

Clinical Oncology UK Workforce Report 2012

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Foreword

In 2008, The Royal College of Radiologists (RCR) carried out its first online census of all clinical oncology departments across the UK. This was an important piece of work as it gave us for the first time accurate data on the composition of the UK workforce in clinical oncology. Since then, the census has been conducted annually and this, the report of the 2012 results, includes data on the clinical (and medical) oncology workforce across the UK.

The 2012 clinical oncology census breaks with the conformity of anonymising individual cancer centres. We are grateful for the support of cancer centres in this development as it has both enhanced the quality of the data and the quality of the overall report.

The data derived are being used to inform workforce planning and will be shared with the Centre for Workforce Intelligence (CfWI) and others with a legitimate interest in medical workforce planning. It will continue to allow analysis of trends such as gender patterns and part-time working, as well as identifying variations in the oncology workforce both nationally and locally.

I am delighted with the co-operation we have received in achieving a 100% response rate and I would like to thank all the clinical oncology departments for their participation. Completing the census will continue to be a quick and straightforward exercise going forward. I hope that all departments will continue to support the RCR census activities in future years.

Dr Elizabeth Junor

Medical Director of Professional Practice, Clinical Oncology
The Royal College of Radiologists

1. Introduction and objectives

The Royal College of Radiologists (RCR) recognises the importance of effective workforce planning. Key sources of workforce data are captured through the workforce census. Data on new consultant appointments and RCR membership data also contribute to building an accurate picture of the workforce.

The RCR carried out a pilot workforce census among clinical oncologists for the first time in 2008. Following the success of the pilot exercise the census has been repeated annually. This report provides results of the 2012 census as well as comparisons to previous years where appropriate.

The aim of the census is to obtain accurate data on the composition of the UK clinical oncology workforce, for use by the RCR and external organisations with an interest in workforce planning. It also provides information on National Training Numbers (NTNs) to provide indications of the likely future supply for NHS consultant appointments. The intention is to establish trend data, for example, on gender patterns and the extent of part-time working. This is to inform future workforce planning and enable the RCR to identify opportunities and challenges facing the workforce in the future.

2. Census methodology

Now in its fifth year, the 2012 clinical oncology workforce census captures information for all consultant clinical oncologists in substantive posts at cancer centres in the UK. It captures individual consultant details including gender, grade, programmed activities and site specialties, as well as unfilled posts.

In previous years, the census captured headcount for all training grades and other grades, and information has also been collected in relation to consultant medical oncologists in collaboration with the Royal College of Physicians (RCP) since 2009. In this report we continue to report on medical oncologists, working with the RCP to provide a sense check of census returns against their annual survey. Tracking specialty registrars through their various rotations and in and out of programme to obtain robust data at a single point in time has proved challenging. Therefore, in this report, primary source data relating to National Training Numbers (NTNs) is used for the first time to lend confidence to the findings in the report.

The report also provides data at the level of individual organisation as well as region and country.

The full set of questions for the 2012 census is provided in Appendix I.

The 2012 census was launched in October 2012 and sought to capture data as at 1 October 2012. The census data were collected online through a secure web portal. A link to the portal was emailed to the Head of Service at each of the 59 UK cancer centres to complete the census online. The census is designed as a simple exercise to complete, to maximise the response rate and the quality of data captured.

Census completion 2008 to 2012

Census year	Census date	% Census completion
2008	1 Jul 08	100%
2009	1 Oct 09	100%
2010	1 Oct 10	100%
2011	1 Oct 11	100%*
2012	1 Oct 12	100%

The names of the 59 cancer centres, set out by region and country, that completed the 2012 census are provided in Appendix II.

All results in this report relate to the UK clinical oncology workforce, with the exception of Section 4 which additionally reports on UK consultant medical oncology workforce data. All data are reported as either headcount or whole-time equivalent (WTE) as indicated. Where WTE is used, the calculation conforms to the current NHS convention of excluding programmed activities (PAs) that exceed ten PAs.

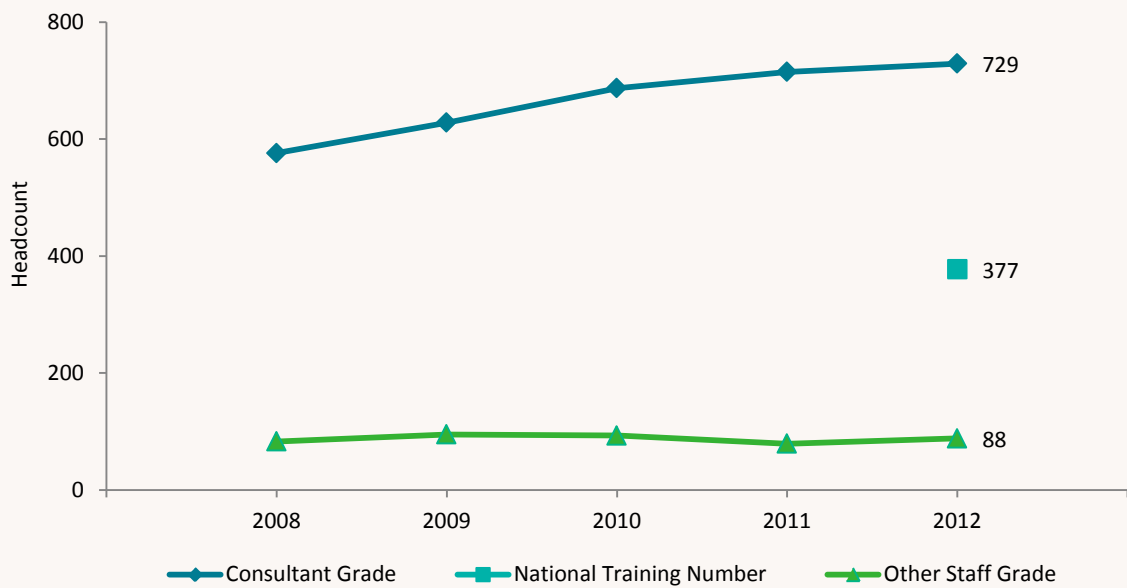
The results are based on the data supplied by cancer centres through the workforce census. Following completion, each individual cancer centre was provided with an excel spreadsheet of their submission to allow them the opportunity to verify their data. A nil response was accepted as verification of the accuracy of the data. The data were also verified against previous years' census data and RCR membership data.

