1.5m
RTX	UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS TRUST	4	4,099	£3.0m	4,246	£0.8m	4,408	£4.0m	5,042	£0.3m	4,593	£1.8m
RJ7	ST GEORGE'S HEALTHCARE NHS TRUST	4	2,664	£2.8m	4,576	£1.1m	4,377	£2.7m	5,087	£1.6m	466	£0.1m
RWP	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	4	2,488	£4.5m	4,121	£1.0m	3,037	£4.5m	5,289	£1.3m	4,554	£0.0m
RYR	WESTERN SUSSEX HOSPITALS NHS TRUST	4	4,167	£3.7m	4,305	£1.9m	4,803	£4.2m	4,314	£2.7m	4,148	£0.0m
RDE	COLCHESTER HOSPITAL UNIVERSITY NHS FOUNDATION TRUST	4	5,728	£4.4m	5,824	£1.6m	4,699	£4.9m	0	£0.0m	5,058	£1.7m
RLT	GEORGE ELIOT HOSPITAL NHS TRUST	4	3,007	£1.4m	2,090	£0.6m	4,693	£1.7m	2,371	£0.8m	2,103	£0.0m
RHW	ROYAL BERKSHIRE NHS FOUNDATION TRUST	4	460	£1.2m	459	£1.1m	660	£2.1m	4,569	£1.8m	0	£0.0m
RA9	SOUTH DEVON HEALTHCARE NHS FOUNDATION TRUST	4	4,073	£4.0m	5,055	£0.0m	4,190	£3.6m	4,697	£1.4m	4,131	£0.5m
RQ8	MID ESSEX HOSPITAL SERVICES NHS TRUST	4	2,811	£0.6m	2,773	£0.6m	4,096	£3.3m	4,549	£0.8m	14	£0.0m
RXR	EAST LANCASHIRE HOSPITALS NHS TRUST	4	0	£0.0m	0	£0.0m	3,967	£3.3m	4,877	£0.6m	4,222	£0.0m
RDZ	THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST	4	2,904	£2.6m	0	£0.0m	3,602	£3.9m	4,526	£1.7m	33	£0.0m
<b>Sub-total, Peer Group 4</b>			<b>69,502</b>	<b>£50.3m</b>	<b>66,769</b>	<b>£20.8m</b>	<b>73,458</b>	<b>£66.7m</b>	<b>73,097</b>	<b>£20.1m</b>	<b>58,442</b>	<b>£13.6m</b>
RJZ	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	5	918	£0.3m	7,133	£3.1m	867	£0.5m	4,350	£3.8m	0	£0.0m
RW3	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	5	3,779	£2.6m	3,148	£0.5m	4,147	£3.5m	3,337	£0.5m	2,562	£1.5m
RA3	WESTON AREA HEALTH NHS TRUST	5	3,244	£2.3m	664	£0.1m	4,135	£0.7m	4,082	£1.1m	0	£0.0m
RD1	ROYAL UNITED HOSPITAL BATH NHS TRUST	5	3,702	£4.1m	3,702	£0.8m	3,841	£2.8m	3,779	£1.1m	853	£0.3m
RXP	COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	5	4,216	£1.0m	4,723	£1.1m	3,640	£5.2m	3,955	£1.3m	3,949	£0.0m
RBA	TAUNTON AND SOMERSET NHS FOUNDATION TRUST	5	4,508	£3.9m	4,508	£1.4m	3,594	£2.9m	3,773	£3.1m	190	£0.1m

Provider Key Data

Org code	Organisation name	Peer Group	2008/09 Procurement		2008/09 Delivery		2009/10 Procurement		2009/10 Delivery		2009/10 Attendance	
			Cycles	Cost	Deliveries	Cost	Cycles	Cost	Deliveries	Cost	Attends	Cost
				(MFF adj)		(MFF adj)		(MFF adj)		(MFF adj)		(MFF adj)
RAE	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	5	3,835	£2.0m	647	£0.1m	3,510	£1.6m	3,859	£0.6m	3,579	£1.8m
RXL	BLACKPOOL, FYLDE AND WYRE HOSPITALS NHS FOUNDATION TRUST	5	3,984	£4.8m	552	£0.4m	3,497	£0.9m	4,064	£10.0m	3,749	£0.1m
RCD	HARROGATE AND DISTRICT NHS FOUNDATION TRUST	5	2,183	£1.7m	2,314	£0.7m	3,422	£1.5m	3,010	£1.0m	3,130	£0.0m
RD7	HEATHERWOOD AND WEXHAM PARK HOSPITALS NHS FOUNDATION TRUST	5	1,892	£1.6m	545	£0.1m	3,352	£1.8m	3,087	£0.9m	0	£0.0m
RCX	THE QUEEN ELIZABETH HOSPITAL KING'S LYNN NHS TRUST	5	2,742	£2.3m	0	£0.0m	3,318	£2.8m	2,043	£0.3m	1,223	£0.0m
RGP	JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	5	3,481	£1.7m	4,328	£1.1m	3,291	£1.3m	4,273	£1.1m	4,255	£0.0m
RN3	GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	5	2,225	£2.7m	2,441	£1.0m	3,256	£2.3m	322	£0.1m	3,436	£1.0m
RNZ	SALISBURY NHS FOUNDATION TRUST	5	3,094	£2.0m	3,267	£0.5m	3,186	£2.3m	3,592	£0.6m	3,273	£0.0m
RAP	NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	5	3,020	£1.5m	3,522	£0.8m	3,182	£1.9m	3,261	£0.6m	171	£0.0m
RCF	AIREDALE NHS TRUST	5	2,295	£2.0m	6,122	£0.9m	2,619	£2.4m	3,605	£0.9m	2,763	£0.0m
RTP	SURREY AND SUSSEX HEALTHCARE NHS TRUST	5	3,321	£1.5m	5,456	£1.2m	2,215	£1.6m	4,066	£0.9m	2,826	£0.0m
RAL	ROYAL FREE HAMPSTEAD NHS TRUST	5	3,181	£2.6m	1,590	£0.4m	2,103	£1.7m	3,595	£1.2m	0	£0.0m
RQW	THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	5	423	£0.5m	3,301	£1.2m	423	£0.8m	3,301	£1.9m	0	£0.0m
RLN	CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST	5	411	£0.3m	3,348	£2.3m	411	£0.3m	3,348	£2.7m	4,035	£0.0m
<b>Sub-total, Peer Group 5</b>			<b>56,454</b>	<b>£41.5m</b>	<b>61,311</b>	<b>£17.8m</b>	<b>58,009</b>	<b>£38.9m</b>	<b>68,702</b>	<b>£33.7m</b>	<b>39,994</b>	<b>£4.8m</b>
RV8	NORTH WEST LONDON HOSPITALS NHS TRUST	6	2,411	£2.3m	2,410	£0.5m	3,211	£2.3m	3,213	£0.6m	0	£0.0m
RCU	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	6	1,861	£0.7m	1,192	£0.5m	3,157	£0.5m	28	£0.0m	1,601	£0.7m
RGR	WEST SUFFOLK HOSPITALS NHS TRUST	6	2,967	£1.7m	2,659	£1.2m	3,082	£2.6m	3,018	£1.0m	0	£0.0m
RBK	WALSALL HOSPITALS NHS TRUST	6	3,567	£2.9m	3,525	£1.0m	3,044	£4.2m	3,165	£0.6m	3,165	£0.0m
RJC	SOUTH WARWICKSHIRE NHS FOUNDATION TRUST	6	2,555	£1.3m	2,051	£0.7m	2,988	£1.9m	1,063	£0.1m	2,093	£0.6m
5QT	ISLE OF WIGHT NHS PCT	6	2,097	£1.5m	2,187	£0.5m	2,918	£1.2m	2,316	£0.3m	0	£0.0m
RW6	PENNINE ACUTE HOSPITALS NHS TRUST	6	2,429	£1.7m	2,339	£0.7m	2,555	£1.4m	2,367	£0.7m	2,210	£0.0m
RJD	MID STAFFORDSHIRE NHS FOUNDATION TRUST	6	2,182	£1.2m	609	£0.2m	2,380	£3.4m	3,156	£0.7m	3,092	£0.0m
RBN	ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	6	1,815	£0.8m	3,511	£0.5m	1,618	£0.9m	3,221	£1.5m	0	£0.0m
RN5	BASINGSTOKE AND NORTH HAMPSHIRE NHS FOUNDATION TRUST	6	2,557	£1.8m	0	£0.0m	2,292	£1.2m	0	£0.0m	2,272	£1.6m
RVL	BARNET AND CHASE FARM HOSPITALS NHS TRUST	6	1,925	£1.8m	0	£0.0m	2,249	£2.1m	2,284	£0.4m	576	£0.0m
RR7	GATESHEAD HEALTH NHS FOUNDATION TRUST	6	556	£1.2m	660	£0.3m	561	£2.3m	2,450	£0.5m	0	£0.0m
RC9	LUTON AND DUNSTABLE HOSPITAL NHS FOUNDATION TRUST	6	1,815	£0.8m	2,078	£1.8m	2,027	£2.3m	2,424	£0.4m	2,400	£0.6m
RTK	ASHFORD AND ST PETER'S HOSPITALS NHS TRUST	6	1,767	£0.8m	1,576	£0.3m	2,015	£0.7m	0	£0.0m	803	£0.3m
RBD	DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	6	2,050	£1.2m	2,379	£0.5m	1,960	£0.6m	2,322	£0.4m	2,303	£0.0m
RN1	WINCHESTER AND EASTLEIGH HEALTHCARE NHS TRUST	6	1,757	£1.4m	1,887	£0.3m	1,926	£1.6m	1,697	£0.3m	76	£0.0m
RCC	SCARBOROUGH AND NORTH EAST YORKSHIRE HEALTH CARE NHS TRUST	6	1,564	£0.8m	1,661	£0.7m	1,880	£1.1m	2,029	£1.5m	1,849	£0.2m
RA4	YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	6	1,853	£1.2m	2,192	£0.5m	1,810	£1.6m	2,046	£0.6m	1,705	£0.0m
RE9	SOUTH TYNESIDE NHS FOUNDATION TRUST	6	1,607	£2.1m	1,950	£0.5m	1,707	£2.1m	1,974	£0.7m	1,834	£0.0m
RWG	WEST HERTFORDSHIRE HOSPITALS NHS TRUST	6	938	£0.9m	880	£0.1m	877	£0.8m	2,018	£0.4m	358	£0.0m
<b>Sub-total, Peer Group 6</b>			<b>40,273</b>	<b>£28.0m</b>	<b>35,746</b>	<b>£10.8m</b>	<b>44,257</b>	<b>£35.0m</b>	<b>40,791</b>	<b>£10.8m</b>	<b>26,337</b>	<b>£4.1m</b>
RQQ	HINCHINGBROOKE HEALTH CARE NHS TRUST	7	1,602	£1.1m	1,983	£0.5m	1,726	£0.8m	1,729	£0.3m	1,397	£0.7m
REM	AINTREE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	7	696	£0.7m	117	£0.0m	1,674	£2.3m	1,393	£0.3m	0	£0.0m
RP4	GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS TRUST	7	1,833	£0.4m	2,534	£0.2m	1,489	£0.3m	1,500	£1.2m	0	£0.0m

Provider Key Data

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			Cycles	Cost	Deliveries	Cost	Cycles	Cost	Deliveries	Cost	Attends	Cost
				(MFF adj)		(MFF adj)		(MFF adj)		(MFF adj)		(MFF adj)
RLQ	HEREFORD HOSPITALS NHS TRUST	7	980	£0.4m	605	£0.1m	1,459	£1.2m	1,243	£0.3m	148	£0.1m
RVY	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	7	1,642	£1.8m	809	£0.5m	1,427	£1.6m	655	£0.1m	339	£0.0m
RP5	DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST	7	1,922	£1.6m	1,482	£0.9m	1,383	£1.5m	1,197	£0.3m	0	£0.0m
RRF	WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	7	2,342	£1.3m	2,155	£0.5m	1,372	£1.4m	1,299	£0.8m	1,093	£0.2m
RFF	BARNSELY HOSPITAL NHS FOUNDATION TRUST	7	1,602	£1.1m	1,532	£0.3m	1,368	£1.2m	666	£0.2m	666	£0.0m
RNQ	KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	7	1,736	£1.5m	3,482	£0.3m	1,359	£1.4m	1,441	£0.6m	1,408	£0.0m
RD8	MILTON KEYNES HOSPITAL NHS FOUNDATION TRUST	7	1,338	£1.1m	1,413	£0.2m	1,342	£1.6m	1,567	£0.2m	1,278	£0.4m
RAX	KINGSTON HOSPITAL NHS TRUST	7	1,126	£0.3m	382	£0.2m	1,238	£0.8m	1,013	£1.3m	1,506	£0.0m
RPA	MEDWAY NHS FOUNDATION TRUST	7	405	£1.6m	0	£0.0m	1,156	£1.3m	988	£0.5m	954	£0.8m
RDU	FRIMLEY PARK HOSPITAL NHS FOUNDATION TRUST	7	1,751	£0.9m	1,097	£0.3m	1,153	£1.2m	1,026	£0.3m	769	£0.0m
RQ6	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	7	1,122	£1.1m	789	£0.2m	1,079	£0.5m	1,423	£0.6m	557	£0.1m
RNL	NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST	7	2,210	£1.1m	1,735	£0.7m	998	£1.3m	1,578	£0.4m	0	£0.0m
RKE	THE WHITTINGTON HOSPITAL NHS TRUST	7	1,198	£1.6m	1,260	£1.1m	965	£1.4m	1,230	£1.0m	39	£0.0m
RNH	NEWHAM UNIVERSITY HOSPITAL NHS TRUST	7	900	£0.0m	1,083	£0.1m	793	£0.0m	1,014	£0.0m	252	£0.8m
RBS	ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	7	1,444	£1.1m	881	£0.3m	675	£0.4m	1,557	£0.6m	1,170	£0.0m
<b>Sub-total, Peer Group 7</b>			<b>25,849</b>	<b>£18.8m</b>	<b>23,339</b>	<b>£6.2m</b>	<b>22,656</b>	<b>£20.3m</b>	<b>22,519</b>	<b>£9.0m</b>	<b>11,576</b>	<b>£3.1m</b>
RBL	WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	8	1,094	£1.4m	998	£0.4m	929	£1.5m	918	£0.4m	0	£0.0m
RC3	EALING HOSPITAL NHS TRUST	8	604	£0.6m	759	£0.2m	890	£0.8m	965	£0.3m	972	£0.0m
RDD	BASILDON AND THURROCK UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	8	5,367	£2.1m	0	£0.0m	834	£0.5m	571	£0.1m	527	£0.3m
RJ2	THE LEWISHAM HEALTHCARE NHS TRUST	8	512	£0.4m	705	£0.2m	785	£0.2m	816	£0.1m	0	£0.0m
RFW	WEST MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	8	636	£0.3m	887	£0.1m	661	£0.3m	921	£0.1m	1,006	£0.8m
RJ6	MAYDAY HEALTHCARE NHS TRUST	8	865	£0.8m	978	£0.2m	637	£0.5m	702	£0.4m	227	£0.1m
RJR	COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	8	0	£0.0m	0	£0.0m	621	£0.4m	752	£0.1m	14	£0.0m
RFS	CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	8	368	£0.6m	708	£0.2m	527	£0.8m	594	£0.3m	190	£0.0m
RBT	MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	8	783	£1.1m	374	£0.0m	515	£0.7m	0	£0.0m	715	£0.3m
RM3	SALFORD ROYAL NHS FOUNDATION TRUST	8	3,891	£0.6m	3	£0.0m	508	£1.1m	539	£0.1m	604	£0.0m
RVJ	NORTH BRISTOL NHS TRUST	8	574	£0.2m	692	£0.1m	491	£0.2m	159	£0.0m	602	£0.1m
RM4	TRAFFORD HEALTHCARE NHS TRUST	8	262	£0.3m	211	£0.7m	372	£0.5m	293	£0.0m	290	£0.0m
RN7	DARTFORD AND GRAVESHAM NHS TRUST	8	682	£0.6m	635	£0.1m	339	£0.1m	327	£0.1m	576	£0.2m
RAS	THE HILLINGDON HOSPITAL NHS TRUST	8	708	£0.6m	389	£0.4m	313	£0.3m	445	£0.1m	0	£0.0m
RMC	ROYAL BOLTON HOSPITAL NHS FOUNDATION TRUST	8	86	£0.4m	0	£0.0m	270	£0.3m	297	£0.1m	0	£0.0m
RFR	THE ROTHERHAM NHS FOUNDATION TRUST	8	351	£0.1m	443	£0.6m	154	£0.1m	353	£0.7m	333	£0.2m
RMP	TAMESIDE HOSPITAL NHS FOUNDATION TRUST	8	24	£0.1m	288	£0.0m	33	£0.0m	335	£0.0m	10	£0.0m
5PP	CAMBRIDGESHIRE PCT	8	0	£0.0m	37	£0.0m	0	£0.0m	0	£0.0m	0	£0.0m
RM2	UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	8	0	£0.0m	0	£0.0m	0	£0.0m	0	£0.0m	1,287	£0.5m
RQM	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	8	325	£0.0m	0	£0.0m	0	£0.0m	0	£0.0m	808	£0.4m
RRJ	THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	8	0	£0.0m	0	£0.0m	0	£0.0m	0	£0.0m	3	£0.0m
RWJ	STOCKPORT NHS FOUNDATION TRUST	8	513	£0.2m	1,230	£0.2m	0	£0.0m	427	£0.2m	454	£0.0m
RWW	WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	8	0	£0.0m	0	£0.0m	0	£0.0m	0	£0.0m	205	£0.0m
RGC	WHIPPS CROSS UNIVERSITY HOSPITAL NHS TRUST	8	71	£0.1m	588	£2.4m	0	£0.0m	0	£0.0m	0	£0.0m

**Provider Key Data**

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			Cycles	Cost (MFF adj)	Deliveries	Cost (MFF adj)	Cycles	Cost (MFF adj)	Deliveries	Cost (MFF adj)	Attends	Cost (MFF adj)
RQ3	BIRMINGHAM CHILDREN'S HOSPITAL NHS FOUNDATION TRUST	8	1,457	£0.0m	1,088	£0.0m	0	£0.0m	0	£0.0m	0	£0.0m
<b>Sub-total, Peer Group 8</b>			<b>19,173</b>	<b>£10.4m</b>	<b>11,013</b>	<b>£6.0m</b>	<b>8,879</b>	<b>£8.4m</b>	<b>9,414</b>	<b>£3.1m</b>	<b>8,823</b>	<b>£3.0m</b>
<b>Grand Total</b>			<b>728,117</b>	<b>£474.7m</b>	<b>700,444</b>	<b>£167.5m</b>	<b>702,478</b>	<b>£533.9m</b>	<b>712,394</b>	<b>£186.7m</b>	<b>487,378</b>	<b>£51.9m</b>