*Fifty-eight of the 59 UK cancer centres completed the 2011 census. For completeness, 2010 data was entered as the most recently available for the one omission.

3. UK clinical oncology workforce – overview

The 2012 census demonstrates an increase in the UK clinical oncology workforce on previous years. There are now 729 consultants in post and 377 trainees. The number of consultants in a substantive post rose by 2% on the previous year. The number employed in staff grades rose by 11% in 2012 to 88 posts. These data are shown in Figure 1.

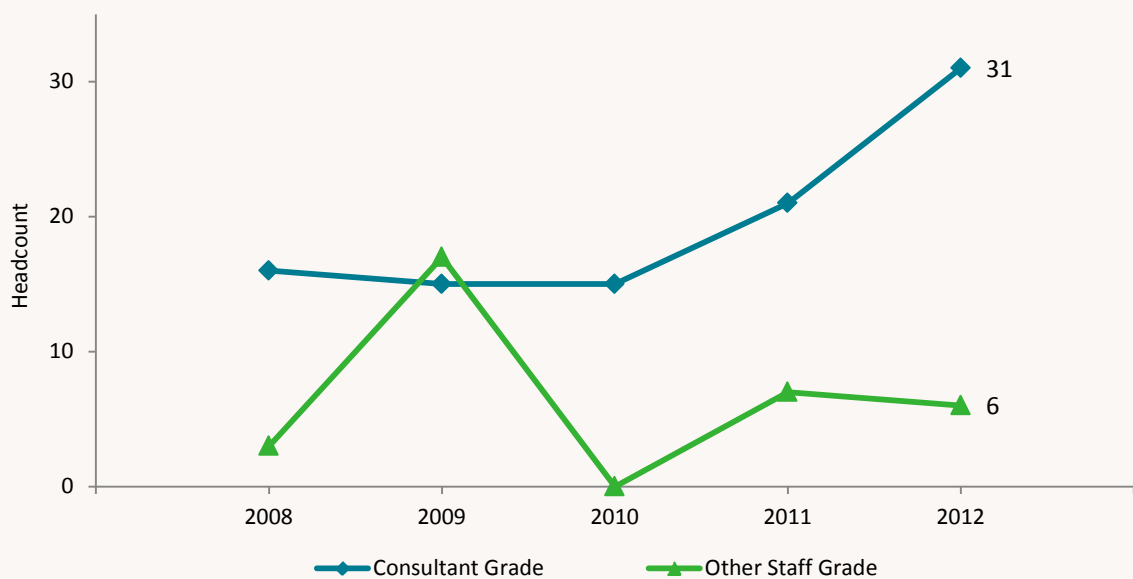
Figure 1. UK clinical oncology workforce – in post



Base: All UK cancer centres (2008 to 2012)

The census shows a sharp rise in the number of unfilled consultant posts since 2010, shown in Figure 2.

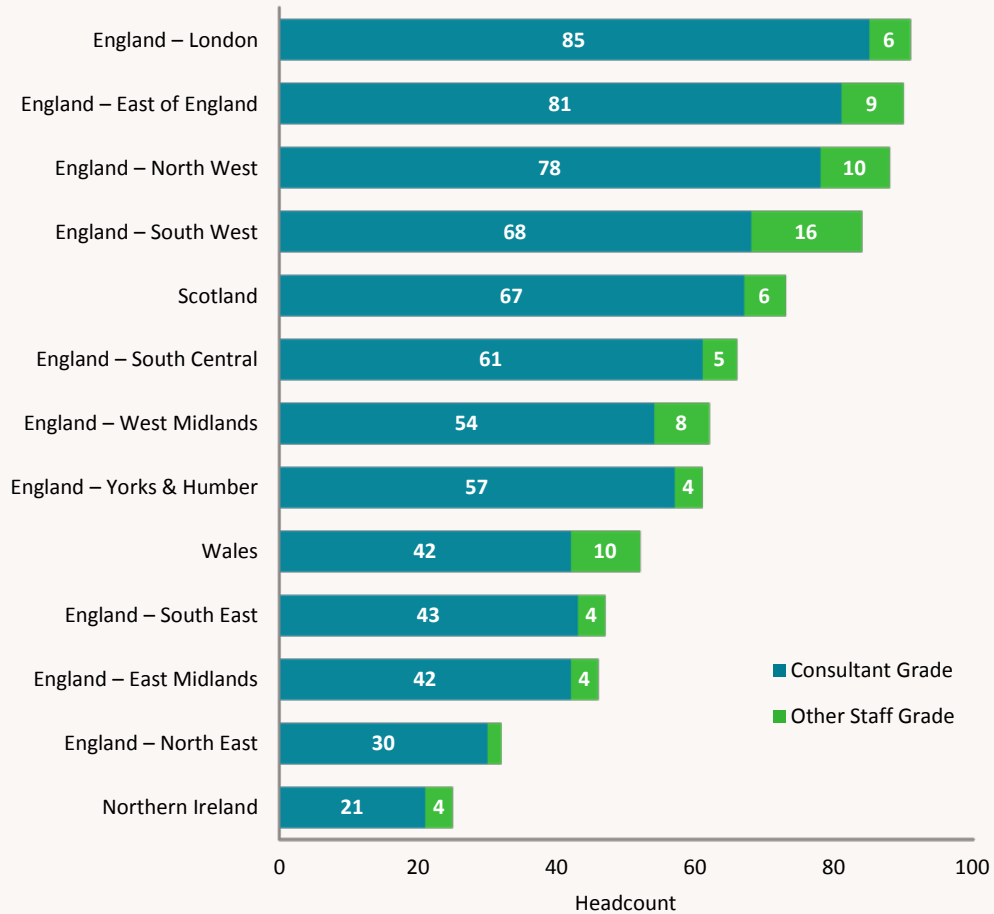
Figure 2. UK clinical oncology workforce – unfilled posts



Base: All UK cancer centres (2008 to 2012)

Of those in post, the census captures information to identify variations across the UK, shown in Figure 3.

Figure 3. UK clinical oncology workforce – in post – by region/country

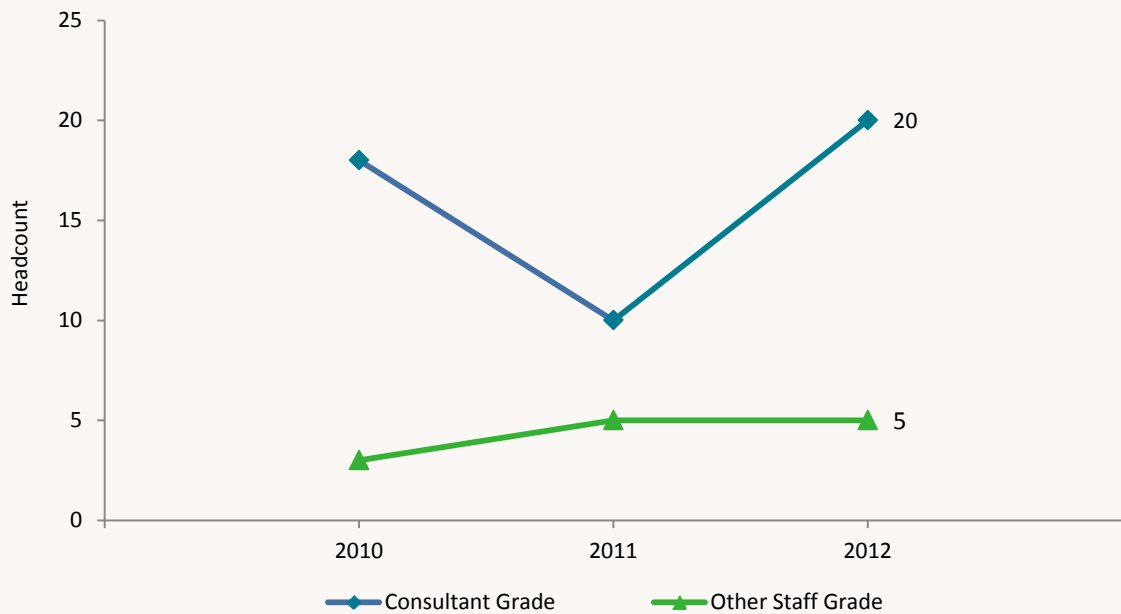


Base: All UK cancer centres 2012

Leavers from the workforce

Twenty consultants and five employed in other staff grades left the UK clinical oncology workforce in the 12 months to October 2012, shown in Figure 4. No data is currently available for trainees. Further information on those leaving consultant grade posts is reported in Section 5.8 (page 22) of this report.

Figure 4. Leavers, last 12 months



Base: All UK cancer centres (2010 to 2012)

The census also attempts to collect data on numbers expected to retire in the next 12 months. Based on census returns, 23 consultant clinical oncologists are expected to retire in the next 12 months.

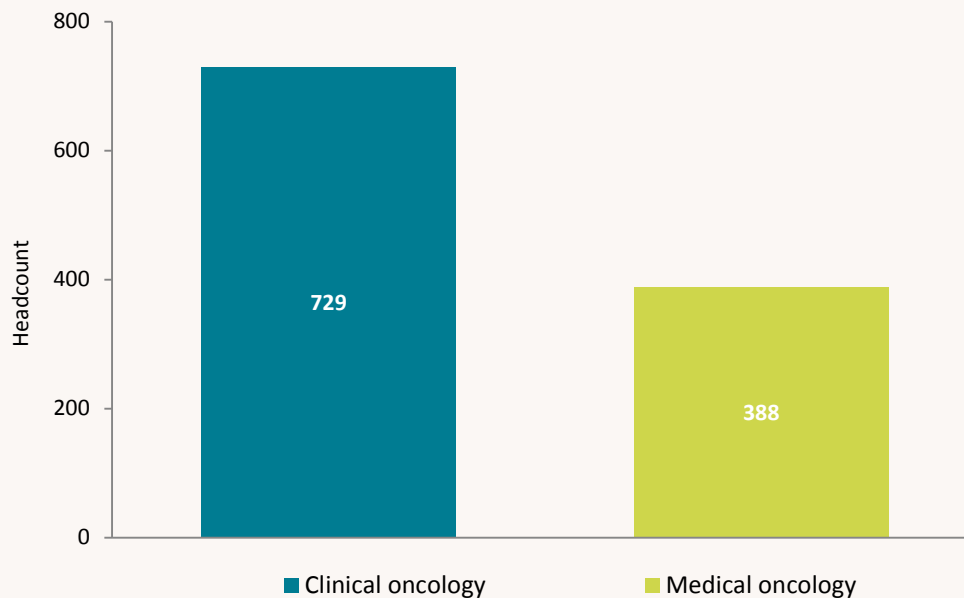
4. UK clinical and medical oncology consultant workforce – overview

As in previous years, the 2012 census sought to capture data on the number of medical oncologists in addition to clinical oncologists. The results are reported in this section.

In a small number of cases it was not possible to verify the accuracy of the medical oncology data submitted. Eight of the 59 UK cancer centres did not report any medical oncologists in post; data was either not received, unconfirmed, or no medical oncologists were reported.

Figure 5 shows the total number of consultant oncologists reported through the census.