Provider Key Ratios

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RBV	THE CHRISTIE NHS FOUNDATION TRUST	1	£551	£107	1.2	86:14	£601	£189	1.1	77:23
REN	CLATTERBRIDGE CENTRE FOR ONCOLOGY NHS FOUNDATION TRUST	1	£566	£151	1.0	79:21	£601	£138	1.1	83:17
RYJ	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	1	£1,046	£264	1.0	80:20	£348	£102	1.2	81:19
RHQ	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	1	£791	£233	1.0	77:23	£816	£188	1.0	81:19
RPY	THE ROYAL MARSDEN NHS FOUNDATION TRUST	1	£766	£208	1.0	78:22	£987	£221	0.7	77:23
RBZ	NORTHERN DEVON HEALTHCARE NHS TRUST	1	£194	£45	2.3	91:9	£199	£45	2.5	92:8
RXF	MID YORKSHIRE HOSPITALS NHS TRUST	1	£258	£200	1.6	68:32	£392	£207	1.4	73:27
RTE	GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	1	£762	£252	0.9	73:27	£919	£274	0.9	75:25
RWE	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	1	£539	£276	1.1	69:31	£734	£133	1.1	86:14
RTR	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	1	£654	£178	0.9	77:23	£552	£259	2.2	83:17
RWH	EAST AND NORTH HERTFORDSHIRE NHS TRUST	1	£814	£224	1.1	80:20	£832	£198	1.1	82:18
RTD	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1	£834	£150	1.2	87:13	£474	£121	1.1	81:19
RR8	LEEDS TEACHING HOSPITALS NHS TRUST	1	£755	£229	73.1	100:0	£786	£268	0.8	71:29
RX1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	1	£816	£210	0.8	76:24	£886	£191	0.8	79:21
RGT	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1	£905	£260	1.0	77:23	£1,041	£209	0.9	82:18
RA2	ROYAL SURREY COUNTY NHS FOUNDATION TRUST	1	£645	£136	1.0	83:17	£633	£182	0.8	72:28
RNJ	BARTS AND THE LONDON NHS TRUST	1	£483	£320	0.8	56:44	£521	£346	0.8	56:44
<b>Peer Group 1 Averages</b>			<b>£642</b>	<b>£193</b>	<b>1.1</b>	<b>79:21</b>	<b>£644</b>	<b>£189</b>	<b>1.1</b>	<b>78:22</b>
RWD	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	2	£654	£192	1.0	77:23	£465	£113	1.0	80:20
RM1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2	£557	£61	0.9	90:10	£602	£122	1.0	83:17
RHU	PORTSMOUTH HOSPITALS NHS TRUST	2	£1,027	£185	0.9	83:17	£988	£107	0.9	89:11
RR1	HEART OF ENGLAND NHS FOUNDATION TRUST	2	£778	£255	0.9	74:26	£580	£400	1.0	59:41
RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	2	£650	£248	1.0	73:27	£989	£60	0.9	94:6
RRV	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	2	£779	£346	0.9	67:33	£1,009	£259	0.9	78:22
RWA	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	2	£599	£220	0.9	72:28	£803	£266	0.8	71:29
RTH	OXFORD RADCLIFFE HOSPITALS NHS TRUST	2	£192	£48	1.0	80:20	£1,684	£193	0.8	88:12
RRK	UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST	2	£404	£1,083	1.0	27:73	£13,237	£1,374	0.1	42:58
RJL	NORTHERN LINCOLNSHIRE AND GOOLE HOSPITALS NHS FOUNDATION TRUST	2	£1,034	£54	1.0	95:5	£1,343	£153	0.5	82:18
RF4	BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	2	£1,712	£264	0.2	61:39	£1,115	£389	0.3	49:51
RXH	BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	2	£4,584	£252	0.1	68:32	£5,199	£332	0.1	65:35
RXN	LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	2	£583	£120	1.1	85:15	£608	£118	1.1	85:15
RXC	EAST SUSSEX HOSPITALS NHS TRUST	2	£705	£178	1.7	87:13	£444	£186	1.8	81:19
RTG	DERBY HOSPITALS NHS FOUNDATION TRUST	2	£673	£282	1.1	72:28	£783	£231	1.0	77:23
RL4	THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST	2	£325	£115	0.9	71:29	£447	£132	0.9	74:26
RJE	UNIVERSITY HOSPITAL OF NORTH STAFFORDSHIRE NHS TRUST	2	£1,046	£284	0.9	77:23	£1,113	£176	0.9	84:16
RA7	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST	2	£1,267	£233	0.7	80:20	£1,110	£269	0.8	77:23
<b>Peer Group 2 Averages</b>			<b>£618</b>	<b>£217</b>	<b>0.9</b>	<b>72:28</b>	<b>£942</b>	<b>£271</b>	<b>0.8</b>	<b>73:27</b>



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RCB	YORK HOSPITALS NHS FOUNDATION TRUST	3	£1,693	£0	0.0	100:0	£394	£0	0.0	100:0
RXW	SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	3	£364	£364	0.9	48:52	£1,147	£32	1.2	98:2
RGN	PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST	3	£340	£214	2.5	80:20	£519	£138	1.8	87:13
RVW	NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	3	£537	£173	1.8	85:15	£721	£231	1.8	85:15
RC1	BEDFORD HOSPITAL NHS TRUST	3	£192	£0	0.0	100:0	£445	£234	3.1	86:14
RXQ	BUCKINGHAMSHIRE HOSPITALS NHS TRUST	3	£608	£418	1.1	62:38	£561	£0	0.0	100:0
RK9	PLYMOUTH HOSPITALS NHS TRUST	3	£830	£174	1.1	83:17	£842	£192	1.0	81:19
RJF	BURTON HOSPITALS NHS FOUNDATION TRUST	3	£856	£236	1.0	79:21	£621	£489	1.8	70:30
RKB	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	3	£645	£297	0.9	66:34	£1,220	£351	0.9	76:24
RNA	THE DUDLEY GROUP OF HOSPITALS NHS FOUNDATION TRUST	3	£398	£187	0.8	63:37	£731	£210	1.0	78:22
RTF	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	3	£643	£271	0.9	68:32	£651	£274	0.9	68:32
RD3	POOLE HOSPITAL NHS FOUNDATION TRUST	3	£768	£206	0.7	72:28	£779	£288	0.8	70:30
RH8	ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	3	£946	£203	0.9	80:20	£1,321	£225	0.8	83:17
RXK	SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	3	£723	£241	1.0	75:25	£825	£187	1.0	81:19
RAJ	SOUTHEND UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	3	£0	£207	0.0	0:100	£0	£262	0.0	0:100
RGQ	IPSWICH HOSPITAL NHS TRUST	3	£912	£274	0.3	54:46	£1,101	£274	0.3	54:46
<b>Peer Group 3 Averages</b>			<b>£617</b>	<b>£248</b>	<b>1.0</b>	<b>72:28</b>	<b>£769</b>	<b>£241</b>	<b>1.2</b>	<b>79:21</b>
RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	4	£472	£130	1.0	78:22	£1,261	£79	1.1	95:5
RYQ	SOUTH LONDON HEALTHCARE NHS TRUST	4	£255	£369	2.4	62:38	£472	£848	18.5	91:9
RHM	SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST	4	£1,643	£733	1.1	70:30	£1,567	£380	0.9	78:22
RNS	NORTHAMPTON GENERAL HOSPITAL NHS TRUST	4	£359	£530	0.9	38:62	£618	£395	0.9	58:42
REF	ROYAL CORNWALL HOSPITALS NHS TRUST	4	£777	£284	1.1	75:25	£798	£255	0.9	74:26
RWY	CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	4	£299	£314	0.9	46:54	£792	£134	0.8	83:17
RTX	UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS TRUST	4	£744	£180	1.0	80:20	£902	£54	0.9	94:6
RJ7	ST GEORGE'S HEALTHCARE NHS TRUST	4	£1,035	£232	0.6	72:28	£619	£305	0.9	64:36
RWP	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	4	£1,802	£246	0.6	82:18	£1,496	£241	0.6	78:22
RYR	WESTERN SUSSEX HOSPITALS NHS TRUST	4	£892	£430	1.0	67:33	£868	£631	1.1	61:39
RDE	COLCHESTER HOSPITAL UNIVERSITY NHS FOUNDATION TRUST	4	£760	£281	1.0	73:27	£1,050	£0	0.0	100:0
RLT	GEORGE ELIOT HOSPITAL NHS TRUST	4	£450	£299	1.4	68:32	£361	£325	2.0	69:31
RHW	ROYAL BERKSHIRE NHS FOUNDATION TRUST	4	£2,513	£2,290	1.0	52:48	£3,160	£404	0.1	53:47
RA9	SOUTH DEVON HEALTHCARE NHS FOUNDATION TRUST	4	£981	£6	0.8	99:1	£860	£306	0.9	71:29
RQ8	MID ESSEX HOSPITAL SERVICES NHS TRUST	4	£212	£205	1.0	51:49	£811	£168	0.9	81:19
RXR	EAST LANCASHIRE HOSPITALS NHS TRUST	4	£0	£0	0.0	0:0	£832	£132	0.8	84:16
RDZ	THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST	4	£889	£0	0.0	100:0	£1,096	£372	0.8	70:30
<b>Peer Group 4 Averages</b>			<b>£723</b>	<b>£312</b>	<b>1.0</b>	<b>71:29</b>	<b>£908</b>	<b>£275</b>	<b>1.0</b>	<b>77:23</b>
RJZ	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	5	£291	£439	0.1	8:92	£594	£876	0.2	12:88
RW3	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	5	£699	£159	1.2	84:16	£847	£163	1.2	87:13

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RA3	WESTON AREA HEALTH NHS TRUST	5	£714	£200	4.9	95:5	£175	£269	1.0	40:60
RD1	ROYAL UNITED HOSPITAL BATH NHS TRUST	5	£1,101	£227	1.0	83:17	£728	£302	1.0	71:29
RXP	COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	5	£236	£236	0.9	47:53	£1,426	£327	0.9	80:20
RBA	TAUNTON AND SOMERSET NHS FOUNDATION TRUST	5	£854	£301	1.0	74:26	£813	£813	1.0	49:51
RAE	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	5	£528	£203	5.9	94:6	£455	£166	0.9	71:29
RXL	BLACKPOOL, FYLDE AND WYRE HOSPITALS NHS FOUNDATION TRUST	5	£1,216	£710	7.2	93:7	£248	£2,462	0.9	8:92
RCD	HARROGATE AND DISTRICT NHS FOUNDATION TRUST	5	£799	£316	0.9	70:30	£439	£334	1.1	60:40
RD7	HEATHERWOOD AND WEXHAM PARK HOSPITALS NHS FOUNDATION TRUST	5	£871	£213	3.5	93:7	£549	£287	1.1	68:32
RCX	THE QUEEN ELIZABETH HOSPITAL KING'S LYNN NHS TRUST	5	£839	£0	0.0	100:0	£843	£151	1.6	90:10
RGP	JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	5	£480	£249	0.8	61:39	£392	£249	0.8	55:45
RN3	GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	5	£1,207	£406	0.9	73:27	£709	£192	10.1	97:3
RNZ	SALISBURY NHS FOUNDATION TRUST	5	£639	£153	0.9	80:20	£719	£167	0.9	79:21
RAP	NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	5	£512	£215	0.9	67:33	£581	£173	1.0	77:23
RCF	AIREDALE NHS TRUST	5	£883	£148	0.4	69:31	£917	£239	0.7	74:26
RTP	SURREY AND SUSSEX HEALTHCARE NHS TRUST	5	£441	£224	0.6	55:45	£733	£225	0.5	64:36
RAL	ROYAL FREE HAMPSTEAD NHS TRUST	5	£828	£259	2.0	86:14	£828	£333	0.6	59:41
RQW	THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	5	£1,188	£358	0.1	30:70	£1,931	£583	0.1	30:70
RLN	CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST	5	£632	£699	0.1	10:90	£825	£820	0.1	11:89
<b>Peer Group 5 Averages</b>			<b>£735</b>	<b>£291</b>	<b>0.9</b>	<b>70:30</b>	<b>£671</b>	<b>£491</b>	<b>0.8</b>	<b>54:46</b>
RV8	NORTH WEST LONDON HOSPITALS NHS TRUST	6	£953	£196	1.0	83:17	£712	£191	1.0	79:21
RCU	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	6	£352	£410	1.6	57:43	£172	£633	112.8	97:3
RGR	WEST SUFFOLK HOSPITALS NHS TRUST	6	£577	£464	1.1	58:42	£837	£339	1.0	72:28
RBK	WALSALL HOSPITALS NHS TRUST	6	£815	£284	1.0	74:26	£1,369	£201	1.0	87:13
RJC	SOUTH WARWICKSHIRE NHS FOUNDATION TRUST	6	£512	£343	1.2	65:35	£645	£79	2.8	96:4
5QT	ISLE OF WIGHT NHS PCT	6	£714	£233	1.0	75:25	£413	£144	1.3	78:22
RW6	PENNINE ACUTE HOSPITALS NHS TRUST	6	£698	£292	1.0	71:29	£544	£280	1.1	68:32
RJD	MID STAFFORDSHIRE NHS FOUNDATION TRUST	6	£548	£395	3.6	83:17	£1,414	£218	0.8	83:17
RBN	ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	6	£467	£149	0.5	62:38	£563	£466	0.5	38:62
RN5	BASINGSTOKE AND NORTH HAMPSHIRE NHS FOUNDATION TRUST	6	£700	£0	0.0	100:0	£542	£0	0.0	100:0
RVL	BARNET AND CHASE FARM HOSPITALS NHS TRUST	6	£945	£0	0.0	100:0	£936	£177	1.0	84:16
RR7	GATESHEAD HEALTH NHS FOUNDATION TRUST	6	£2,069	£459	0.8	79:21	£4,186	£213	0.2	82:18
RC9	LUTON AND DUNSTABLE HOSPITAL NHS FOUNDATION TRUST	6	£451	£856	0.9	31:69	£1,144	£169	0.8	85:15
RTK	ASHFORD AND ST PETER'S HOSPITALS NHS TRUST	6	£434	£217	1.1	69:31	£346	£0	0.0	100:0
RBD	DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	6	£562	£223	0.9	68:32	£288	£171	0.8	59:41
RN1	WINCHESTER AND EASTLEIGH HEALTHCARE NHS TRUST	6	£812	£151	0.9	83:17	£853	£199	1.1	83:17
RCC	SCARBOROUGH AND NORTH EAST YORKSHIRE HEALTH CARE NHS TRUST	6	£518	£398	0.9	55:45	£567	£746	0.9	41:59
RA4	YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	6	£634	£224	0.8	71:29	£907	£273	0.9	75:25
RE9	SOUTH TYNESIDE NHS FOUNDATION TRUST	6	£1,323	£280	0.8	80:20	£1,256	£353	0.9	75:25

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RWG	WEST HERTFORDSHIRE HOSPITALS NHS TRUST	6	£918	£60	1.1	94:6	£920	£184	0.4	68:32
	<b>Peer Group 6 Averages</b>		<b>£695</b>	<b>£303</b>	<b>1.1</b>	<b>72:28</b>	<b>£790</b>	<b>£264</b>	<b>1.1</b>	<b>76:24</b>
RQQ	HINCHINGBROOKE HEALTH CARE NHS TRUST	7	£711	£255	0.8	69:31	£489	£159	1.0	75:25
REM	AINTREE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	7	£1,011	£205	5.9	97:3	£1,354	£195	1.2	89:11
RP4	GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS TRUST	7	£226	£67	0.7	71:29	£204	£773	1.0	21:79
RLQ	HEREFORD HOSPITALS NHS TRUST	7	£452	£229	1.6	76:24	£844	£263	1.2	79:21
RVY	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	7	£1,084	£611	2.0	78:22	£1,092	£126	2.2	95:5
RP5	DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST	7	£839	£585	1.3	65:35	£1,058	£292	1.2	81:19
RRF	WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	7	£549	£210	1.1	74:26	£988	£598	1.1	64:36
RFF	BARNSELY HOSPITAL NHS FOUNDATION TRUST	7	£711	£190	1.0	80:20	£901	£237	2.1	89:11
RNQ	KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	7	£858	£85	0.5	83:17	£1,040	£427	0.9	70:30
RD8	MILTON KEYNES HOSPITAL NHS FOUNDATION TRUST	7	£798	£131	0.9	85:15	£1,201	£138	0.9	88:12
RAX	KINGSTON HOSPITAL NHS TRUST	7	£293	£602	2.9	59:41	£611	£1,240	1.2	38:62
RPA	MEDWAY NHS FOUNDATION TRUST	7	£3,837	£0	0.0	100:0	£1,166	£521	1.2	72:28
RDU	FRIMLEY PARK HOSPITAL NHS FOUNDATION TRUST	7	£494	£243	1.6	76:24	£1,061	£255	1.1	82:18
RQ6	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	7	£977	£192	1.4	88:12	£484	£444	0.8	45:55
RNL	NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST	7	£519	£403	1.3	62:38	£1,300	£279	0.6	75:25
RKE	THE WHITTINGTON HOSPITAL NHS TRUST	7	£1,336	£845	1.0	60:40	£1,451	£832	0.8	58:42
RNH	NEWHAM UNIVERSITY HOSPITAL NHS TRUST	7	£18	£56	0.8	21:79	£12	£14	0.8	39:61
RBS	ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	7	£750	£374	1.6	77:23	£660	£411	0.4	41:59
	<b>Peer Group 7 Averages</b>		<b>£726</b>	<b>£267</b>	<b>1.1</b>	<b>75:25</b>	<b>£895</b>	<b>£400</b>	<b>1.0</b>	<b>69:31</b>
RBL	WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	8	£1,302	£446	1.1	76:24	£1,612	£409	1.0	80:20
RC3	EALING HOSPITAL NHS TRUST	8	£1,061	£229	0.8	79:21	£904	£282	0.9	75:25
RDD	BASILDON AND THURROCK UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	8	£385	£0	0.0	100:0	£635	£224	1.5	81:19
RJ2	THE LEWISHAM HEALTHCARE NHS TRUST	8	£799	£237	0.7	71:29	£264	£81	1.0	76:24
RFW	WEST MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	8	£456	£157	0.7	68:32	£462	£159	0.7	68:32
RJ6	MAYDAY HEALTHCARE NHS TRUST	8	£931	£213	0.9	79:21	£822	£521	0.9	59:41
RJR	COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	8	£0	£0	0.0	0:0	£685	£162	0.8	78:22
RFS	CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	8	£1,539	£289	0.5	73:27	£1,469	£465	0.9	74:26
RBT	MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	8	£1,352	£118	2.1	96:4	£1,286	£0	0.0	100:0
RM3	SALFORD ROYAL NHS FOUNDATION TRUST	8	£162	£322	1297.0	100:0	£2,151	£124	0.9	94:6
RVJ	NORTH BRISTOL NHS TRUST	8	£268	£197	0.8	53:47	£376	£108	3.1	91:9
RM4	TRAFFORD HEALTHCARE NHS TRUST	8	£1,142	£3,223	1.2	31:69	£1,241	£160	1.3	91:9
RN7	DARTFORD AND GRAVESHAM NHS TRUST	8	£843	£173	1.1	84:16	£422	£225	1.0	66:34
RAS	THE HILLINGDON HOSPITAL NHS TRUST	8	£846	£939	1.8	62:38	£1,113	£321	0.7	71:29
RMC	ROYAL BOLTON HOSPITAL NHS FOUNDATION TRUST	8	£4,439	£0	0.0	100:0	£1,259	£350	0.9	77:23
RFR	THE ROTHERHAM NHS FOUNDATION TRUST	8	£236	£1,250	0.8	13:87	£678	£1,905	0.4	13:87

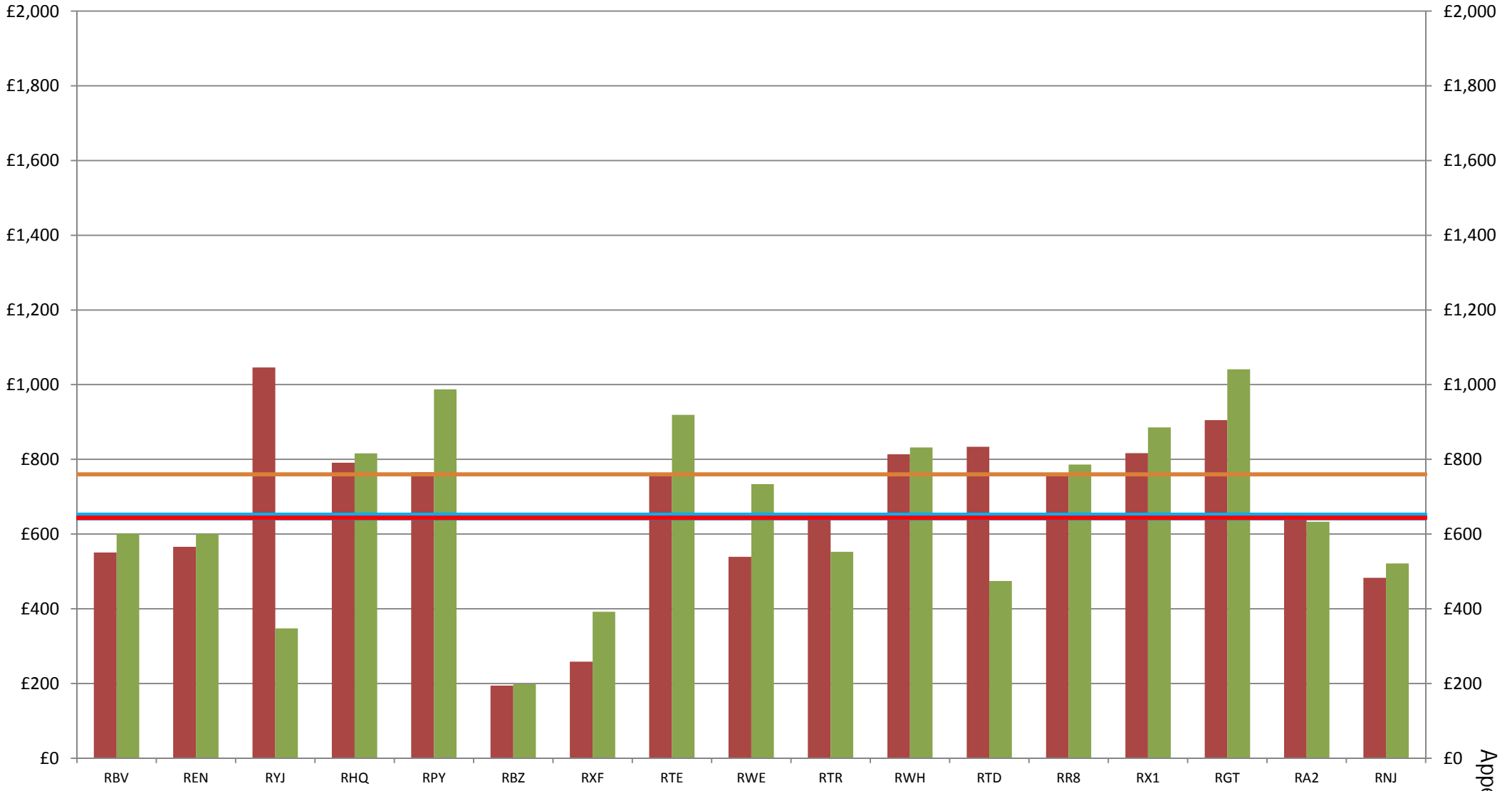
## Provider Key Ratios

Org code	Organisation name	Peer Group	2008/09				2009/10			
			Cost per cycle	Cost per delivery	Cycles per delivery	Proc cost: Deliv cost	Cost per cycle	Cost per delivery	Cycles per delivery	Proc cost: Deliv cost
RMP	TAMESIDE HOSPITAL NHS FOUNDATION TRUST	8	£2,302	£108	0.1	64:36	£915	£56	0.1	61:39
5PP	CAMBRIDGESHIRE PCT	8	£0	£261	0.0	0:100	£0	£0	0.0	0:0
RM2	UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	8	£0	£0	0.0	0:0	£0	£0	0.0	0:0
RQM	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	8	£128	£0	0.0	100:0	£0	£0	0.0	0:0
RRJ	THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	8	£0	£0	0.0	0:0	£0	£0	0.0	0:0
RWJ	STOCKPORT NHS FOUNDATION TRUST	8	£302	£181	0.4	41:59	£0	£378	0.0	0:100
RWW	WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	8	£0	£0	0.0	0:0	£0	£0	0.0	0:0
RGC	WHIPPS CROSS UNIVERSITY HOSPITAL NHS TRUST	8	£1,793	£4,145	0.1	5:95	£0	£0	0.0	0:0
RQ3	BIRMINGHAM CHILDREN'S HOSPITAL NHS FOUNDATION TRUST	8	£28	£38	1.3	50:50	£0	£0	0.0	0:0
<b>Peer Group 8 Averages</b>			<b>£543</b>	<b>£542</b>	<b>1.7</b>	<b>64:36</b>	<b>£950</b>	<b>£325</b>	<b>0.9</b>	<b>73:27</b>
<b>National Averages</b>			<b>£652</b>	<b>£239</b>	<b>1.0</b>	<b>74:26</b>	<b>£760</b>	<b>£262</b>	<b>1.0</b>	<b>74:26</b>
Lowest value			£0	£0	0.0	0:100	£0	£0	0.0	0:100
Highest value			£4,584	£4,145	1297.0	100:0	£5,199	£2,462	112.8	100:0
<b>Range</b>			<b>£4,584</b>	<b>£4,145</b>	<b>1297.0</b>		<b>£5,199</b>	<b>£2,462</b>	<b>112.8</b>	
Lower quartile			£454	£152			£519	£141		
Upper quartile			£909	£298			£1,048	£332		
<b>Inter-quartile range</b>			<b>£455</b>	<b>£146</b>			<b>£528</b>	<b>£191</b>		
<b>Standard deviation</b>			<b>£662</b>	<b>£472</b>			<b>£636</b>	<b>£312</b>		

excl  
Birmingham

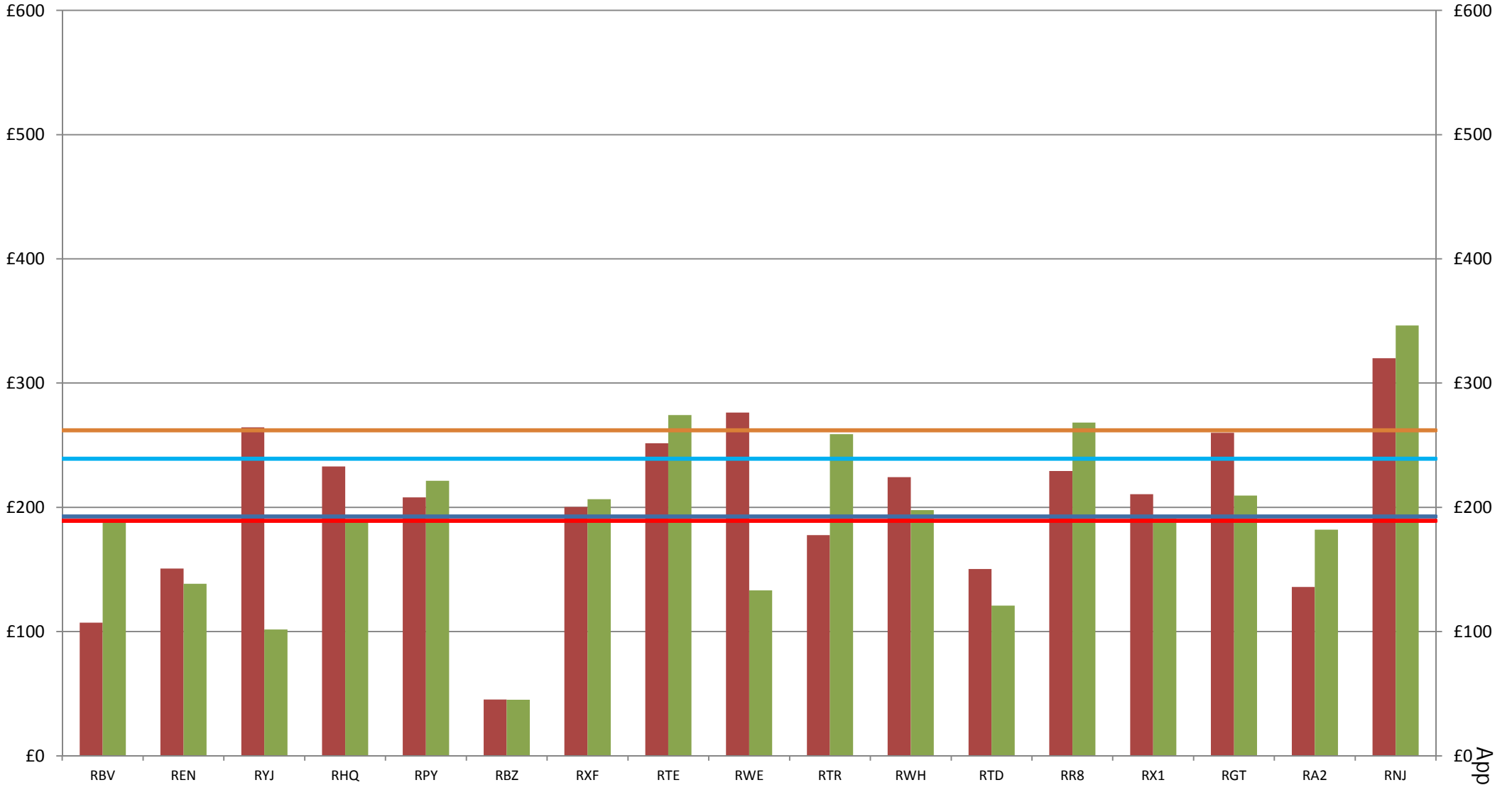
# Peer Group 1 - Average Cost per Cycle of Chemotherapy

■ 2008/09   
 ■ 2009/10   
 — 2008/09 Peer Group 1 Average   
 — 2008/09 National Average   
 — 2009/10 Peer Group 1 Average   
 — 2009/10 National Average

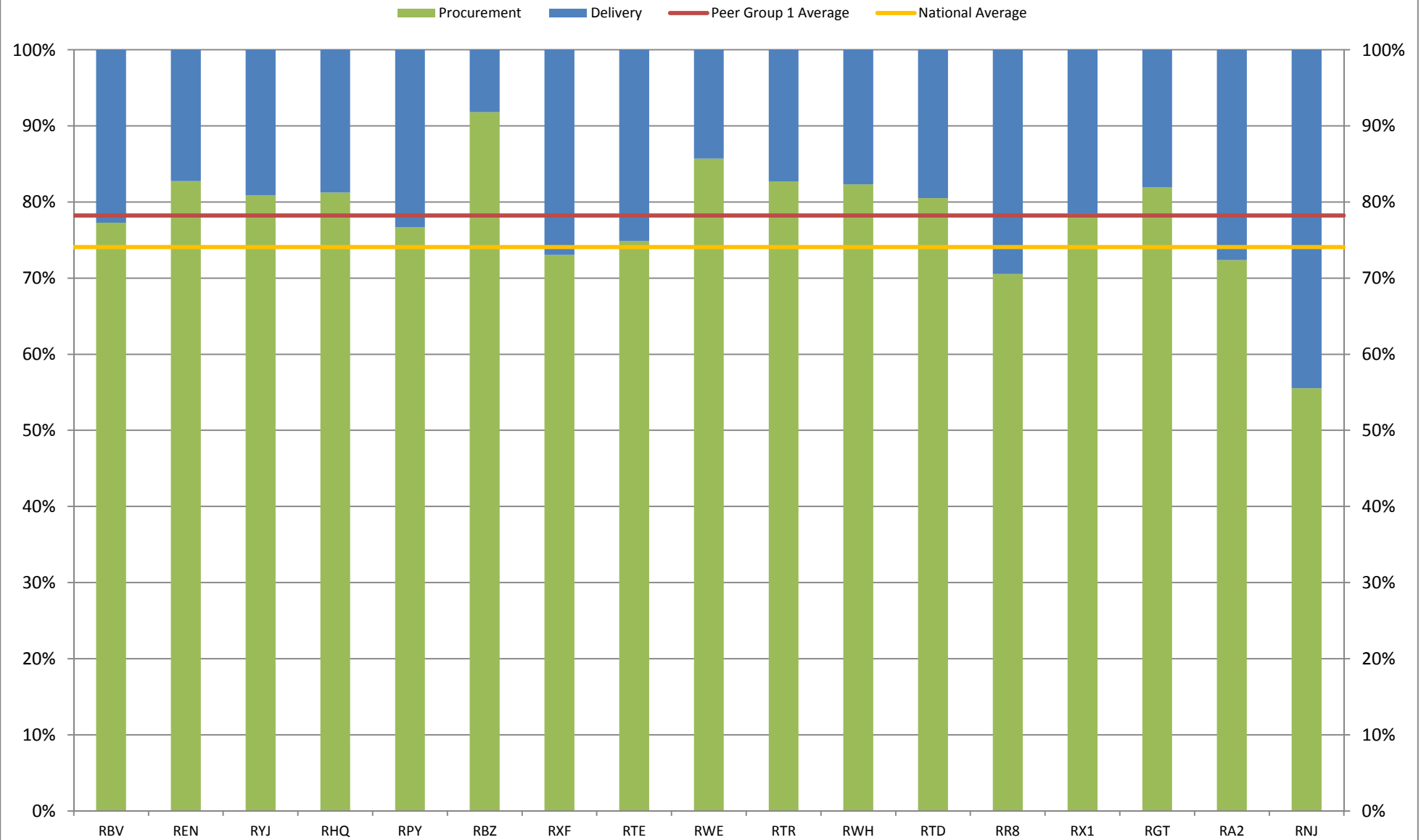


# Peer Group 1 - Average Cost per Delivery of Chemotherapy

■ 2008/09   
 ■ 2009/10   
 — 2008/09 Peer Group 1 Average   
 — 2008/09 National Average   
 — 2009/10 Peer Group 1 Average   
 — 2009/10 National Average

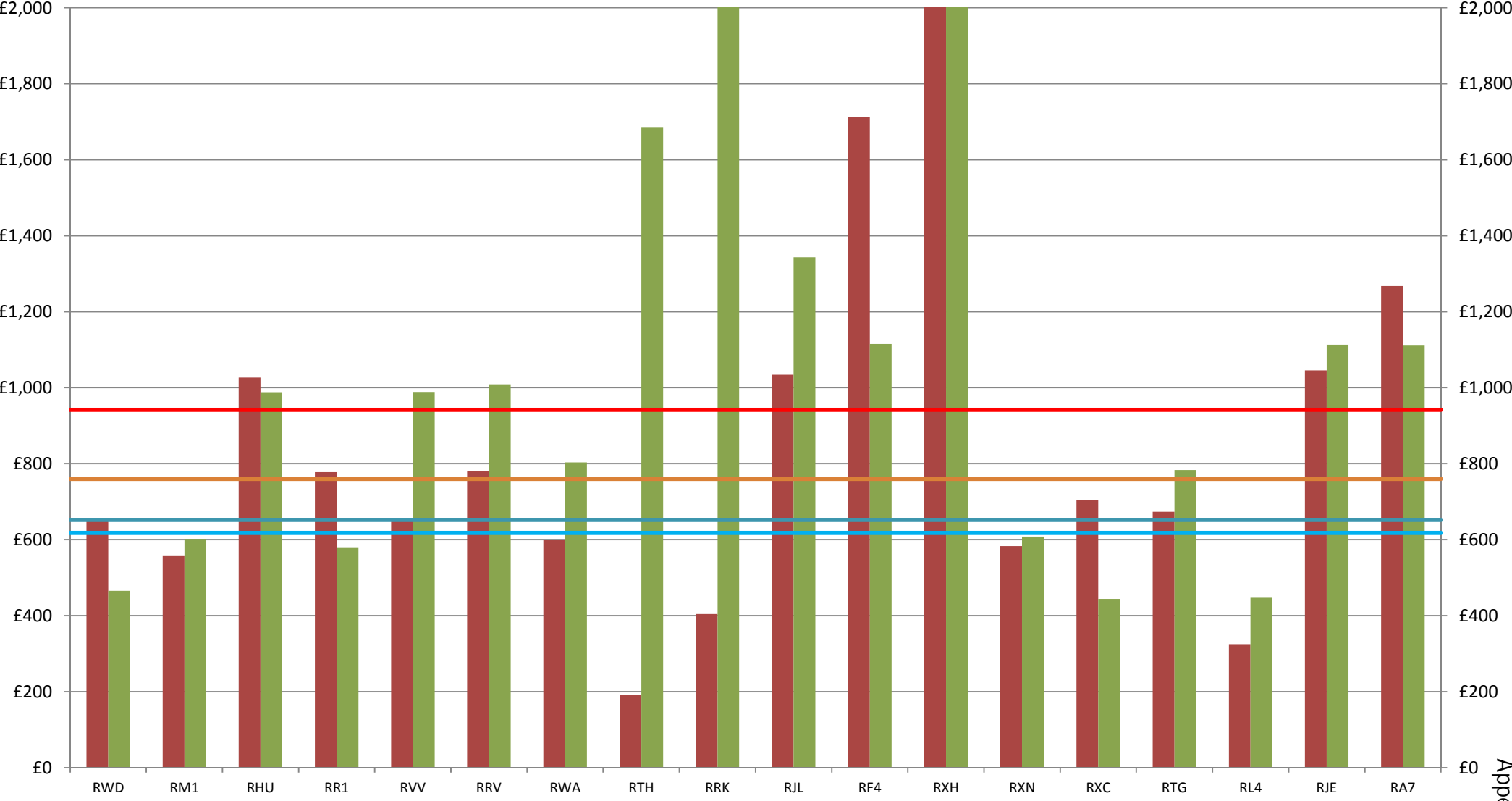


## Peer Group 1 - Procurement cost : Delivery cost 2009/10



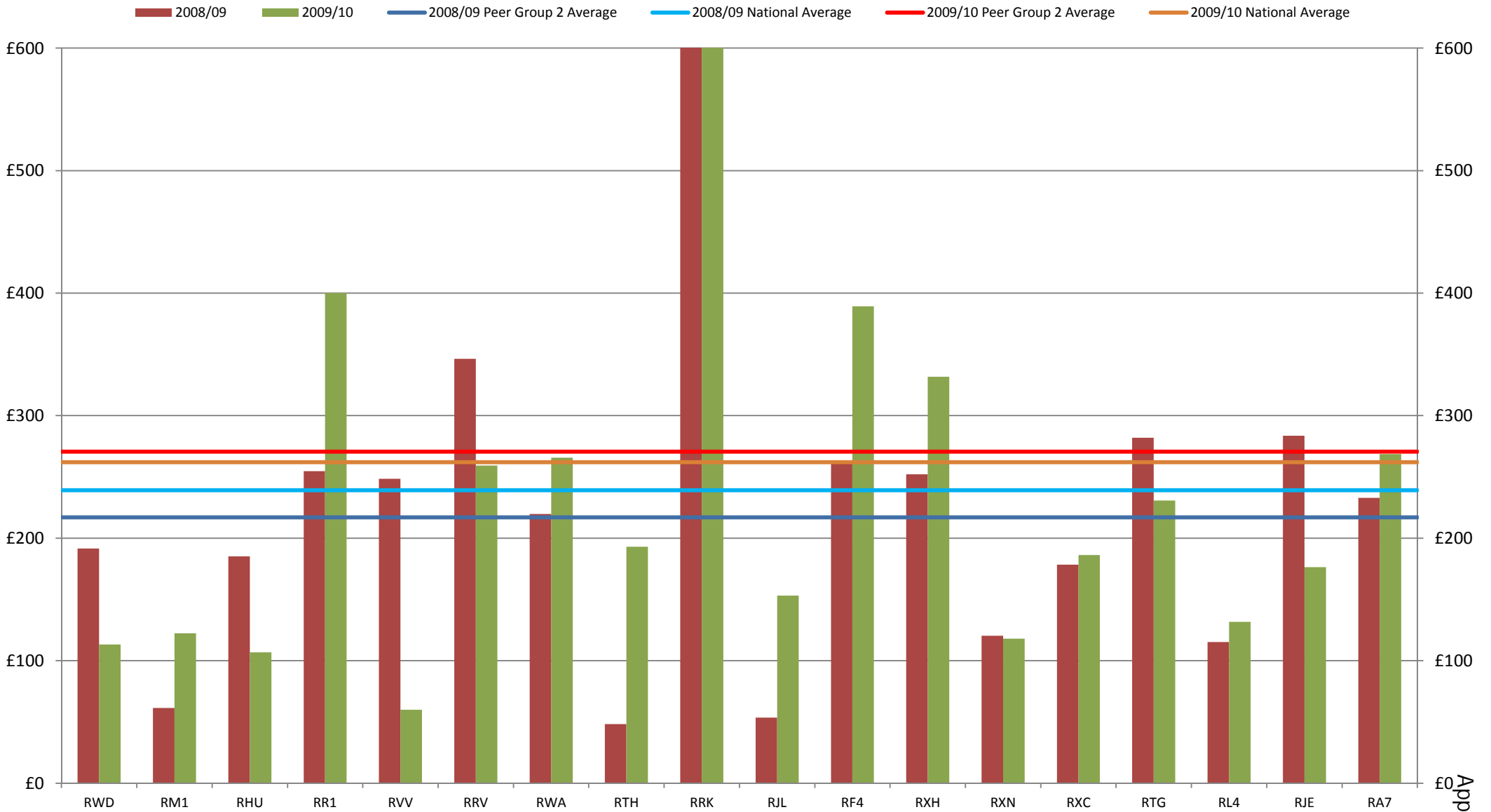
# Peer Group 2 - Average Cost per Cycle of Chemotherapy