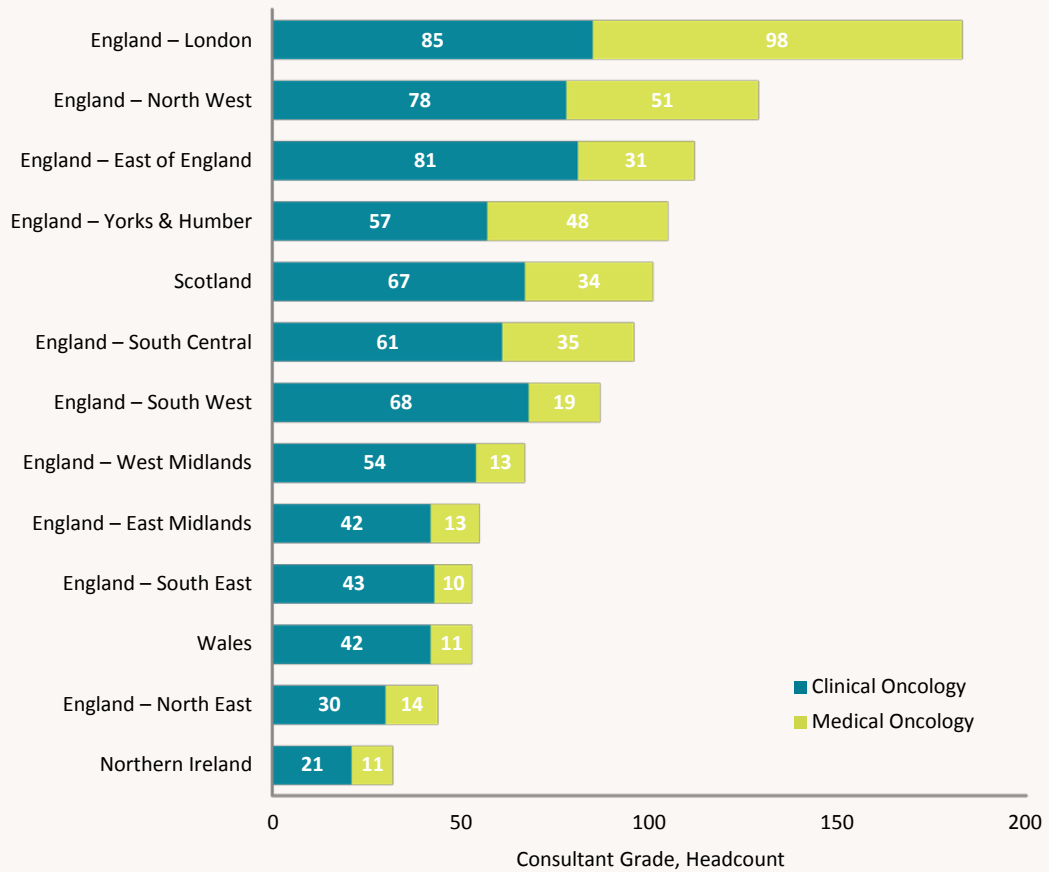
Figure 5. UK clinical and medical oncology consultant workforce



Base: All UK cancer centres (2012)
NB. Eight of the 59 UK cancer centres did not report medical oncologists.

Figure 6 shows the combined oncology consultant workforce across the UK.

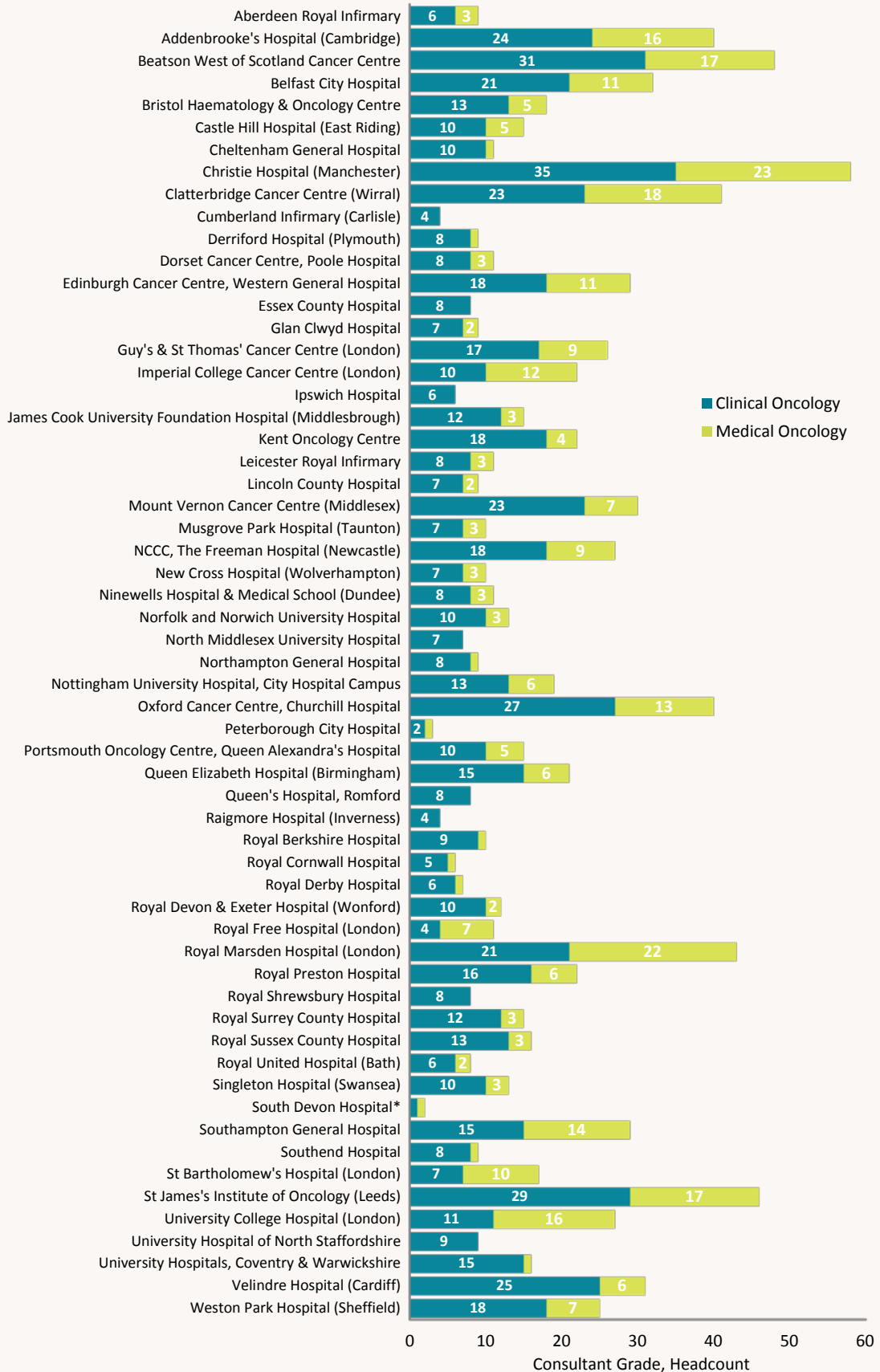
Figure 6. UK clinical and medical oncology consultant workforce – by region/country



Base: All UK cancer centres (2012)
 NB. Eight of the fifty-nine UK cancer centres did not report medical oncologists.