■ 2008/09   
 ■ 2009/10   
 — 2008/09 Peer Group 2 Average   
 — 2008/09 National Average   
 — 2009/10 Peer Group 2 Average   
 — 2009/10 National Average

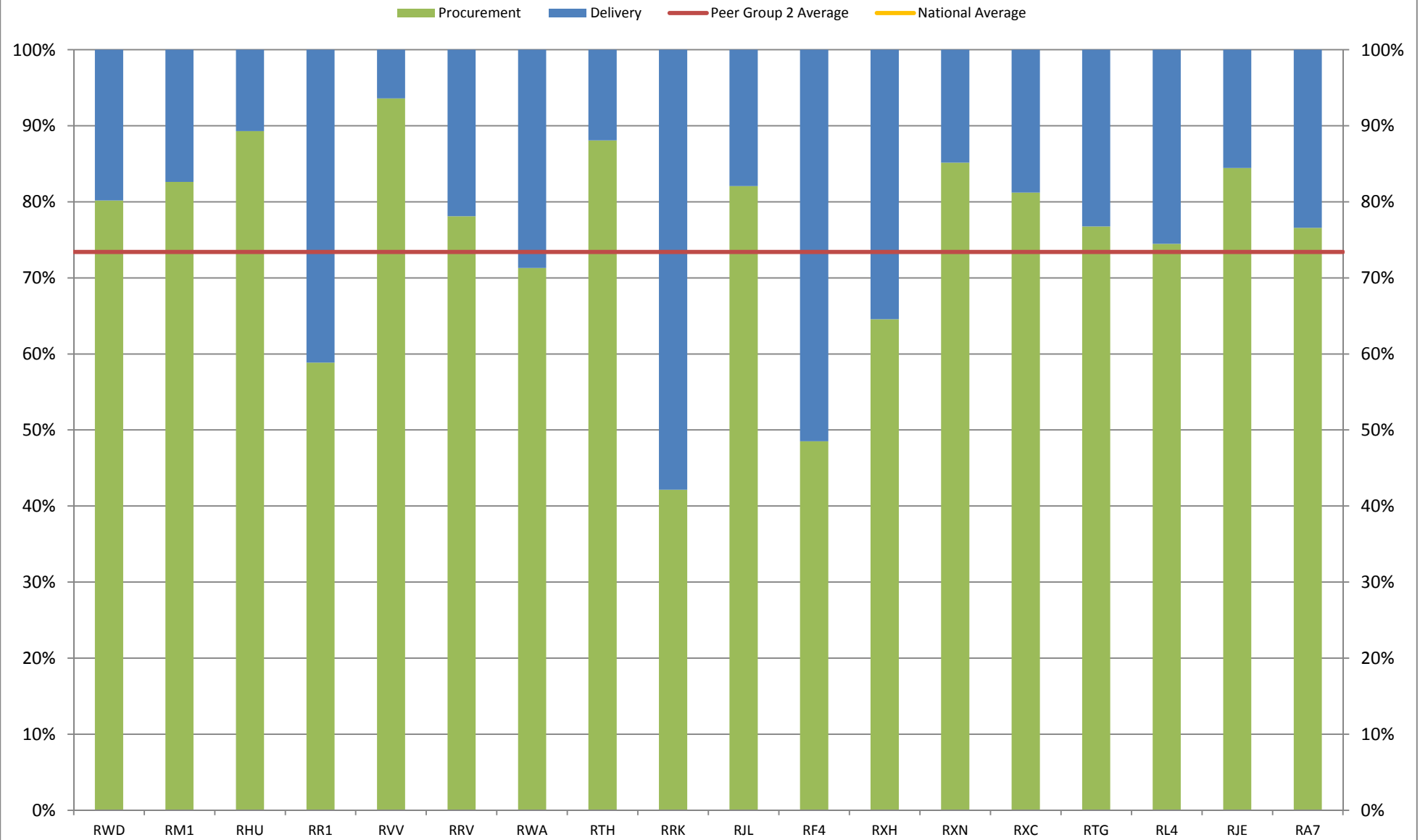




## Peer Group 2 - Average Cost per Delivery of Chemotherapy

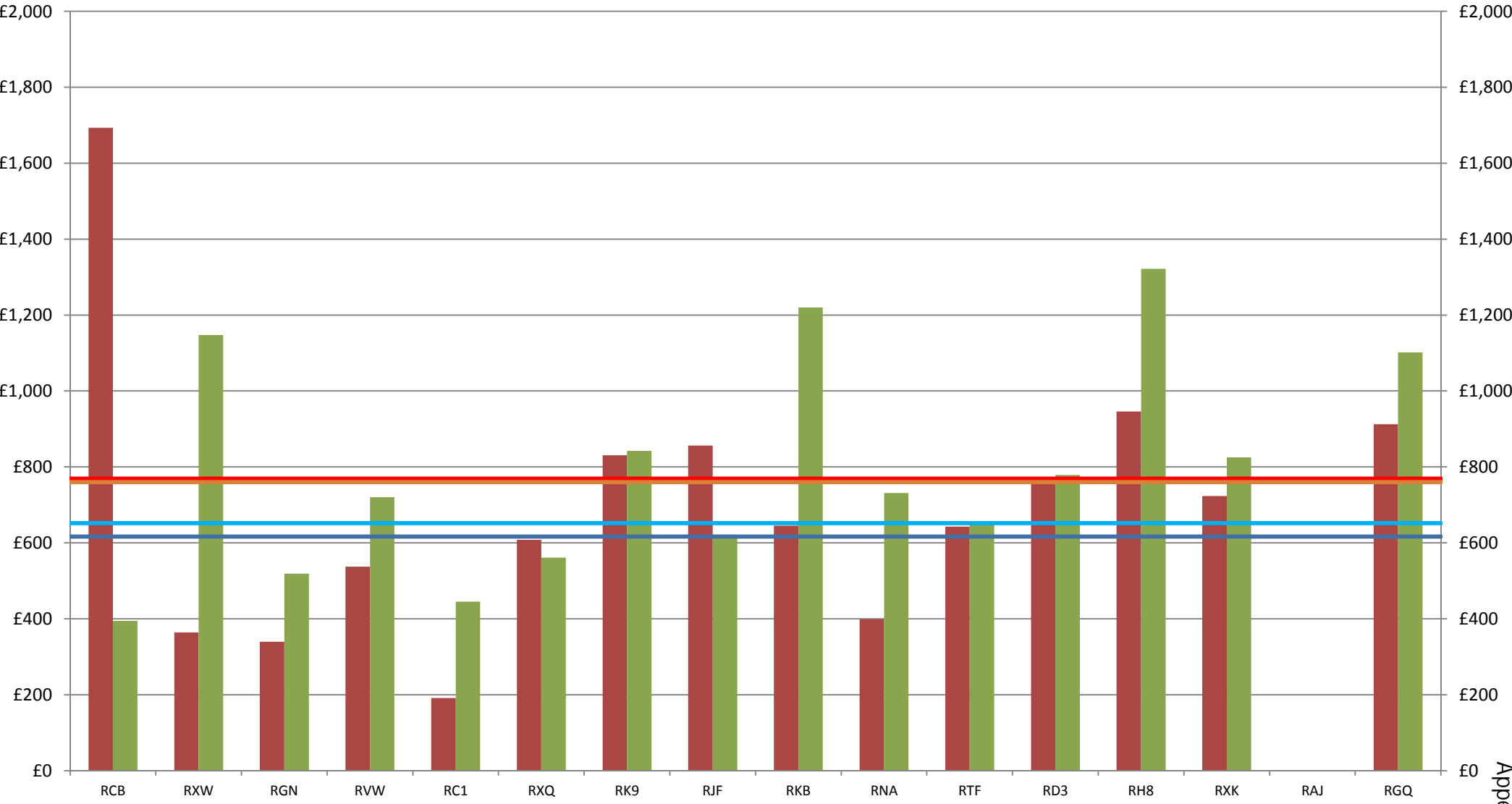


## Peer Group 2 - Procurement cost : Delivery cost 2009/10



# Peer Group 3 - Average Cost per Cycle of Chemotherapy

■ 2008/09    
 ■ 2009/10    
 — 2008/09 Peer Group 3 Average    
 — 2008/09 National Average    
 — 2009/10 Peer Group 3 Average    
 — 2009/10 National Average

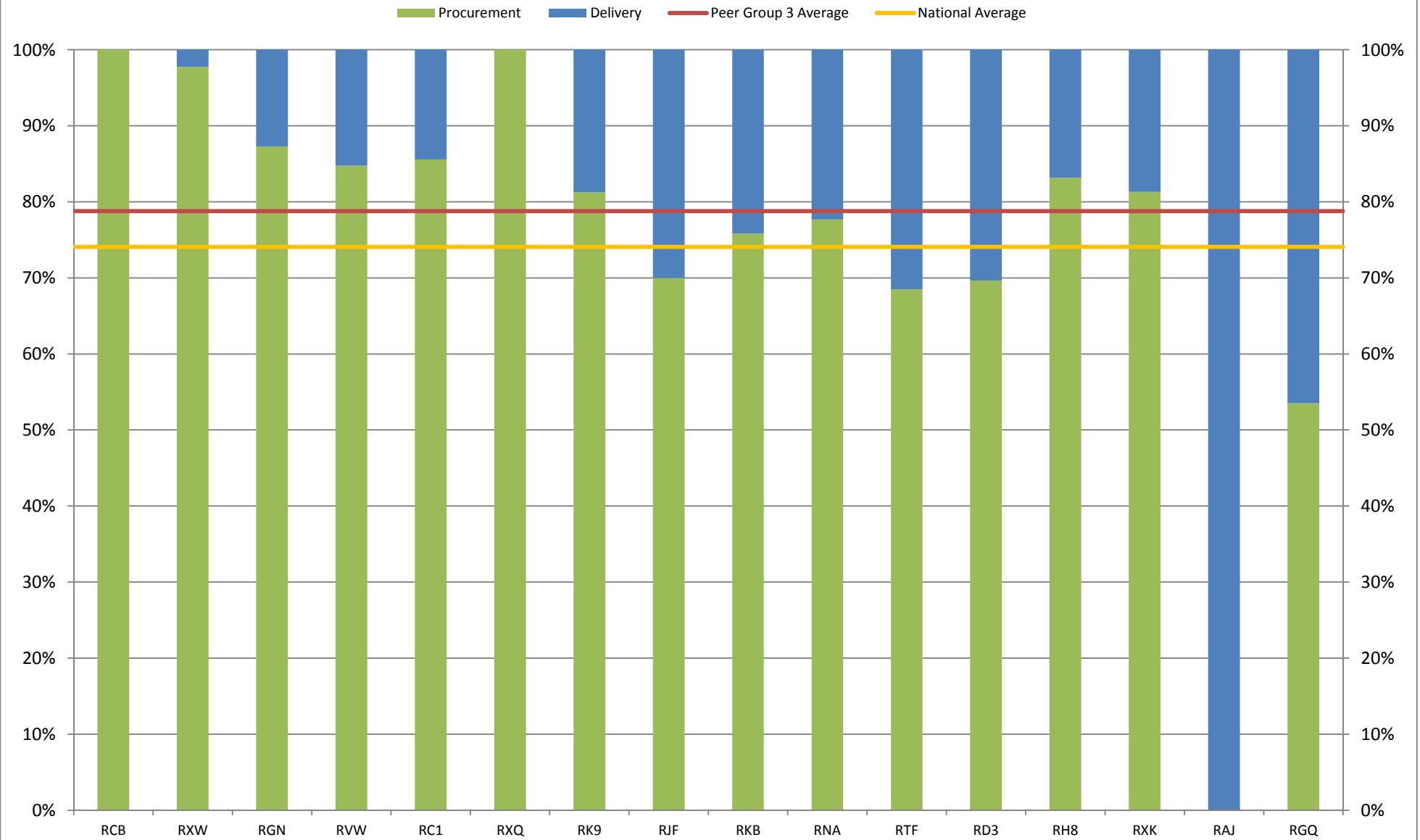


## Peer Group 3 - Average Cost per Delivery of Chemotherapy

■ 2008/09   
 ■ 2009/10   
 — 2008/09 Peer Group 3 Average   
 — 2008/09 National Average   
 — 2009/10 Peer Group 3 Average   
 — 2009/10 National Average

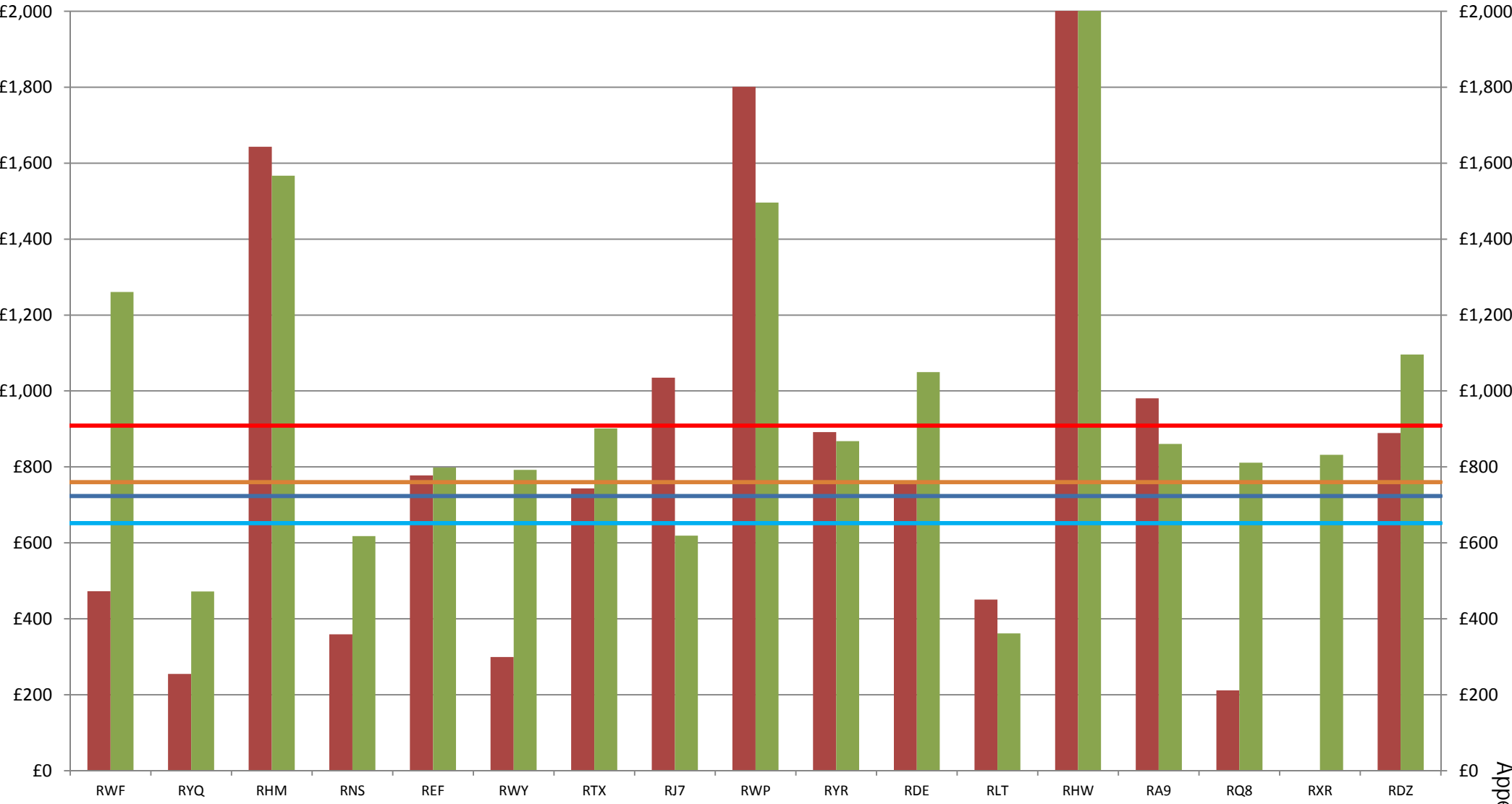


## Peer Group 3 - Procurement cost : Delivery cost 2009/10



# Peer Group 4 - Average Cost per Cycle of Chemotherapy

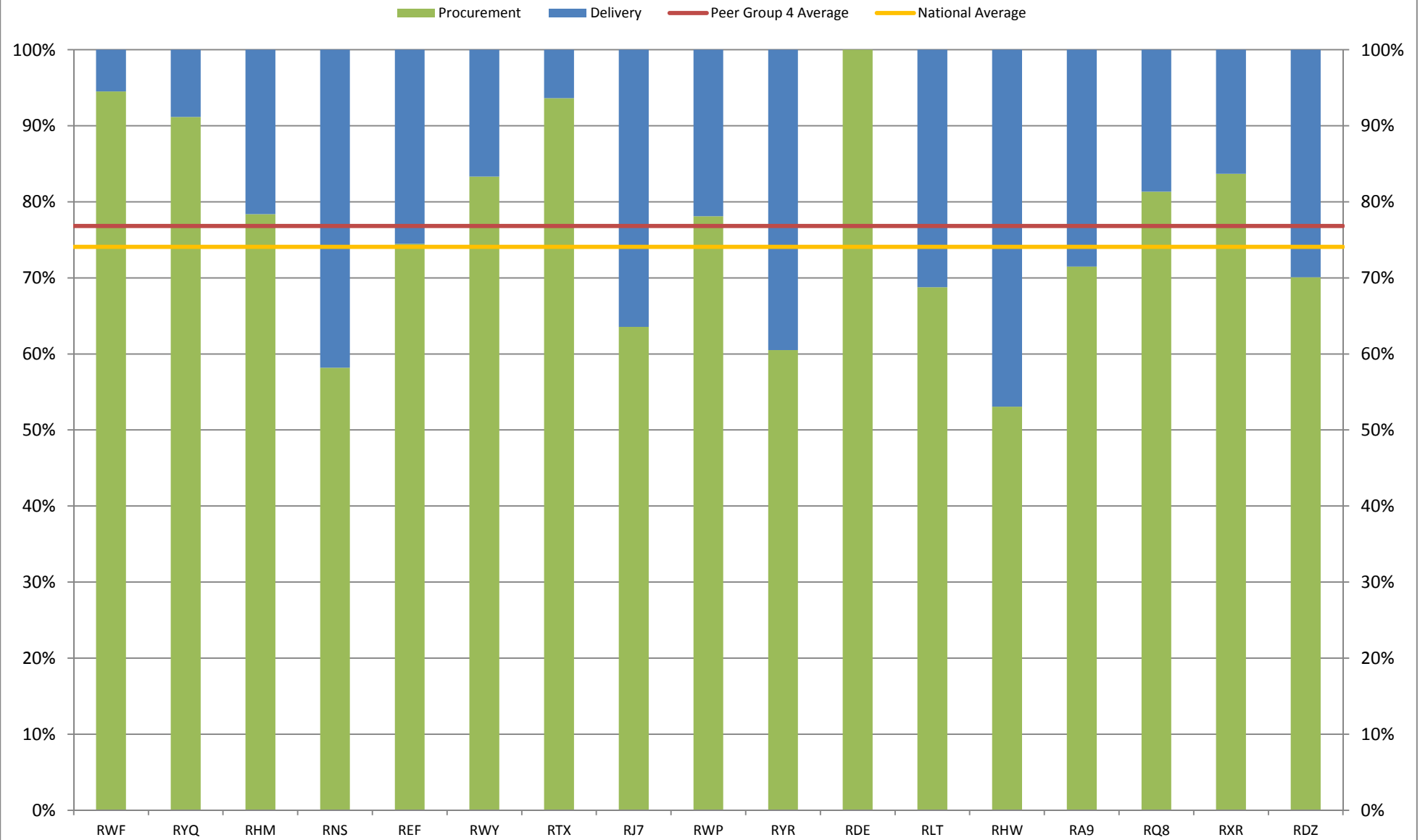
■ 2008/09    
 ■ 2009/10    
 — 2008/09 Peer Group 4 Average    
 — 2008/09 National Average    
 — 2009/10 Peer Group 4 Average    
 — 2009/10 National Average



## Peer Group 4 - Average Cost per Delivery of Chemotherapy



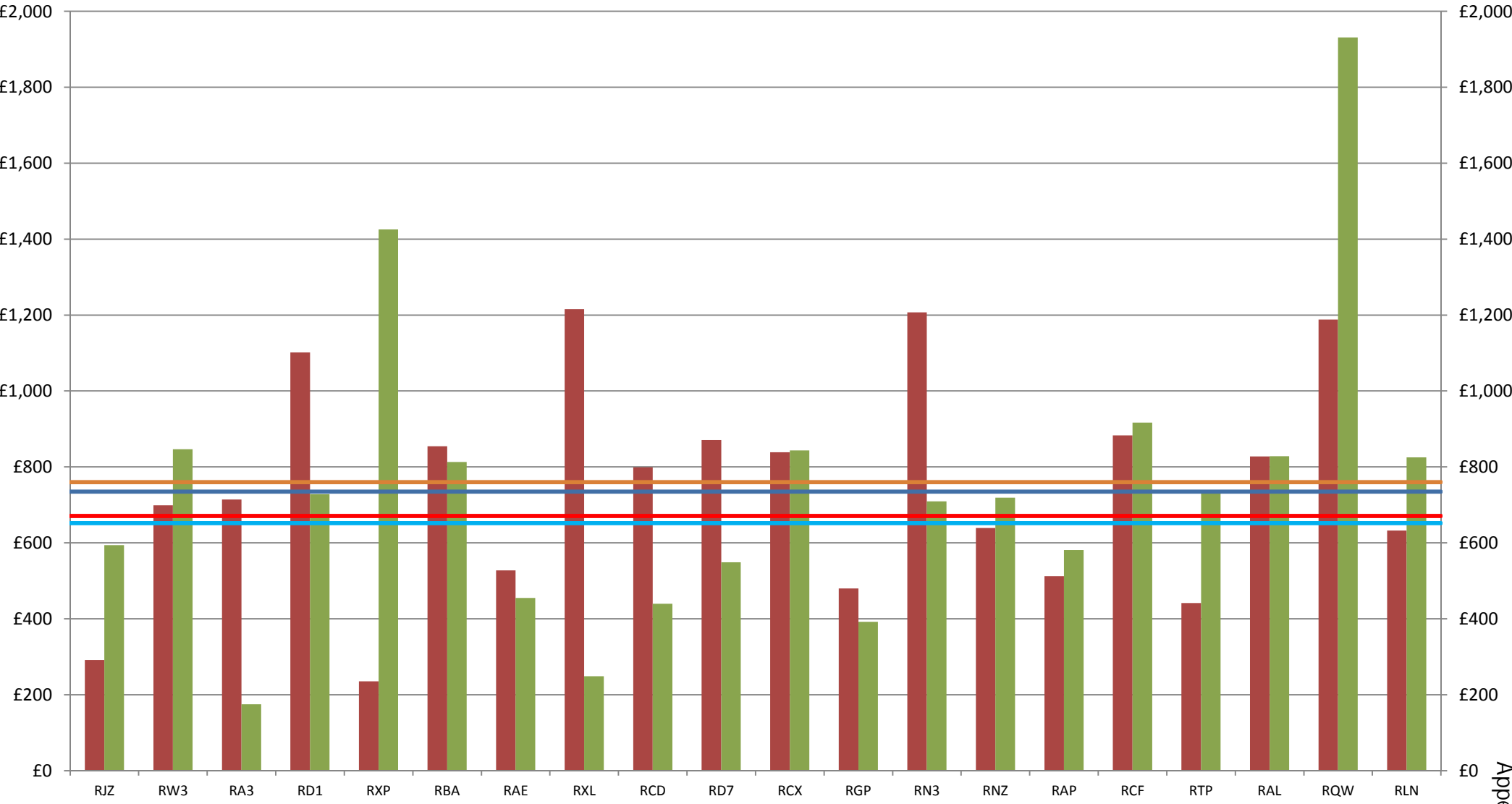
## Peer Group 4 - Procurement cost : Delivery cost 2009/10





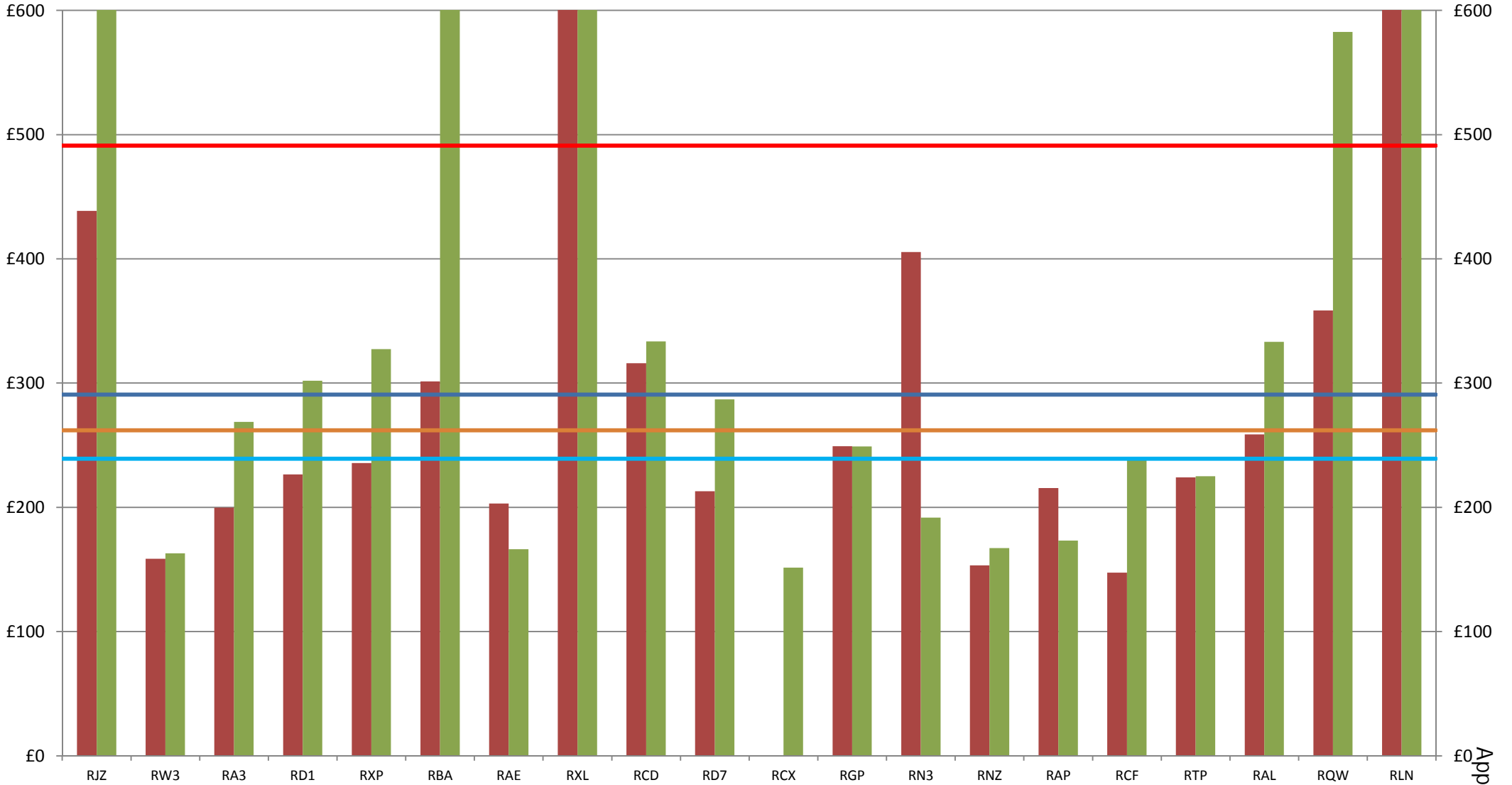
# Peer Group 5 - Average Cost per Cycle of Chemotherapy

■ 2008/09   
 ■ 2009/10   
 — 2008/09 Peer Group 5 Average   
 — 2008/09 National Average   
 — 2009/10 Peer Group 5 Average   
 — 2009/10 National Average

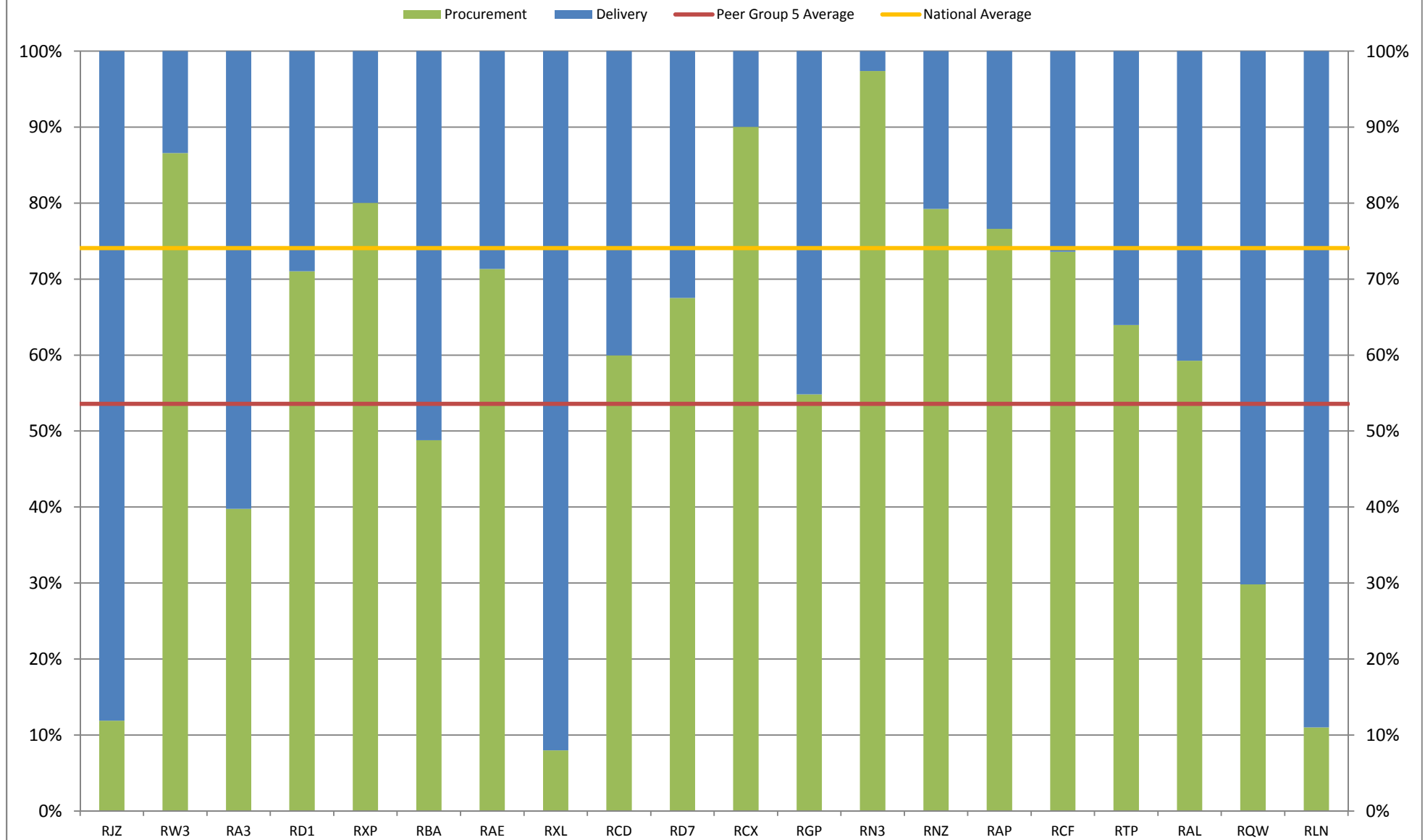


# Peer Group 5 - Average Cost per Delivery of Chemotherapy

■ 2008/09   
 ■ 2009/10   
 — 2008/09 Peer Group 5 Average   
 — 2008/09 National Average   
 — 2009/10 Peer Group 5 Average   
 — 2009/10 National Average