A breakdown by individual cancer centre is provided in Figure 7 (page 11). Due to the nature of their working, 55 of the 388 consultant medical oncologists are not reported against an individual cancer centre and therefore are omitted from Figure 7.

Figure 7. UK clinical oncology and medical oncology consultant workforce – by cancer centre



Base: All UK cancer centres (2012). NB. Eight of the 59 UK cancer centres did not report medical oncologists.
* Data unconfirmed

5. UK clinical oncology workforce – consultant grade

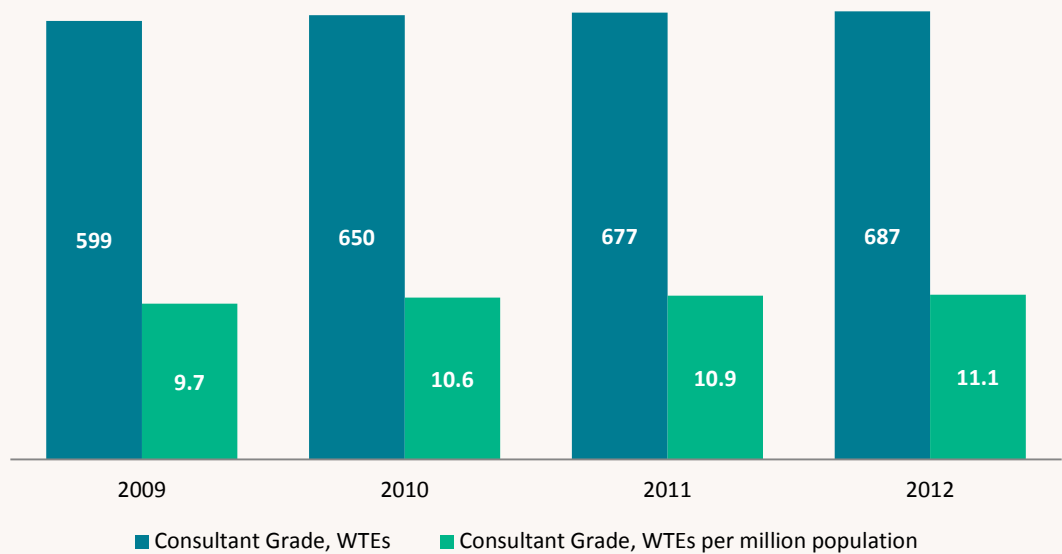
This section of the report provides data on consultant grade clinical oncologists employed in a substantive post in the UK.

5.1 Whole-time equivalents

In addition to reporting on those in post by headcount, the census collects data to calculate whole-time equivalents (WTEs). Where WTEs are reported, the calculation conforms to the current NHS convention of excluding all programmed activities (PAs) that exceed ten PAs.

In line with headcount numbers, Figure 8 shows the number of (WTE) consultant clinical oncologists has continued to rise. There are currently 687 WTE consultants reported in post compared with 677 in 2011. For 2012, this equates to 11.1 WTE consultant clinical oncologists per million population (PMP) in the UK.

Figure 8. UK clinical oncology consultant workforce – WTEs



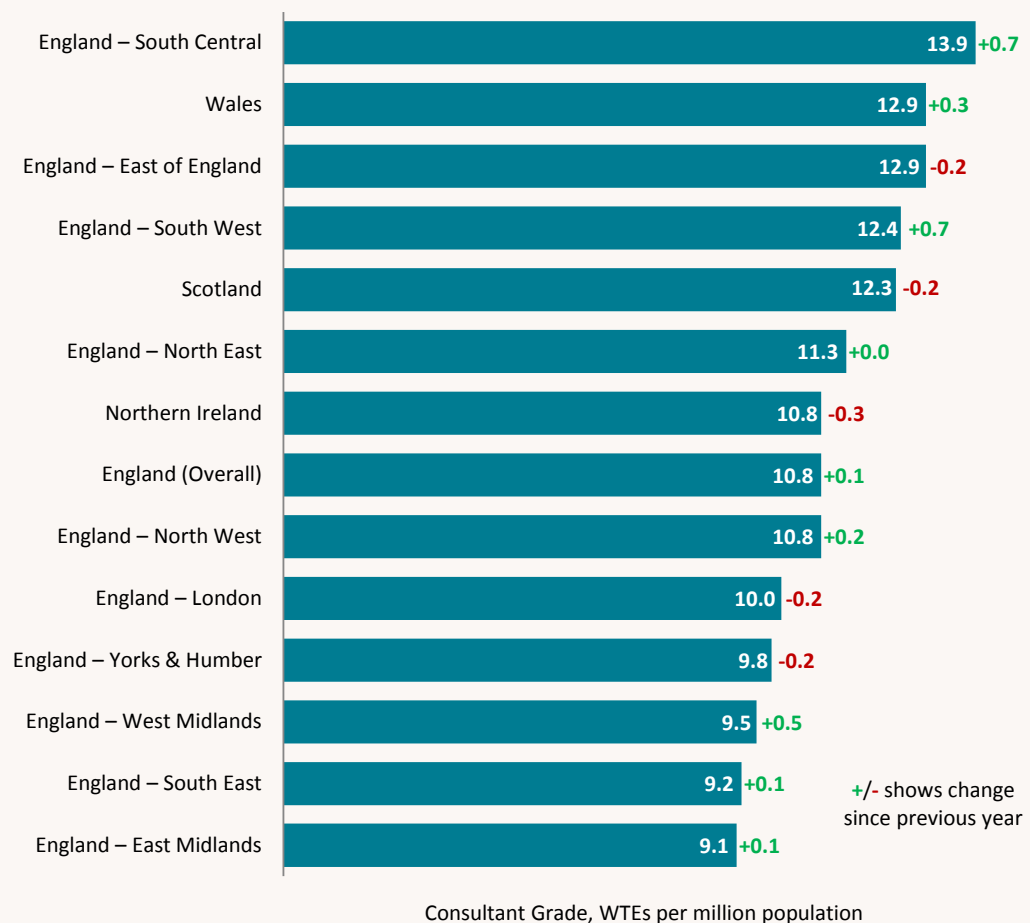
Base: All UK cancer centres (2009 to 2012)

Source of population figures: www.gro-scotland.gov.uk; www.nisra.gov.uk; www.ic.nhs.uk/pubs/gpregpop10

A small increase in the number of WTE consultant clinical oncologists PMP since 2011 can be seen across the majority of regions and countries, shown in Figure 9. The regions with the most marked increase are South Central and South West England.