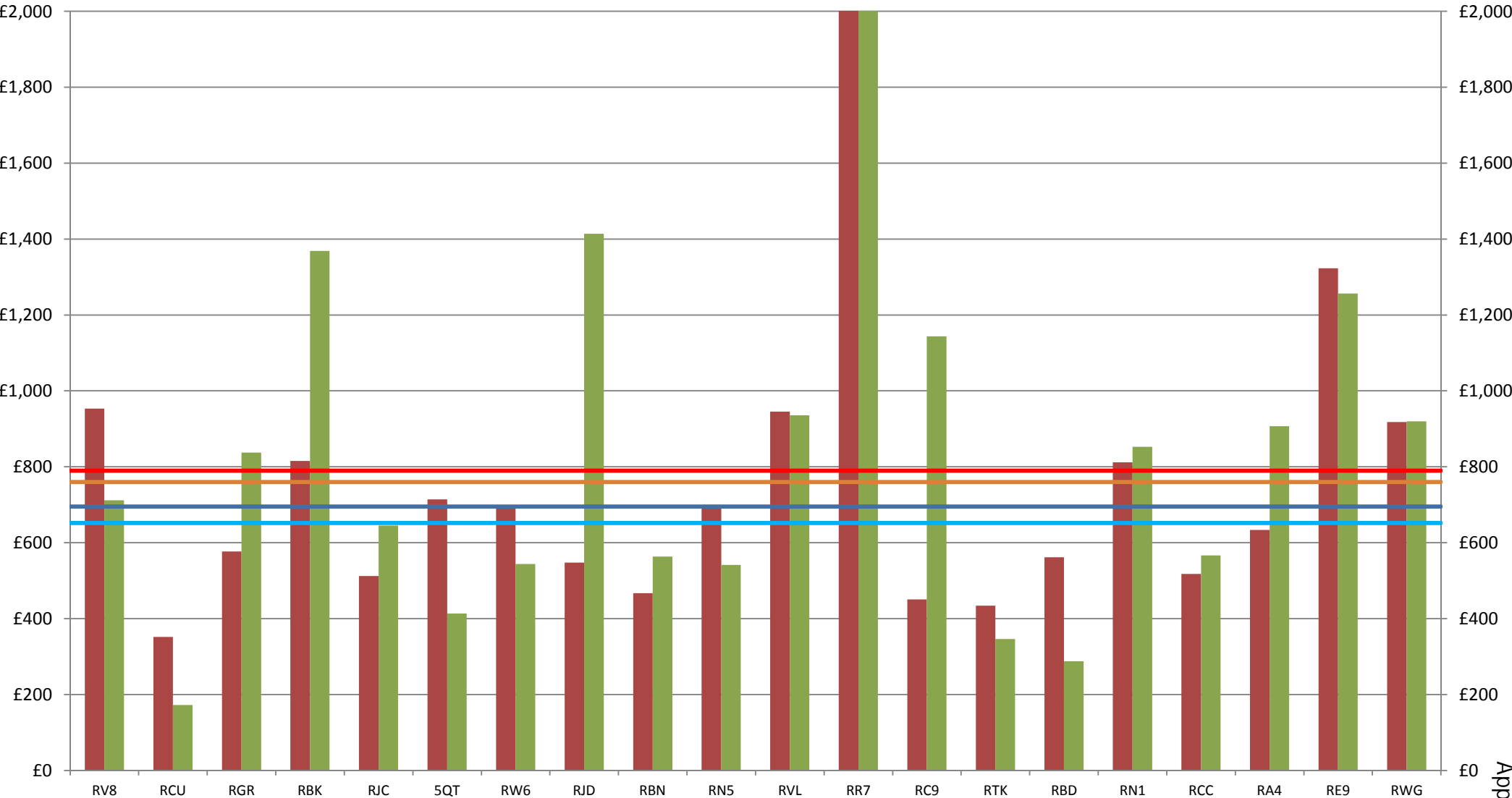


## Peer Group 5 - Procurement cost : Delivery cost 2009/10

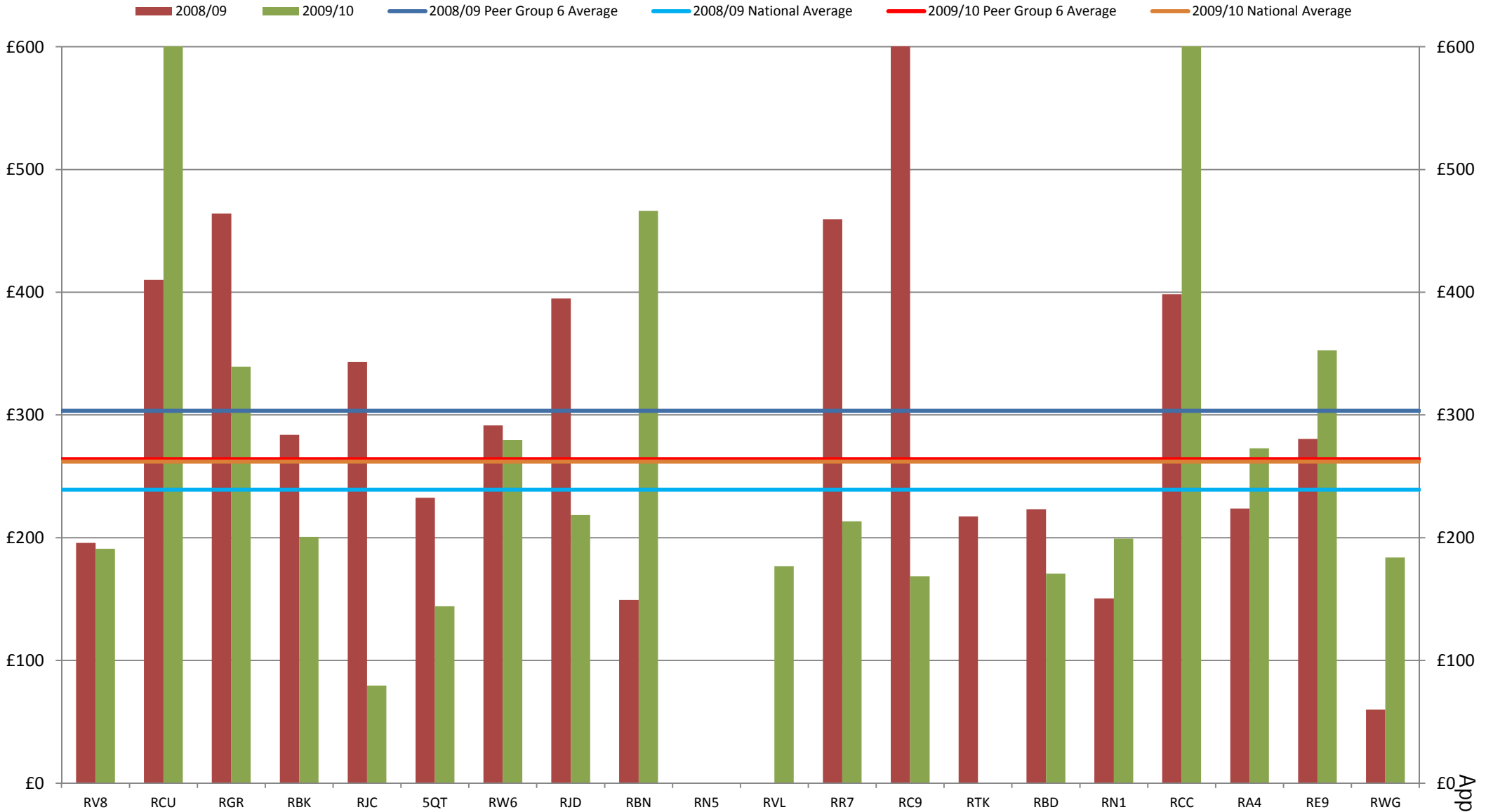


# Peer Group 6 - Average Cost per Cycle of Chemotherapy

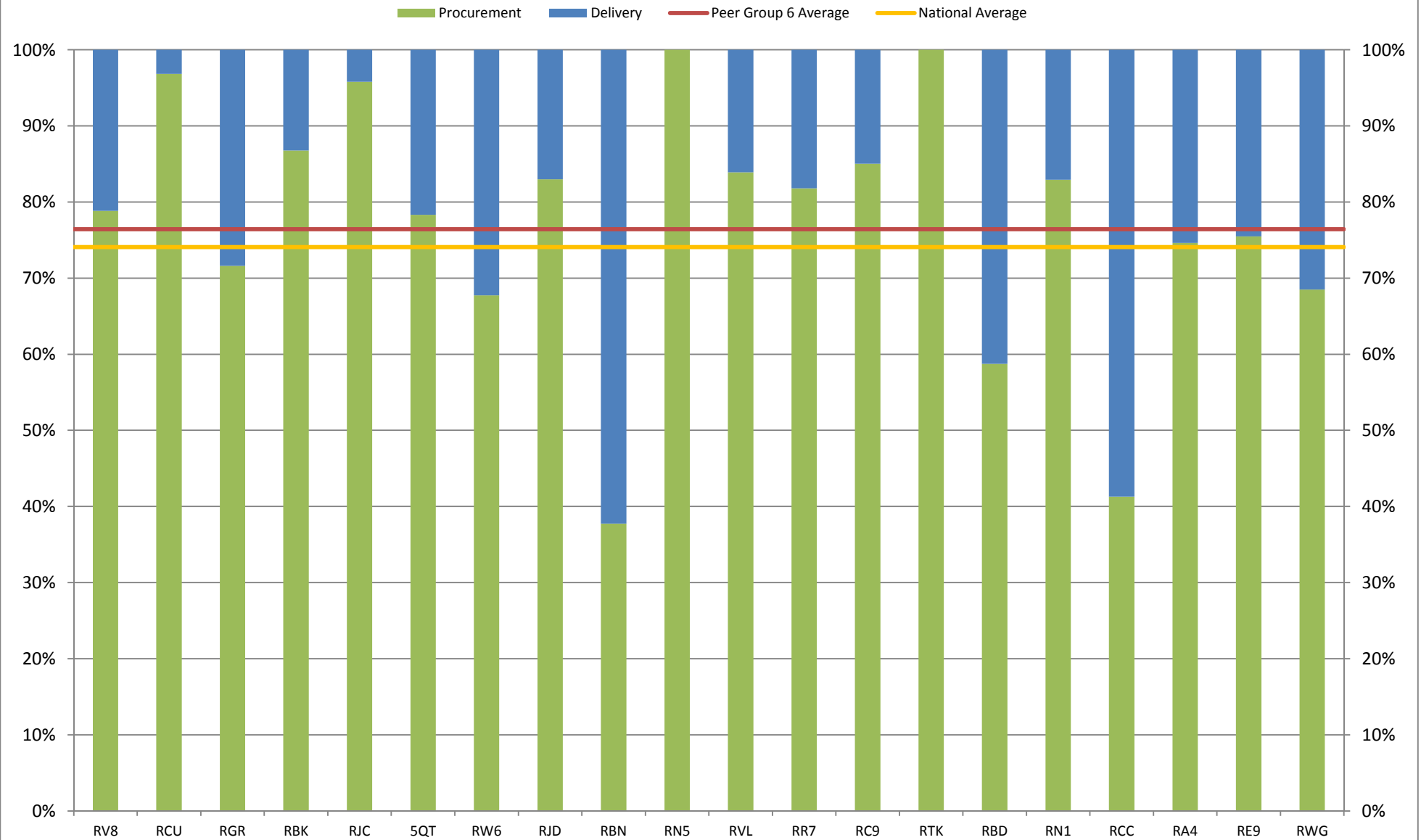
■ 2008/09    
 ■ 2009/10    
 — 2008/09 Peer Group 6 Average    
 — 2008/09 National Average    
 — 2009/10 Peer Group 6 Average    
 — 2009/10 National Average



## Peer Group 6 - Average Cost per Delivery of Chemotherapy

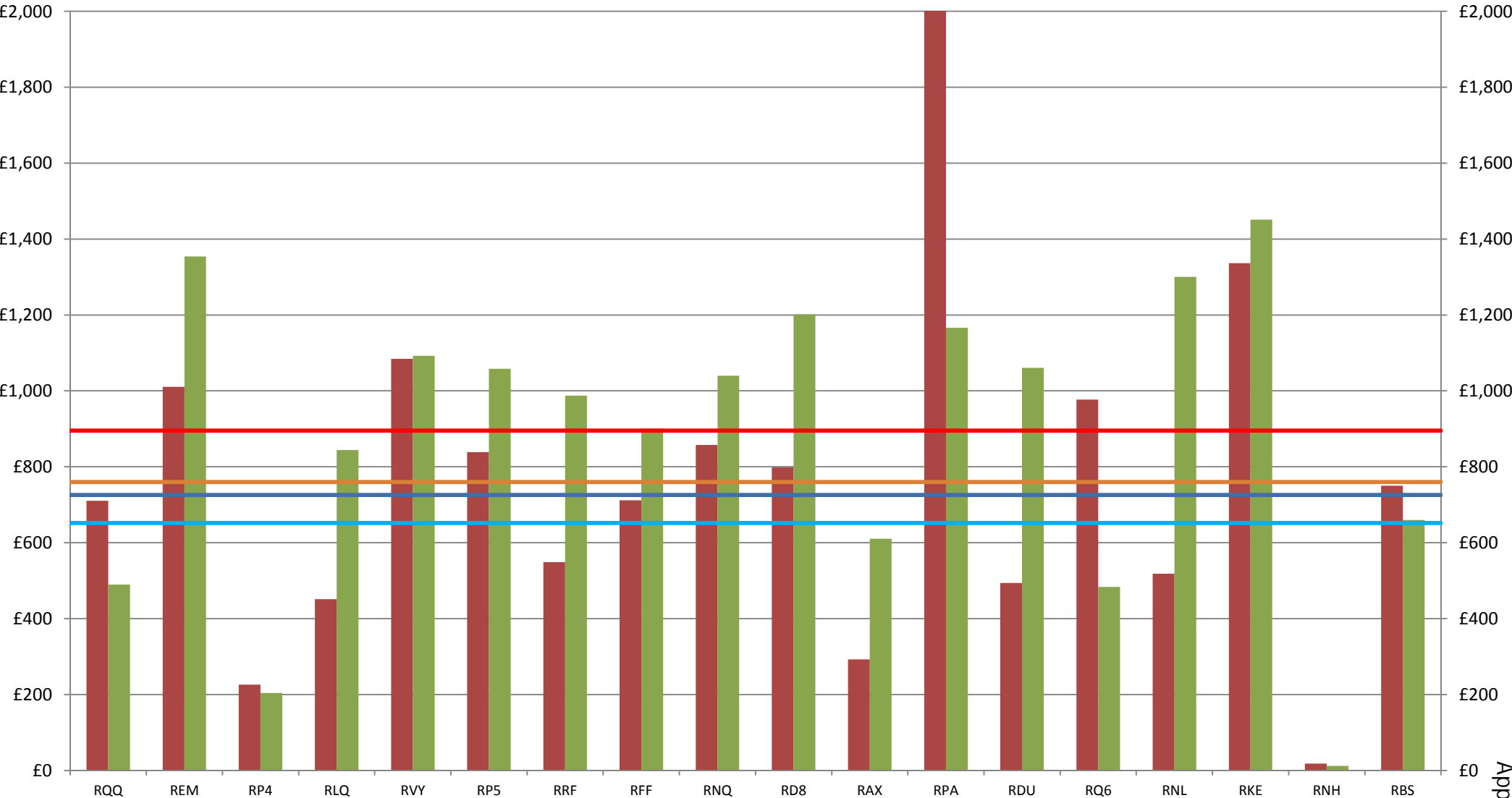


## Peer Group 6 - Procurement cost : Delivery cost 2009/10



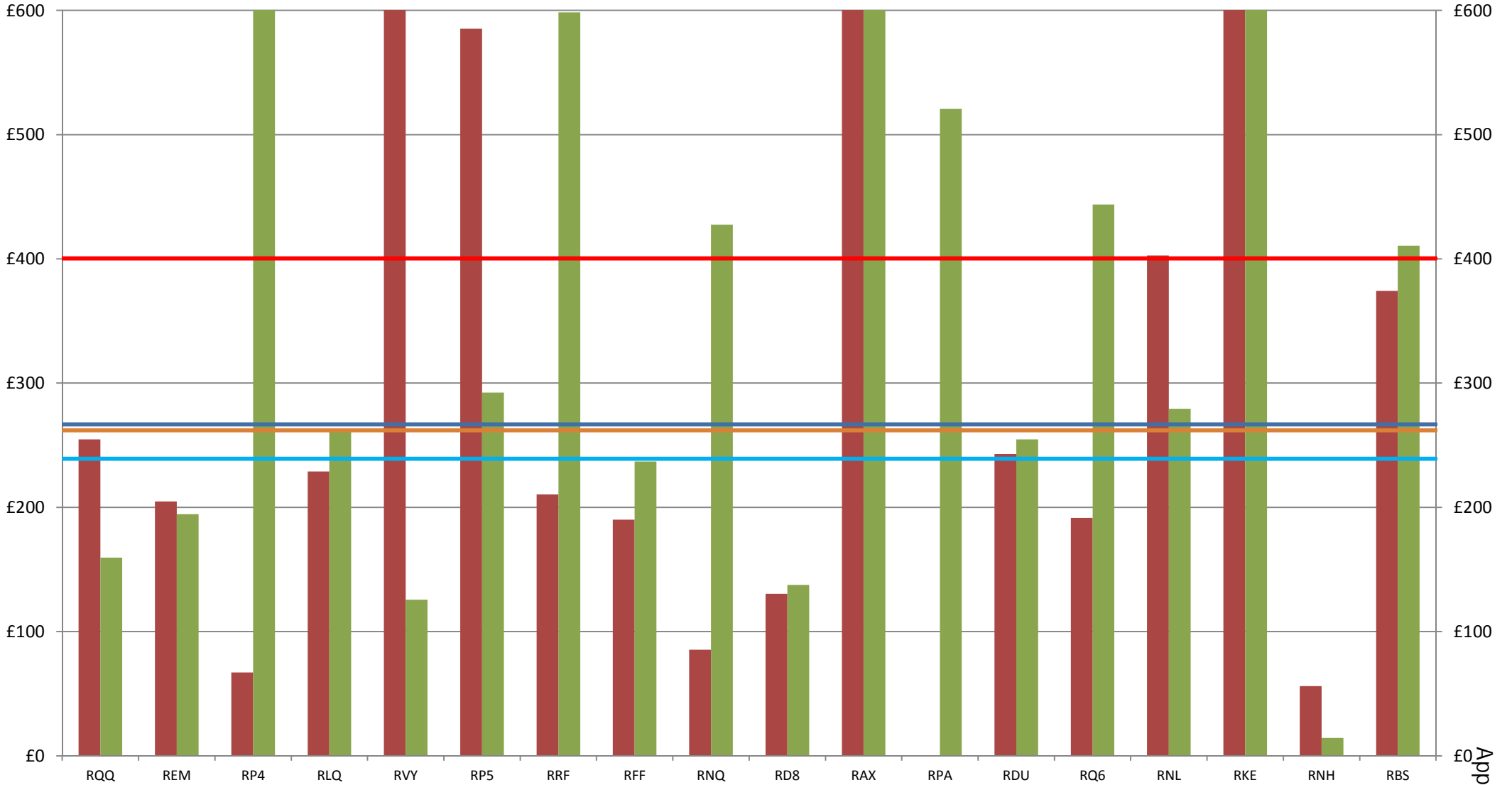
# Peer Group 7 - Average Cost per Cycle of Chemotherapy

■ 2008/09    
 ■ 2009/10    
 — 2008/09 Peer Group 7 Average    
 — 2008/09 National Average    
 — 2009/10 Peer Group 7 Average    
 — 2009/10 National Average



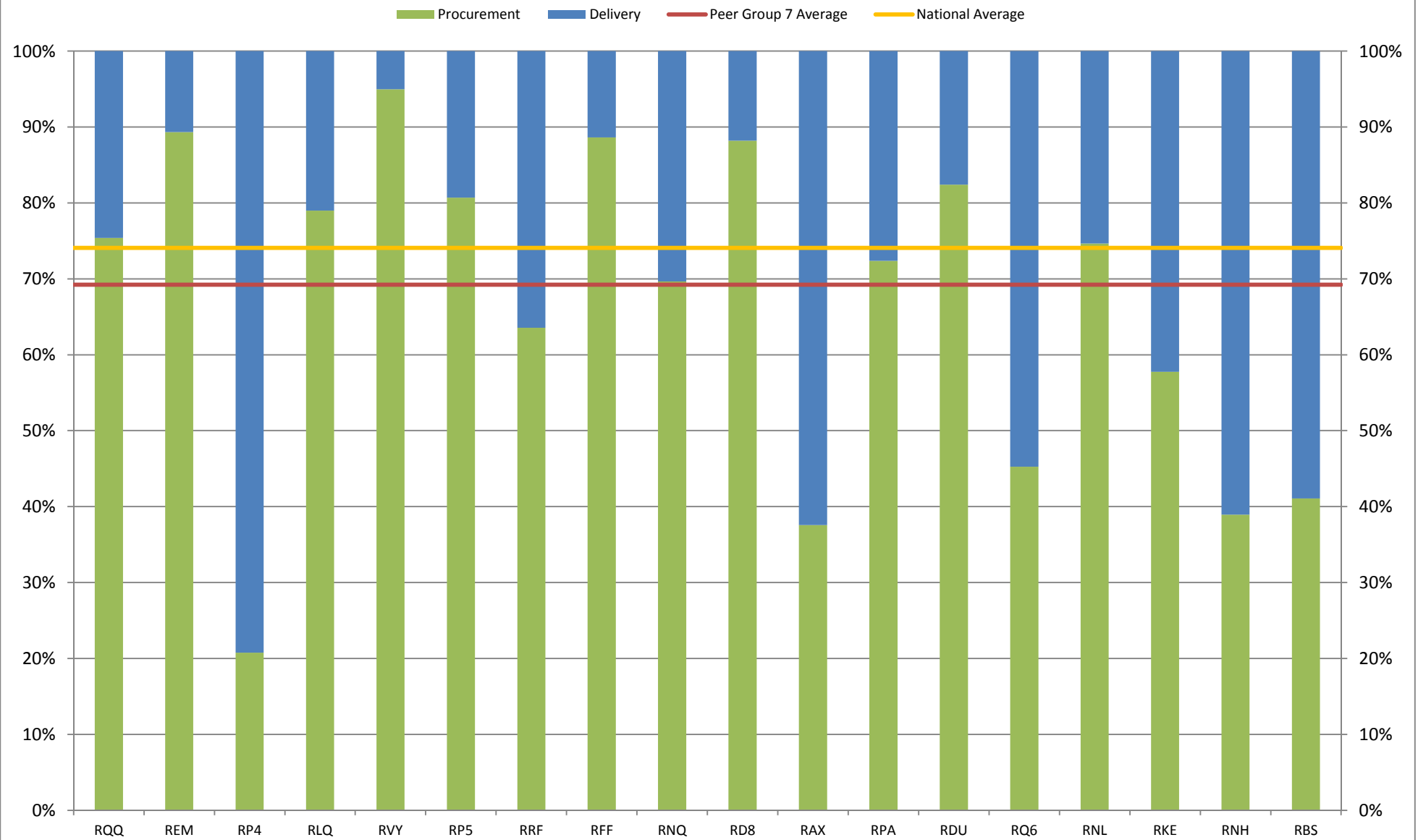
# Peer Group 7 - Average Cost per Delivery of Chemotherapy

■ 2008/09   
 ■ 2009/10   
 — 2008/09 Peer Group 7 Average   
 — 2009/10 Peer Group 7 Average   
 — 2009/10 National Average



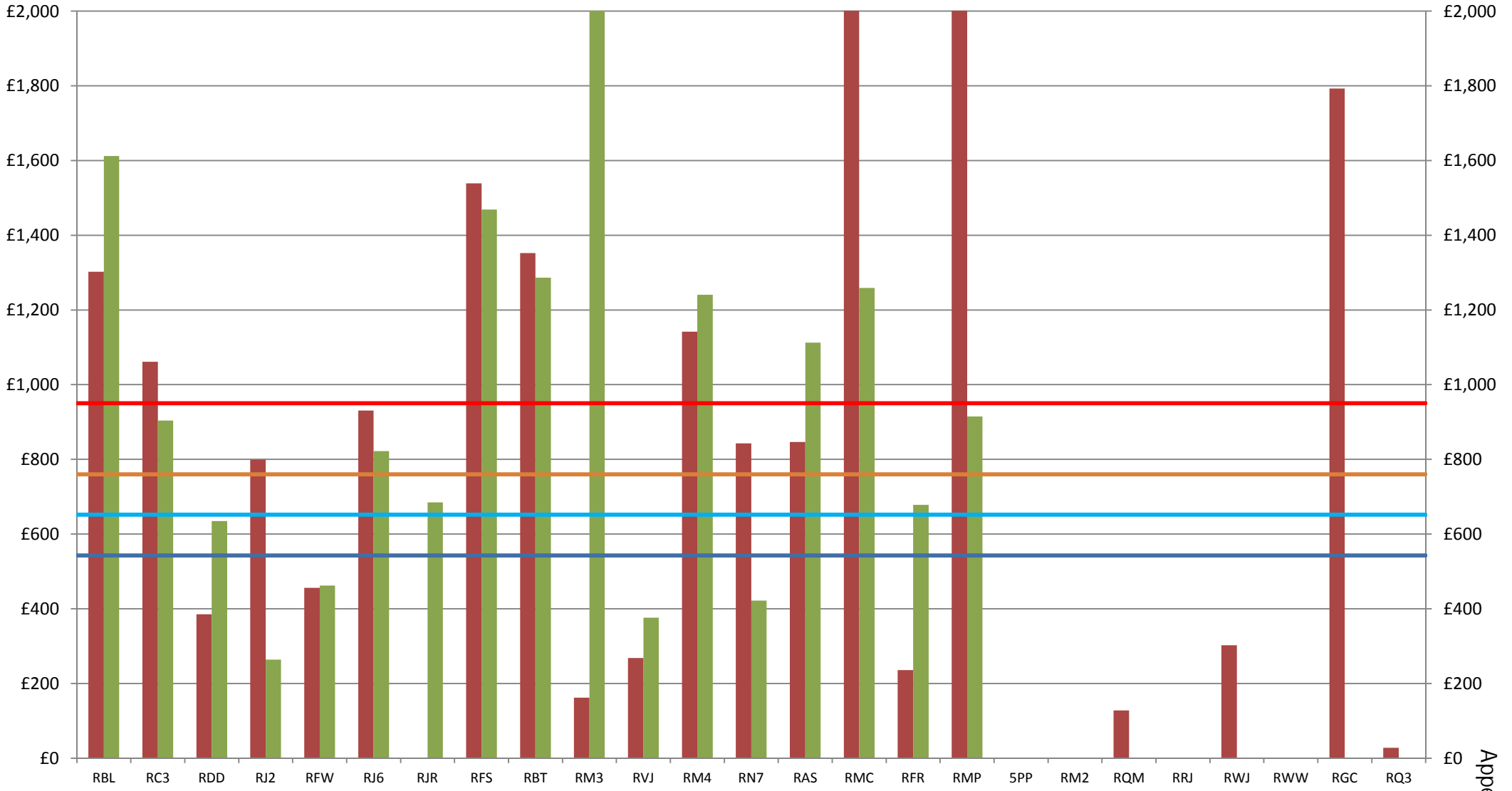


## Peer Group 7 - Procurement cost : Delivery cost 2009/10



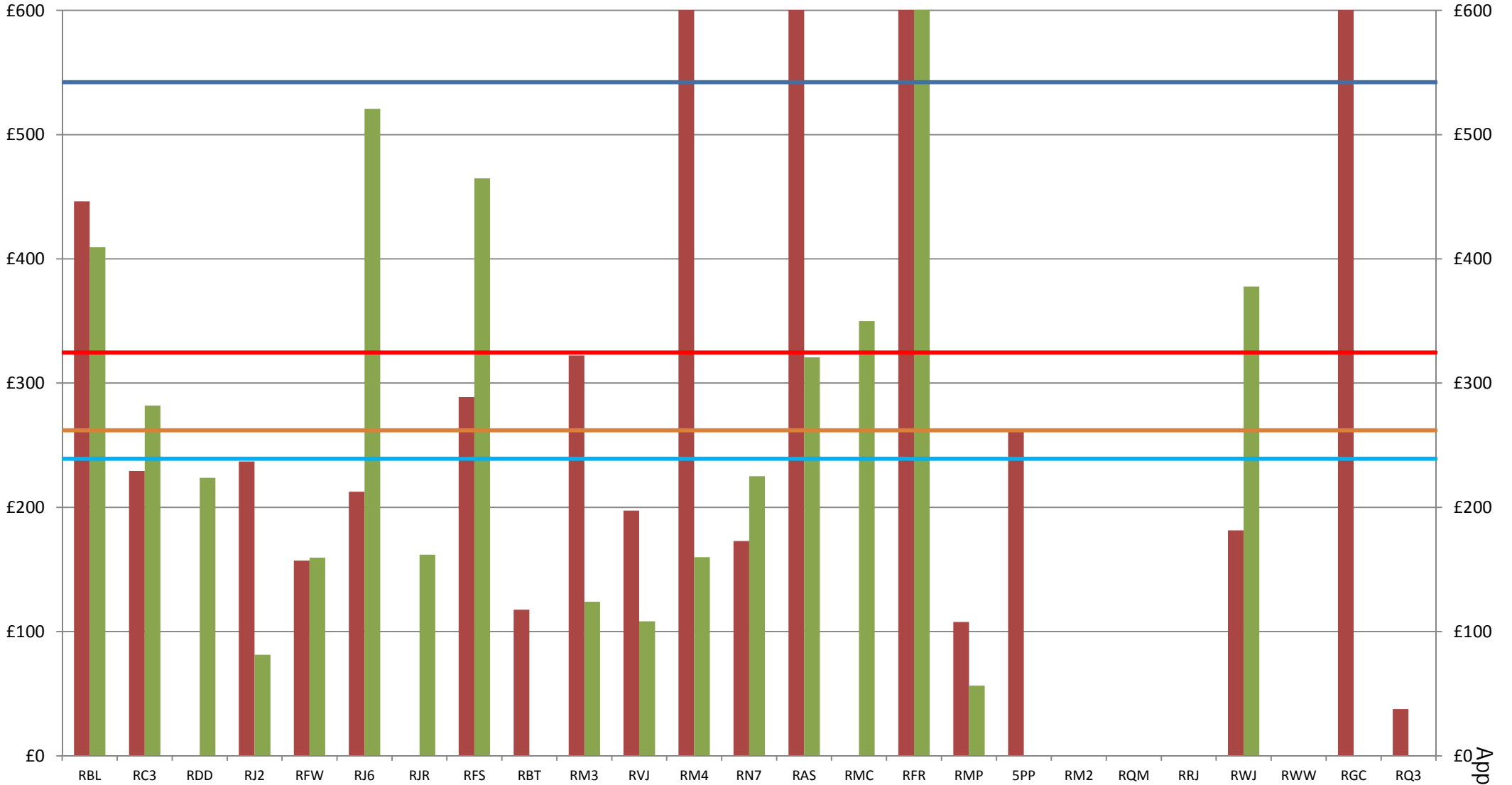
# Peer Group 8 - Average Cost per Cycle of Chemotherapy

■ 2008/09   
 ■ 2009/10   
 — 2008/09 Peer Group 8 Average   
 — 2008/09 National Average   
 — 2009/10 Peer Group 8 Average   
 — 2009/10 National Average

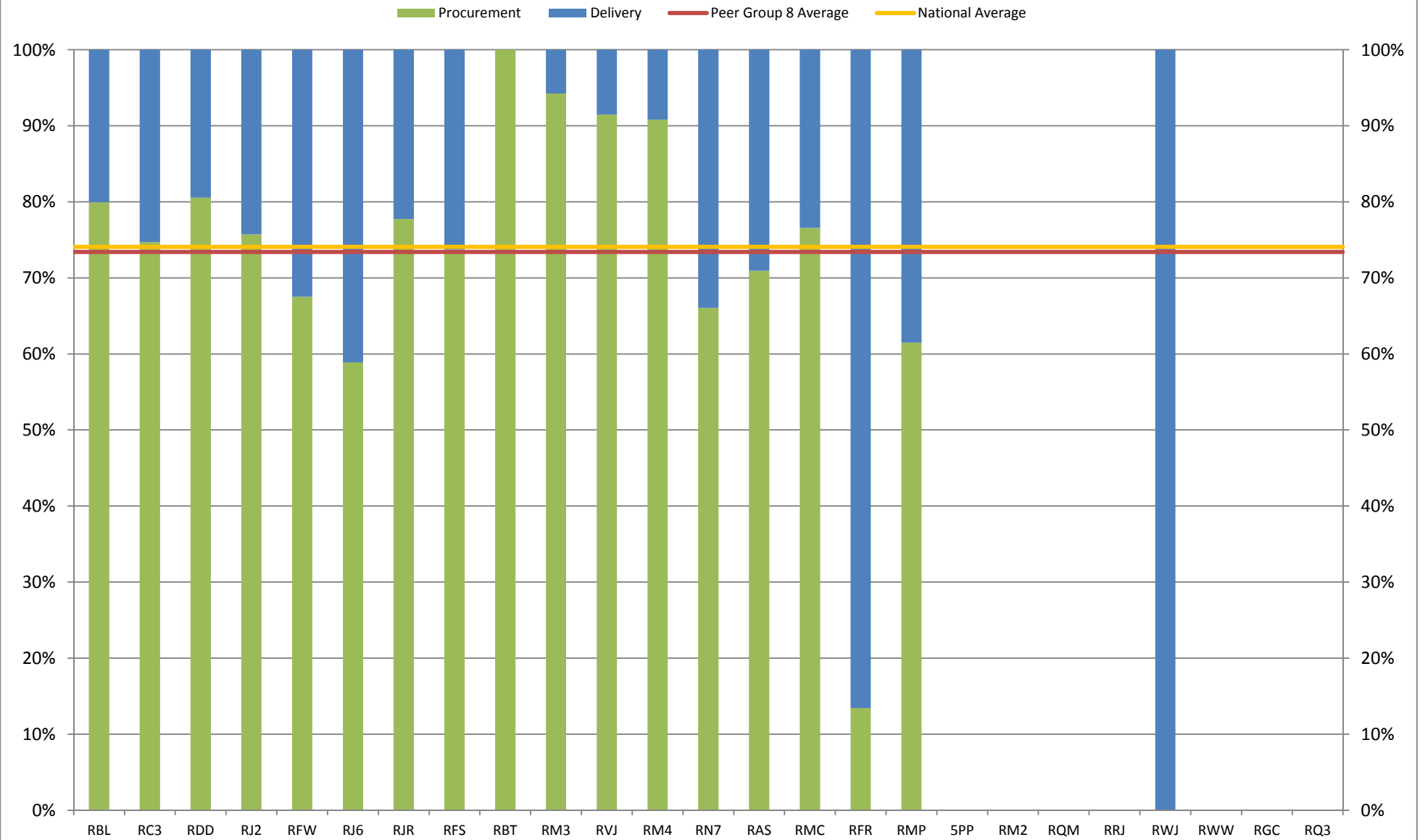


## Peer Group 8 - Average Cost per Delivery of Chemotherapy

■ 2008/09    
 ■ 2009/10    
 — 2008/09 Peer Group 8 Average    
 — 2008/09 National Average    
 — 2009/10 Peer Group 8 Average    
 — 2009/10 National Average



## Peer Group 8 - Procurement cost : Delivery cost 2009/10



**Options for a Potential Chemotherapy Tariff**

HRG code and description	Option 1	Option 2 Only data between upper and lower quartiles	Option 3 Only data between 10th and 90th percentiles	Option 4 Only data within 1 std dev from mean	Option 5 Only data from peer groups 1, 3 and 6	Lowest Tariff	Highest Tariff	Range
	All data							
<b>Procurement:</b>								
SB01Z Procure Chemotherapy drugs for regimens in Band 1	£218	£189	£183	£198	£183	£183	£218	£35
SB02Z Procure Chemotherapy drugs for regimens in Band 2	£340	£322	£324	£339	£323	£322	£340	£18
SB03Z Procure Chemotherapy drugs for regimens in Band 3	£480	£496	£500	£476	£466	£466	£500	£34
SB04Z Procure Chemotherapy drugs for regimens in Band 4	£514	£567	£544	£516	£484	£484	£567	£83
SB05Z Procure Chemotherapy drugs for regimens in Band 5	£778	£776	£804	£805	£873	£776	£873	£97
SB06Z Procure Chemotherapy drugs for regimens in Band 6	£762	£904	£871	£729	£724	£724	£904	£180
SB07Z Procure Chemotherapy drugs for regimens in Band 7	£943	£1,005	£937	£964	£1,037	£937	£1,037	£100
SB08Z Procure Chemotherapy drugs for regimens in Band 8	£1,254	£1,361	£1,315	£1,433	£1,438	£1,254	£1,438	£184
SB09Z Procure Chemotherapy drugs for regimens in Band 9	£1,140	£1,390	£1,455	£1,325	£1,043	£1,043	£1,455	£412
SB10Z Procure Chemotherapy drugs for regimens in Band 10	£1,782	£1,950	£1,826	£1,789	£1,808	£1,782	£1,950	£168
SB16Z Procure Chemotherapy drugs for regimens not on the national list	£606	£618	£612	£619	£627	£606	£627	£21
<b>Delivery:</b>								
SB11Z Deliver exclusively Oral Chemotherapy	£231	£195	£209	£197	£177	£177	£231	£54
SB12Z Deliver simple Parenteral Chemotherapy at first attendance	£253	£242	£235	£224	£225	£224	£253	£29
SB13Z Deliver more complex Parenteral Chemotherapy at first attendance	£334	£276	£286	£282	£284	£276	£334	£58
SB14Z Deliver complex Chemotherapy, including prolonged infusional treatment at first attendance	£391	£331	£361	£328	£361	£328	£391	£63
SB15Z Deliver subsequent elements of a Chemotherapy cycle	£338	£289	£323	£335	£341	£289	£341	£52
SB17Z Deliver chemotherapy for regimens not on the national list	£250	£228	£238	£240	£249	£228	£250	£22

Lowest value  
Highest value

## Potential Chemotherapy Tariff Impact

Code	Organisation name	Peer Group	Cost declared in Ref Costs 2009/10				Tariff Option 4 Income (incl MFF)				
			Procurement	Delivery	Attendance	TOTAL	Procurement	Delivery	TOTAL	Gain/Loss	
RBV	THE CHRISTIE NHS FOUNDATION TRUST	1	£27.0m	£7.9m	£0.0m	£35.0m	£31.7m	£11.1m	£42.9m	£7.9m	23%
REN	CLATTERBRIDGE CENTRE FOR ONCOLOGY NHS FOUNDATION TRUST	1	£18.3m	£3.8m	£0.0m	£22.1m	£18.6m	£8.1m	£26.6m	£4.5m	20%
RYJ	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	1	£10.5m	£2.5m	£5.3m	£18.3m	£24.8m	£7.4m	£32.3m	£14.0m	77%
RHQ	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	1	£17.9m	£4.1m	£0.0m	£22.0m	£17.9m	£6.1m	£24.0m	£2.0m	9%
RPY	THE ROYAL MARSDEN NHS FOUNDATION TRUST	1	£21.0m	£6.4m	£0.0m	£27.4m	£19.0m	£8.9m	£27.8m	£0.5m	2%
RBZ	NORTHERN DEVON HEALTHCARE NHS TRUST	1	£2.8m	£0.2m	£0.9m	£3.9m	£16.3m	£1.5m	£17.8m	£13.9m	353%
RXF	MID YORKSHIRE HOSPITALS NHS TRUST	1	£5.3m	£2.0m	£0.0m	£7.3m	£6.3m	£2.7m	£9.0m	£1.7m	23%
RTE	GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	1	£12.7m	£4.3m	£0.0m	£17.0m	£10.8m	£4.6m	£15.5m	£-1.5m	-9%
RWE	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	1	£9.7m	£1.6m	£1.5m	£12.8m	£9.4m	£3.8m	£13.2m	£0.3m	2%
RTR	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	1	£7.0m	£1.5m	£0.0m	£8.5m	£7.1m	£1.7m	£8.8m	£0.3m	3%
RWH	EAST AND NORTH HERTFORDSHIRE NHS TRUST	1	£11.6m	£2.5m	£0.0m	£14.1m	£11.8m	£3.8m	£15.6m	£1.5m	10%
RTD	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1	£6.0m	£1.5m	£2.7m	£10.2m	£8.8m	£3.5m	£12.4m	£2.2m	22%
RR8	LEEDS TEACHING HOSPITALS NHS TRUST	1	£8.9m	£3.7m	£0.0m	£12.6m	£9.5m	£4.5m	£14.0m	£1.4m	11%
RX1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	1	£8.4m	£2.3m	£0.1m	£10.8m	£6.8m	£3.8m	£10.6m	£-0.1m	-1%
RGT	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1	£10.0m	£2.2m	£0.0m	£12.1m	£7.8m	£3.2m	£11.0m	£-1.2m	-10%
RA2	ROYAL SURREY COUNTY NHS FOUNDATION TRUST	1	£5.9m	£2.3m	£0.0m	£8.2m	£7.1m	£2.9m	£9.9m	£1.8m	22%
RNJ	BARTS AND THE LONDON NHS TRUST	1	£4.9m	£4.0m	£0.0m	£8.9m	£6.2m	£3.3m	£9.4m	£0.5m	6%
<b>Sub-total, Peer Group 1</b>			<b>£188.0m</b>	<b>£52.7m</b>	<b>£10.5m</b>	<b>£251.2m</b>	<b>£219.9m</b>	<b>£80.8m</b>	<b>£300.7m</b>	<b>£49.5m</b>	<b>20%</b>
RWD	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	2	£4.1m	£1.0m	£0.0m	£5.1m	£6.8m	£2.6m	£9.5m	£4.4m	87%
RM1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2	£5.0m	£1.0m	£0.0m	£6.0m	£6.1m	£2.6m	£8.7m	£2.6m	44%
RHU	PORTSMOUTH HOSPITALS NHS TRUST	2	£8.6m	£1.0m	£0.0m	£9.6m	£8.1m	£2.8m	£11.0m	£1.4m	14%
RR1	HEART OF ENGLAND NHS FOUNDATION TRUST	2	£4.8m	£3.4m	£0.0m	£8.2m	£7.2m	£2.6m	£9.8m	£1.6m	20%
RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	2	£7.3m	£0.5m	£0.0m	£7.8m	£6.5m	£2.5m	£8.9m	£1.2m	15%
RRV	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	2	£9.0m	£2.5m	£0.0m	£11.5m	£8.2m	£3.1m	£11.4m	£-0.2m	-2%
RWA	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	2	£5.5m	£2.2m	£0.0m	£7.7m	£5.7m	£2.6m	£8.3m	£0.6m	8%
RTH	OXFORD RADCLIFFE HOSPITALS NHS TRUST	2	£11.9m	£1.6m	£0.2m	£13.7m	£6.5m	£2.6m	£9.2m	£-4.5m	-33%
RRK	UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST	2	£7.8m	£10.7m	£0.0m	£18.5m	£0.4m	£2.3m	£2.7m	£-15.8m	-86%
RJL	NORTHERN LINCOLNSHIRE AND GOOLE HOSPITALS NHS FOUNDATION TRUST	2	£5.4m	£1.2m	£0.0m	£6.6m	£3.6m	£2.3m	£5.9m	£-0.8m	-11%
RF4	BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	2	£3.3m	£3.5m	£2.6m	£9.3m	£2.5m	£2.9m	£5.4m	£-3.9m	-42%
RXH	BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	2	£5.2m	£2.9m	£0.0m	£8.1m	£0.6m	£2.3m	£2.9m	£-5.1m	-64%
RXN	LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	2	£4.6m	£0.8m	£0.0m	£5.5m	£5.7m	£2.0m	£7.7m	£2.3m	41%
RXC	EAST SUSSEX HOSPITALS NHS TRUST	2	£3.3m	£0.8m	£0.0m	£4.1m	£5.8m	£1.3m	£7.1m	£3.0m	75%
RTG	DERBY HOSPITALS NHS FOUNDATION TRUST	2	£5.8m	£1.7m	£0.0m	£7.5m	£6.4m	£2.4m	£8.8m	£1.3m	17%
RL4	THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST	2	£2.8m	£1.0m	£0.0m	£3.8m	£5.2m	£2.2m	£7.5m	£3.7m	98%
RJE	UNIVERSITY HOSPITAL OF NORTH STAFFORDSHIRE NHS TRUST	2	£6.8m	£1.3m	£0.9m	£9.0m	£4.6m	£2.2m	£6.8m	£-2.2m	-25%
RA7	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST	2	£6.9m	£2.1m	£0.1m	£9.2m	£5.0m	£2.4m	£7.4m	£-1.8m	-19%
<b>Sub-total, Peer Group 2</b>			<b>£108.0m</b>	<b>£39.1m</b>	<b>£3.8m</b>	<b>£150.9m</b>	<b>£95.0m</b>	<b>£43.7m</b>	<b>£138.7m</b>	<b>£-12.2m</b>	<b>-8%</b>
RCB	YORK HOSPITALS NHS FOUNDATION TRUST	3	£2.8m	£0.0m	£0.1m	£2.9m	£4.3m	£0.0m	£4.3m	£1.4m	47%
RXW	SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	3	£7.1m	£0.2m	£3.3m	£10.6m	£5.1m	£1.5m	£6.6m	£-4.0m	-38%
RGN	PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST	3	£3.3m	£0.5m	£0.2m	£4.0m	£4.4m	£1.1m	£5.5m	£1.4m	36%
RVW	NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	3	£4.3m	£0.8m	£0.0m	£5.1m	£5.5m	£1.0m	£6.5m	£1.5m	29%
RC1	BEDFORD HOSPITAL NHS TRUST	3	£2.8m	£0.5m	£0.0m	£3.3m	£5.2m	£0.7m	£5.9m	£2.6m	81%