Although the UK as a whole has 11.1 WTE consultant clinical oncologists PMP, the figure ranges from 9.1 in the East Midlands to 13.9 in South Central England.

Figure 9. UK clinical oncology consultant workforce – WTEs per million population – by region/country

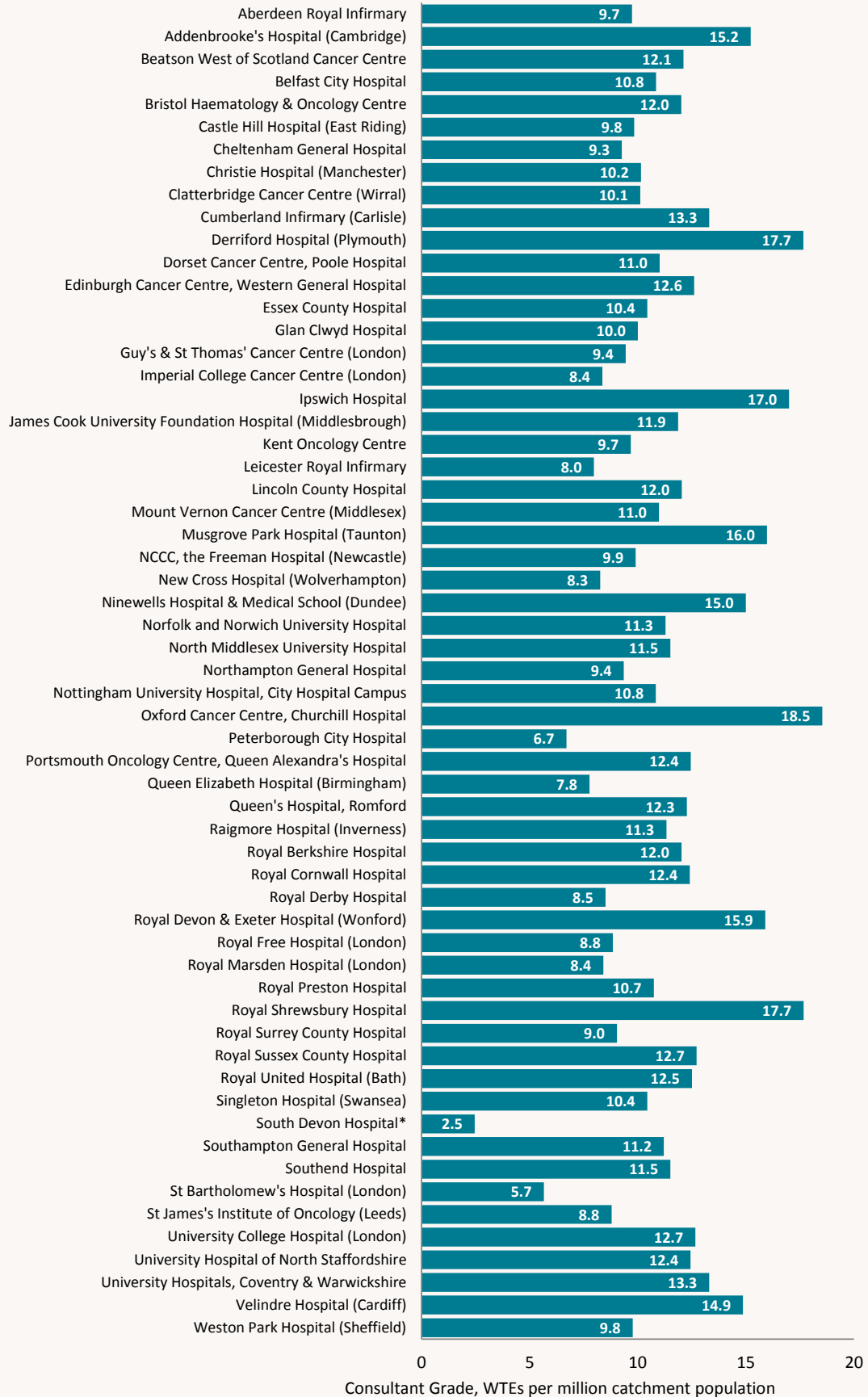


Base: All UK cancer centres (2011 to 2012)
Source of population figures: www.gro-scotland.gov.uk; www.nisra.gov.uk; www.ic.nhs.uk/pubs/gpregpop10

Figure 10 shows the number of WTE consultant clinical oncologists PMP within the catchment of each cancer centre. (For population and WTE figures please refer to Appendix III.)

Just over half (53%) of cancer centres employ between ten and 15 WTE consultant clinical oncologists per million catchment population.

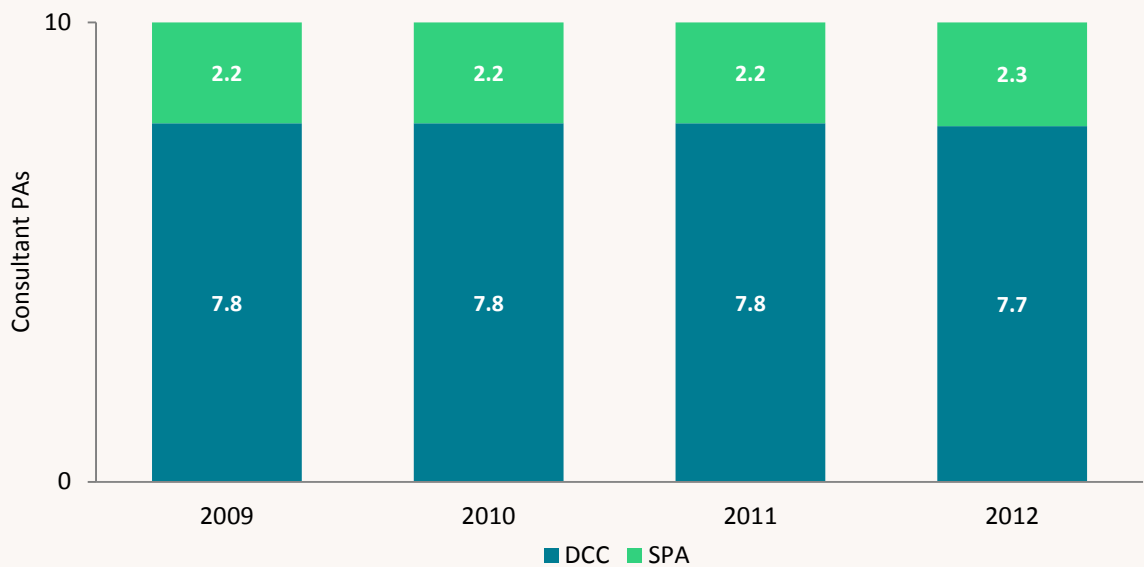
Figure 10. UK clinical oncology consultant workforce – WTEs per million catchment population – by cancer centre