Potential Chemotherapy Tariff Impact

Code	Organisation name	Peer Group	Cost declared in Ref Costs 2009/10				Tariff Option 4 Income (incl MFF)				
			Procurement	Delivery	Attendance	TOTAL	Procurement	Delivery	TOTAL	Gain/Loss	
RXQ	BUCKINGHAMSHIRE HOSPITALS NHS TRUST	3	£3.6m	£0.0m	£1.8m	£5.4m	£6.0m	£0.0m	£6.0m	£0.6m	11%
RK9	PLYMOUTH HOSPITALS NHS TRUST	3	£4.8m	£1.1m	£0.0m	£5.8m	£4.5m	£1.7m	£6.2m	£0.4m	7%
RJF	BURTON HOSPITALS NHS FOUNDATION TRUST	3	£3.6m	£1.5m	£0.0m	£5.1m	£4.3m	£0.9m	£5.2m	£0.1m	3%
RKB	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	3	£7.0m	£2.2m	£0.0m	£9.3m	£4.4m	£2.0m	£6.3m	£-2.9m	-32%
RNA	THE DUDLEY GROUP OF HOSPITALS NHS FOUNDATION TRUST	3	£4.1m	£1.2m	£0.0m	£5.2m	£4.7m	£1.6m	£6.3m	£1.0m	19%
RTF	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	3	£3.6m	£1.7m	£0.0m	£5.3m	£4.6m	£1.8m	£6.4m	£1.1m	22%
RD3	POOLE HOSPITAL NHS FOUNDATION TRUST	3	£4.5m	£1.9m	£1.0m	£7.4m	£4.8m	£2.1m	£6.9m	£-0.5m	-7%
RH8	ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	3	£7.1m	£1.4m	£0.0m	£8.5m	£4.8m	£1.9m	£6.7m	£-1.8m	-21%
RXK	SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	3	£4.5m	£1.0m	£0.0m	£5.5m	£7.4m	£1.7m	£9.1m	£3.6m	65%
RAJ	SOUTHEND UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	3	£0.0m	£1.7m	£0.0m	£1.7m	£0.0m	£1.4m	£1.4m	£-0.3m	-18%
RGQ	IPSWICH HOSPITAL NHS TRUST	3	£2.2m	£1.9m	£2.8m	£6.9m	£1.2m	£2.5m	£3.6m	£-3.3m	-47%
<b>Sub-total, Peer Group 3</b>			<b>£65.2m</b>	<b>£17.6m</b>	<b>£9.3m</b>	<b>£92.1m</b>	<b>£71.3m</b>	<b>£21.7m</b>	<b>£92.9m</b>	<b>£0.9m</b>	<b>1%</b>
RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	4	£7.4m	£0.4m	£2.7m	£10.5m	£6.1m	£1.7m	£7.8m	£-2.7m	-26%
RYQ	SOUTH LONDON HEALTHCARE NHS TRUST	4	£2.9m	£0.3m	£3.4m	£6.6m	£4.4m	£0.1m	£4.5m	£-2.1m	-32%
RHM	SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST	4	£7.9m	£2.2m	£0.0m	£10.1m	£4.4m	£1.7m	£6.1m	£-4.0m	-39%
RNS	NORTHAMPTON GENERAL HOSPITAL NHS TRUST	4	£3.0m	£2.2m	£1.1m	£6.2m	£4.4m	£1.7m	£6.0m	£-0.2m	-3%
REF	ROYAL CORNWALL HOSPITALS NHS TRUST	4	£3.7m	£1.3m	£1.1m	£6.0m	£4.1m	£1.4m	£5.5m	£-0.5m	-9%
RWY	CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	4	£3.5m	£0.7m	£1.4m	£5.7m	£3.3m	£1.6m	£4.9m	£-0.8m	-14%
RTX	UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS TRUST	4	£3.8m	£0.3m	£1.7m	£5.7m	£3.4m	£1.4m	£4.8m	£-0.9m	-16%
RJ7	ST GEORGE'S HEALTHCARE NHS TRUST	4	£3.0m	£1.7m	£0.1m	£4.9m	£4.3m	£1.7m	£6.0m	£1.1m	23%
RWP	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	4	£4.3m	£1.2m	£0.0m	£5.6m	£2.4m	£1.6m	£4.0m	£-1.6m	-29%
RYR	WESTERN SUSSEX HOSPITALS NHS TRUST	4	£4.2m	£2.7m	£0.0m	£6.9m	£4.0m	£1.3m	£5.3m	£-1.6m	-23%
RDE	COLCHESTER HOSPITAL UNIVERSITY NHS FOUNDATION TRUST	4	£4.8m	£0.0m	£1.7m	£6.5m	£3.8m	£0.0m	£3.8m	£-2.7m	-42%
RLT	GEORGE ELIOT HOSPITAL NHS TRUST	4	£1.6m	£0.7m	£0.0m	£2.4m	£3.4m	£0.7m	£4.1m	£1.8m	74%
RHW	ROYAL BERKSHIRE NHS FOUNDATION TRUST	4	£2.2m	£2.0m	£0.0m	£4.2m	£0.4m	£1.2m	£1.6m	£-2.5m	-61%
RA9	SOUTH DEVON HEALTHCARE NHS FOUNDATION TRUST	4	£3.4m	£1.3m	£0.4m	£5.1m	£3.3m	£1.3m	£4.5m	£-0.6m	-12%
RQ8	MID ESSEX HOSPITAL SERVICES NHS TRUST	4	£3.4m	£0.8m	£0.0m	£4.1m	£3.0m	£1.4m	£4.4m	£0.3m	7%
RXR	EAST LANCASHIRE HOSPITALS NHS TRUST	4	£3.1m	£0.6m	£0.0m	£3.8m	£3.8m	£1.4m	£5.2m	£1.4m	37%
RDZ	THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST	4	£3.9m	£1.7m	£0.0m	£5.5m	£2.7m	£1.5m	£4.1m	£-1.4m	-26%
<b>Sub-total, Peer Group 4</b>			<b>£66.0m</b>	<b>£20.0m</b>	<b>£13.6m</b>	<b>£99.7m</b>	<b>£60.8m</b>	<b>£21.7m</b>	<b>£82.5m</b>	<b>£-17.2m</b>	<b>-17%</b>
RJZ	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	5	£0.6m	£4.3m	£0.0m	£4.9m	£0.7m	£1.5m	£2.2m	£-2.7m	-56%
RW3	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	5	£3.4m	£0.5m	£1.4m	£5.4m	£2.7m	£0.9m	£3.7m	£-1.7m	-32%
RA3	WESTON AREA HEALTH NHS TRUST	5	£0.7m	£1.1m	£0.0m	£1.8m	£3.7m	£1.2m	£4.9m	£3.1m	177%
RD1	ROYAL UNITED HOSPITAL BATH NHS TRUST	5	£2.8m	£1.1m	£0.3m	£4.2m	£3.4m	£1.1m	£4.6m	£0.3m	7%
RXP	COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	5	£4.9m	£1.2m	£0.0m	£6.1m	£3.1m	£1.2m	£4.3m	£-1.8m	-30%
RBA	TAUNTON AND SOMERSET NHS FOUNDATION TRUST	5	£2.8m	£2.9m	£0.1m	£5.8m	£2.7m	£1.0m	£3.7m	£-2.0m	-35%
RAE	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	5	£1.5m	£0.6m	£1.7m	£3.8m	£2.7m	£1.2m	£3.8m	£0.0m	0%
RXL	BLACKPOOL, FYLDE AND WYRE HOSPITALS NHS FOUNDATION TRUST	5	£0.8m	£9.5m	£0.1m	£10.4m	£2.1m	£1.2m	£3.3m	£-7.1m	-68%
RCD	HARROGATE AND DISTRICT NHS FOUNDATION TRUST	5	£1.4m	£1.0m	£0.0m	£2.4m	£2.1m	£0.8m	£3.0m	£0.6m	24%
RD7	HEATHERWOOD AND WEXHAM PARK HOSPITALS NHS FOUNDATION TRUST	5	£2.0m	£1.0m	£0.0m	£2.9m	£3.1m	£1.0m	£4.0m	£1.1m	37%
RCX	THE QUEEN ELIZABETH HOSPITAL KING'S LYNN NHS TRUST	5	£2.6m	£0.3m	£0.0m	£2.9m	£2.1m	£0.6m	£2.7m	£-0.3m	-9%
RGP	JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	5	£1.2m	£1.0m	£0.0m	£2.2m	£2.3m	£1.2m	£3.5m	£1.3m	58%

Potential Chemotherapy Tariff Impact

Code	Organisation name	Peer Group	Cost declared in Ref Costs 2009/10				Tariff Option 4 Income (incl MFF)			
			Procurement	Delivery	Attendance	TOTAL	Procurement	Delivery	TOTAL	Gain/Loss
RN3	GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	5	£2.3m	£0.1m	£1.0m	£3.4m	£2.8m	£0.1m	£2.8m	-£0.6m -17%
RNZ	SALISBURY NHS FOUNDATION TRUST	5	£2.3m	£0.6m	£0.0m	£2.9m	£2.7m	£1.0m	£3.8m	£0.9m 32%
RAP	NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	5	£2.0m	£0.6m	£0.0m	£2.7m	£3.1m	£1.1m	£4.2m	£1.5m 56%
RCF	AIREDALE NHS TRUST	5	£2.3m	£0.8m	£0.0m	£3.1m	£1.7m	£1.0m	£2.7m	-£0.4m -12%
RTP	SURREY AND SUSSEX HEALTHCARE NHS TRUST	5	£1.7m	£1.0m	£0.0m	£2.7m	£2.2m	£1.3m	£3.5m	£0.8m 30%
RAL	ROYAL FREE HAMPSTEAD NHS TRUST	5	£2.0m	£1.4m	£0.0m	£3.4m	£1.8m	£1.3m	£3.1m	-£0.2m -7%
RQW	THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	5	£0.9m	£2.0m	£0.0m	£2.9m	£0.3m	£1.3m	£1.6m	-£1.4m -47%
RLN	CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST	5	£0.3m	£2.6m	£0.0m	£2.9m	£0.2m	£1.1m	£1.3m	-£1.6m -54%
<b>Sub-total, Peer Group 5</b>			<b>£38.7m</b>	<b>£33.6m</b>	<b>£4.7m</b>	<b>£76.9m</b>	<b>£45.6m</b>	<b>£21.2m</b>	<b>£66.8m</b>	<b>-£10.1m -13%</b>
RV8	NORTH WEST LONDON HOSPITALS NHS TRUST	6	£2.5m	£0.7m	£0.0m	£3.2m	£3.3m	£1.2m	£4.5m	£1.3m 41%
RCU	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	6	£0.5m	£0.0m	£0.7m	£1.2m	£2.5m	£0.0m	£2.5m	£1.3m 103%
RGR	WEST SUFFOLK HOSPITALS NHS TRUST	6	£2.5m	£1.0m	£0.0m	£3.5m	£2.0m	£0.9m	£2.9m	-£0.5m -16%
RBK	WALSALL HOSPITALS NHS TRUST	6	£4.0m	£0.6m	£0.0m	£4.6m	£3.0m	£0.9m	£3.9m	-£0.6m -14%
RJC	SOUTH WARWICKSHIRE NHS FOUNDATION TRUST	6	£1.9m	£0.1m	£0.6m	£2.6m	£2.4m	£0.2m	£2.6m	£0.0m 1%
5QT	ISLE OF WIGHT NHS PCT	6	£1.2m	£0.3m	£0.0m	£1.5m	£2.2m	£0.7m	£2.9m	£1.4m 94%
RW6	PENNINE ACUTE HOSPITALS NHS TRUST	6	£1.3m	£0.6m	£0.0m	£2.0m	£1.8m	£0.6m	£2.5m	£0.5m 23%
RJD	MID STAFFORDSHIRE NHS FOUNDATION TRUST	6	£3.2m	£0.7m	£0.0m	£3.9m	£2.4m	£1.0m	£3.3m	-£0.5m -13%
RBN	ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	6	£0.9m	£1.4m	£0.0m	£2.3m	£0.9m	£1.1m	£2.0m	-£0.4m -16%
RN5	BASINGSTOKE AND NORTH HAMPSHIRE NHS FOUNDATION TRUST	6	£1.3m	£0.0m	£1.7m	£2.9m	£1.6m	£0.0m	£1.6m	-£1.3m -46%
RVL	BARNET AND CHASE FARM HOSPITALS NHS TRUST	6	£2.3m	£0.4m	£0.0m	£2.8m	£2.6m	£0.7m	£3.4m	£0.6m 22%
RR7	GATESHEAD HEALTH NHS FOUNDATION TRUST	6	£2.2m	£0.5m	£0.0m	£2.7m	£0.5m	£0.8m	£1.4m	-£1.3m -49%
RC9	LUTON AND DUNSTABLE HOSPITAL NHS FOUNDATION TRUST	6	£2.4m	£0.4m	£0.6m	£3.4m	£2.0m	£0.7m	£2.7m	-£0.7m -20%
RTK	ASHFORD AND ST PETER'S HOSPITALS NHS TRUST	6	£0.8m	£0.0m	£0.3m	£1.1m	£1.7m	£0.0m	£1.7m	£0.7m 62%
RBD	DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	6	£0.5m	£0.4m	£0.0m	£0.9m	£1.7m	£0.7m	£2.4m	£1.4m 154%
RN1	WINCHESTER AND EASTLEIGH HEALTHCARE NHS TRUST	6	£1.7m	£0.3m	£0.0m	£2.0m	£1.6m	£0.5m	£2.1m	£0.1m 7%
RCC	SCARBOROUGH AND NORTH EAST YORKSHIRE HEALTH CARE NHS TRUST	6	£1.0m	£1.4m	£0.2m	£2.7m	£1.4m	£0.6m	£2.0m	-£0.7m -26%
RA4	YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	6	£1.6m	£0.5m	£0.0m	£2.1m	£1.4m	£0.6m	£2.0m	-£0.1m -5%
RE9	SOUTH TYNESIDE NHS FOUNDATION TRUST	6	£2.0m	£0.7m	£0.0m	£2.7m	£1.6m	£0.5m	£2.2m	-£0.5m -20%
RWG	WEST HERTFORDSHIRE HOSPITALS NHS TRUST	6	£0.9m	£0.4m	£0.0m	£1.3m	£0.7m	£0.5m	£1.2m	-£0.1m -6%
<b>Sub-total, Peer Group 6</b>			<b>£34.6m</b>	<b>£10.5m</b>	<b>£4.2m</b>	<b>£49.3m</b>	<b>£37.4m</b>	<b>£12.4m</b>	<b>£49.8m</b>	<b>£0.4m 1%</b>
RQQ	HINCHINGBROOKE HEALTH CARE NHS TRUST	7	£0.8m	£0.3m	£0.7m	£1.8m	£1.5m	£0.5m	£2.0m	£0.2m 10%
REM	AINTREE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	7	£2.2m	£0.3m	£0.0m	£2.4m	£2.2m	£0.3m	£2.6m	£0.1m 5%
RP4	GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS TRUST	7	£0.4m	£1.4m	£0.0m	£1.7m	£1.0m	£0.6m	£1.6m	-£0.1m -8%
RLQ	HEREFORD HOSPITALS NHS TRUST	7	£1.2m	£0.3m	£0.1m	£1.5m	£1.4m	£0.4m	£1.8m	£0.3m 19%
RVY	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	7	£1.5m	£0.1m	£0.0m	£1.6m	£1.0m	£0.2m	£1.2m	-£0.4m -24%
RP5	DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST	7	£1.4m	£0.3m	£0.0m	£1.7m	£0.9m	£0.4m	£1.3m	-£0.5m -27%
RRF	WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	7	£1.3m	£0.7m	£0.2m	£2.3m	£0.9m	£0.4m	£1.3m	-£1.0m -44%
RFF	BARNESLEY HOSPITAL NHS FOUNDATION TRUST	7	£1.2m	£0.2m	£0.0m	£1.3m	£0.7m	£0.2m	£1.0m	-£0.4m -28%
RNQ	KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	7	£1.4m	£0.6m	£0.0m	£2.0m	£1.1m	£0.4m	£1.5m	-£0.5m -23%
RD8	MILTON KEYNES HOSPITAL NHS FOUNDATION TRUST	7	£1.6m	£0.2m	£0.4m	£2.3m	£0.8m	£0.5m	£1.2m	-£1.0m -45%
RAX	KINGSTON HOSPITAL NHS TRUST	7	£0.8m	£1.4m	£0.0m	£2.2m	£0.8m	£0.3m	£1.1m	-£1.1m -50%
RPA	MEDWAY NHS FOUNDATION TRUST	7	£1.4m	£0.5m	£0.8m	£2.7m	£1.1m	£0.3m	£1.4m	-£1.3m -49%



Potential Chemotherapy Tariff Impact

Code	Organisation name	Peer Group	Cost declared in Ref Costs 2009/10				Tariff Option 4 Income (incl MFF)				
			Procurement	Delivery	Attendance	TOTAL	Procurement	Delivery	TOTAL	Gain/Loss	
RDU	FRIMLEY PARK HOSPITAL NHS FOUNDATION TRUST	7	£1.3m	£0.3m	£0.0m	£1.6m	£1.0m	£0.3m	£1.4m	£-0.2m	-12%
RQ6	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	7	£0.5m	£0.6m	£0.1m	£1.2m	£1.1m	£0.4m	£1.5m	£0.3m	26%
RNL	NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST	7	£1.2m	£0.4m	£0.0m	£1.6m	£0.9m	£0.5m	£1.4m	£-0.2m	-14%
RKE	THE WHITTINGTON HOSPITAL NHS TRUST	7	£1.6m	£1.1m	£0.0m	£2.8m	£1.0m	£0.4m	£1.4m	£-1.3m	-48%
RNH	NEWHAM UNIVERSITY HOSPITAL NHS TRUST	7	£0.0m	£0.0m	£0.9m	£0.9m	£0.8m	£0.3m	£1.2m	£0.3m	29%
RBS	ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	7	£0.4m	£0.6m	£0.0m	£1.0m	£0.4m	£0.5m	£0.9m	£-0.1m	-12%
<b>Sub-total, Peer Group 7</b>			<b>£20.2m</b>	<b>£9.3m</b>	<b>£3.1m</b>	<b>£32.7m</b>	<b>£18.7m</b>	<b>£7.0m</b>	<b>£25.7m</b>	<b>£-6.9m</b>	<b>-21%</b>
RBL	WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	8	£1.4m	£0.4m	£0.0m	£1.8m	£0.9m	£0.3m	£1.1m	£-0.7m	-37%
RC3	EALING HOSPITAL NHS TRUST	8	£0.9m	£0.3m	£0.0m	£1.2m	£0.7m	£0.3m	£1.0m	£-0.2m	-17%
RDD	BASILDON AND THURROCK UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	8	£0.5m	£0.1m	£0.3m	£1.0m	£0.7m	£0.2m	£0.9m	£-0.1m	-6%
RJ2	THE LEWISHAM HEALTHCARE NHS TRUST	8	£0.2m	£0.1m	£0.0m	£0.3m	£0.8m	£0.3m	£1.1m	£0.7m	244%
RFW	WEST MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	8	£0.3m	£0.2m	£0.9m	£1.4m	£0.2m	£0.3m	£0.6m	£-0.8m	-59%
RJ6	MAYDAY HEALTHCARE NHS TRUST	8	£0.6m	£0.4m	£0.1m	£1.1m	£0.3m	£0.2m	£0.5m	£-0.6m	-53%
RJR	COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	8	£0.4m	£0.1m	£0.0m	£0.5m	£0.5m	£0.2m	£0.7m	£0.2m	29%
RFS	CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	8	£0.7m	£0.3m	£0.0m	£1.0m	£0.4m	£0.2m	£0.6m	£-0.4m	-42%
RBT	MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	8	£0.6m	£0.0m	£0.3m	£0.9m	£0.3m	£0.0m	£0.3m	£-0.6m	-68%
RM3	SALFORD ROYAL NHS FOUNDATION TRUST	8	£1.1m	£0.1m	£0.0m	£1.1m	£0.6m	£0.2m	£0.7m	£-0.4m	-35%
RVJ	NORTH BRISTOL NHS TRUST	8	£0.2m	£0.0m	£0.1m	£0.3m	£0.5m	£0.0m	£0.5m	£0.3m	90%
RM4	TRAFFORD HEALTHCARE NHS TRUST	8	£0.4m	£0.0m	£0.0m	£0.5m	£0.3m	£0.1m	£0.4m	£-0.1m	-22%
RN7	DARTFORD AND GRAVESHAM NHS TRUST	8	£0.2m	£0.1m	£0.2m	£0.4m	£0.5m	£0.1m	£0.6m	£0.2m	44%
RAS	THE HILLINGDON HOSPITAL NHS TRUST	8	£0.4m	£0.2m	£0.0m	£0.5m	£0.4m	£0.1m	£0.5m	£0.0m	-5%
RMC	ROYAL BOLTON HOSPITAL NHS FOUNDATION TRUST	8	£0.3m	£0.1m	£0.0m	£0.4m	£0.3m	£0.1m	£0.4m	£-0.1m	-15%
RFR	THE ROTHERHAM NHS FOUNDATION TRUST	8	£0.1m	£0.6m	£0.2m	£0.9m	£0.1m	£0.1m	£0.2m	£-0.7m	-73%
RMP	TAMESIDE HOSPITAL NHS FOUNDATION TRUST	8	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.1m	£0.1m	£0.1m	128%
SPP	CAMBRIDGESHIRE PCT	8	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	0%
RM2	UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	8	£0.0m	£0.0m	£0.5m	£0.5m	£0.0m	£0.0m	£0.0m	£-0.5m	-100%
RQM	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	8	£0.0m	£0.0m	£0.5m	£0.5m	£0.0m	£0.0m	£0.0m	£-0.5m	-100%
RRJ	THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	8	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	-100%
RWJ	STOCKPORT NHS FOUNDATION TRUST	8	£0.0m	£0.2m	£0.0m	£0.2m	£0.0m	£0.1m	£0.1m	£0.0m	-32%
RWW	WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	8	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	-100%
RGC	WHIPPS CROSS UNIVERSITY HOSPITAL NHS TRUST	8	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	0%
RQ3	BIRMINGHAM CHILDREN'S HOSPITAL NHS FOUNDATION TRUST	8	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	0%
<b>Sub-total, Peer Group 8</b>			<b>£8.5m</b>	<b>£3.1m</b>	<b>£3.1m</b>	<b>£14.7m</b>	<b>£7.3m</b>	<b>£3.0m</b>	<b>£10.3m</b>	<b>£-4.4m</b>	<b>-30%</b>
<b>Grand Total</b>			<b>£529.1m</b>	<b>£186.0m</b>	<b>£52.4m</b>	<b>£767.5m</b>	<b>£556.0m</b>	<b>£211.5m</b>	<b>£767.4m</b>	<b>£0.0m</b>	<b>0%</b>