5.2 Programmed activities (PAs)

In the 2012 census, cancer centres were asked to divide the number of programmed activities (PAs) per consultant clinical oncologist into direct clinical care (DCC) PAs and supporting professional activity (SPA) PAs to assess the balance of workload. As shown in Figure 11, the average ratio of DCC to SPA PAs has remained largely unchanged over the last three years.

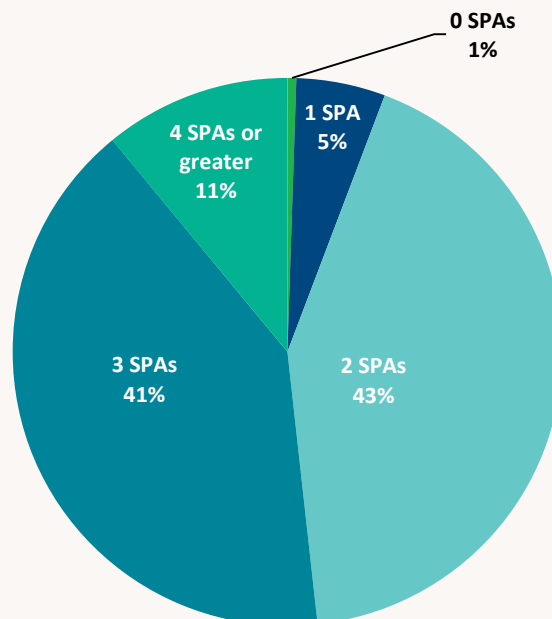
Figure 11. Ratio of consultant PAs – DCC and SPAs



Base: All UK cancer centres (2009 to 2012)

The average number of SPAs (2.3) hides the variation that exists across the workforce. Over half of full-time consultants currently have three or more SPAs, while 6% have one or fewer SPAs. This variation is illustrated in Figure 12.

Figure 12. Full-time consultant SPAs



Base: All UK cancer centres (2012)
*Number of SPAs rounded to nearest integer

Of the 574 full-time consultants identified through the census, almost two-thirds are reported with more than ten PAs per week. Figure 12.1 gives a breakdown of total PAs reported.

Figure 12.1 Full-time consultant total PAs

Number of PAs	%* (no.)
10.00 PAs	36% (208)
10.01–10.99 PAs	5% (30)
11.00–11.99 PAs	28% (158)
12.00–12.99 PAs	28% (158)
13.00–13.99 PAs	3% (15)
14.00 PAs and over	1% (5)

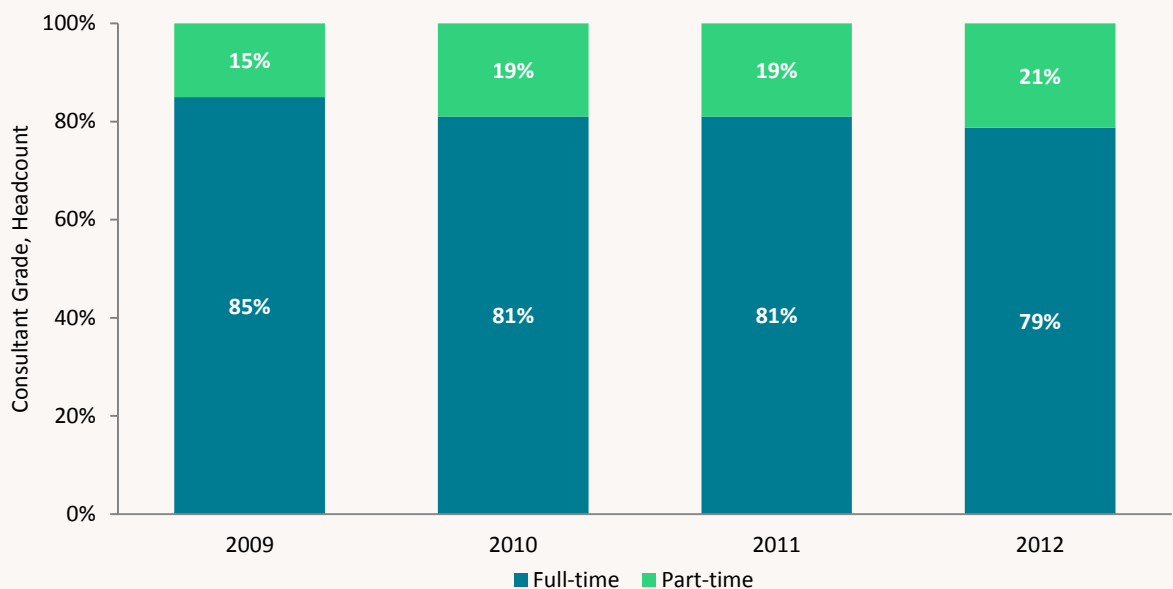
Base: All UK cancer centres (2012)
*Percentage of PAs rounded to nearest integer

5.3 Full- and part-time working

Calculated using PA data, the number of full- and part-time consultant clinical oncologists is shown in Figure 13. For the purposes of reporting, consultants with fewer than ten PAs are classified as part-time and those with ten or more PAs are classified as whole-time/full-time.

In 2009, 15% of consultant clinical oncologists were reported as part-time. For the 2012 census this figure had risen to 21%.

Figure 13. Full- and part-time consultant clinical oncologists

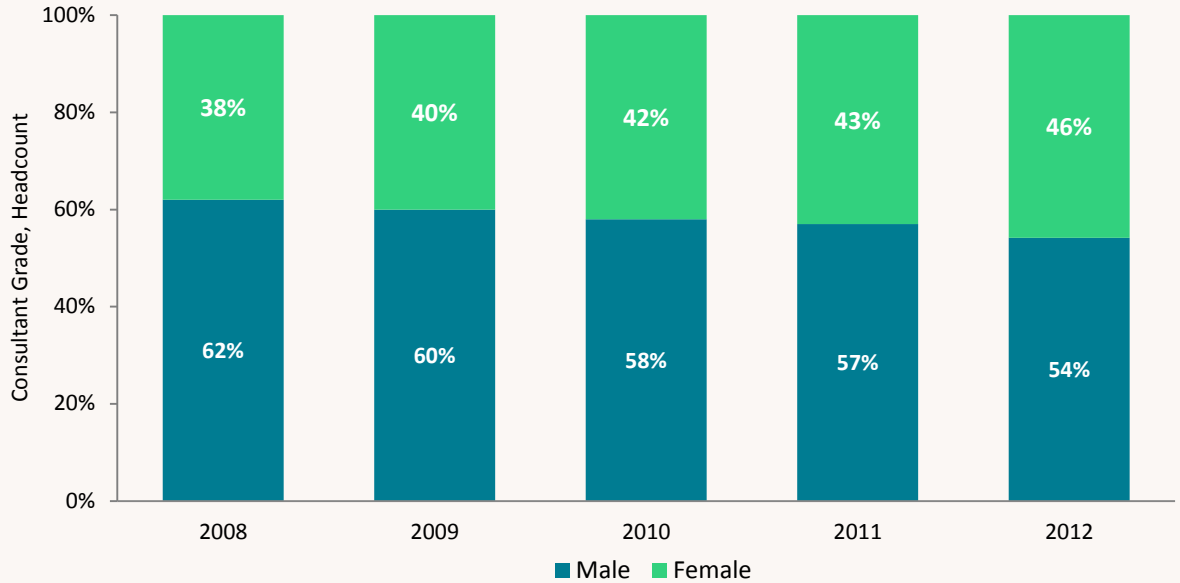


Base: All UK cancer centres (2009 to 2012)

5.4 Gender profile

Figure 14 shows that the proportion of female consultant clinical oncologists is steadily increasing. In the 2012 workforce census, 46% of consultant clinical oncologists are women, a rise of eight percentage points since 2008.

Figure 14. Gender profile

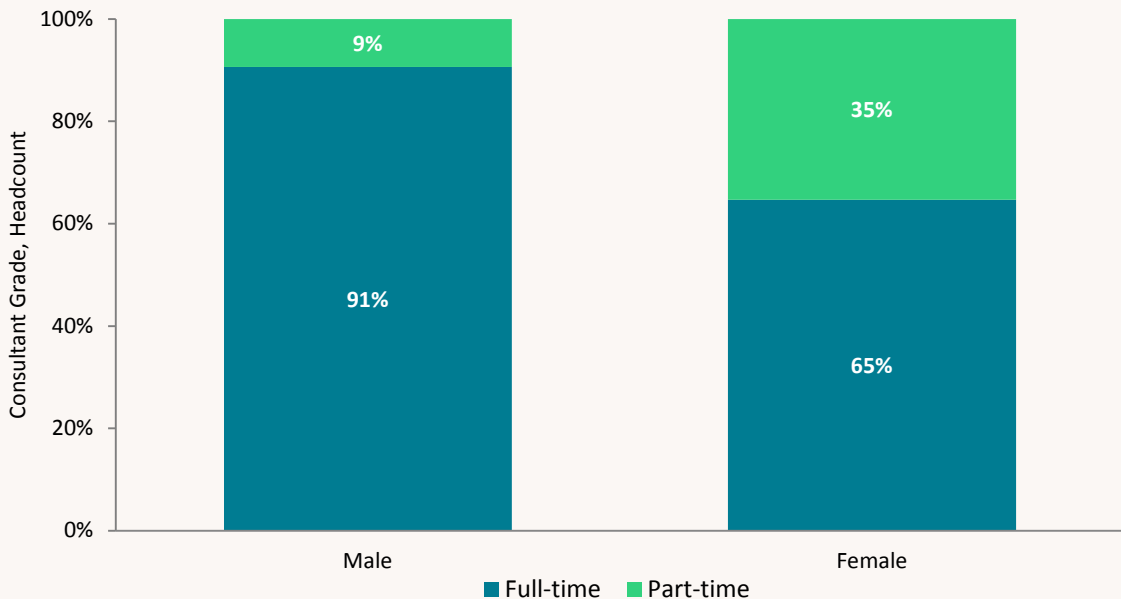


Base: All UK cancer centres (2008 to 2012)

Full- and part-time working by gender

In 2012 the proportion of male consultant clinical oncologists working part-time remained unchanged at 9%, whereas the corresponding figure for their female counterparts rose to 35%, compared with 31% in 2011.

Figure 14.1 Full- and part-time working by gender

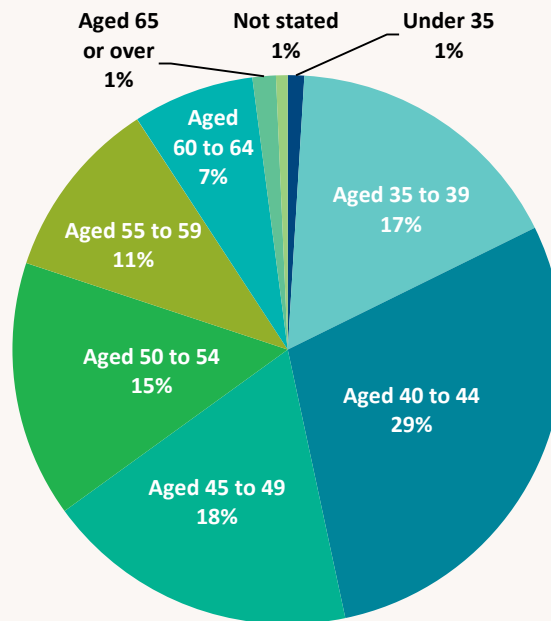


Base: All UK cancer centres (2008 to 2012)

5.5 Age profile

The age profile for consultant clinical oncologists in 2012 has, unsurprisingly, remained largely unchanged compared with previous years. Just over a third (34%) of the workforce are aged 50 and over and eight per cent are aged 60 and over.

Figure 15. Age profile

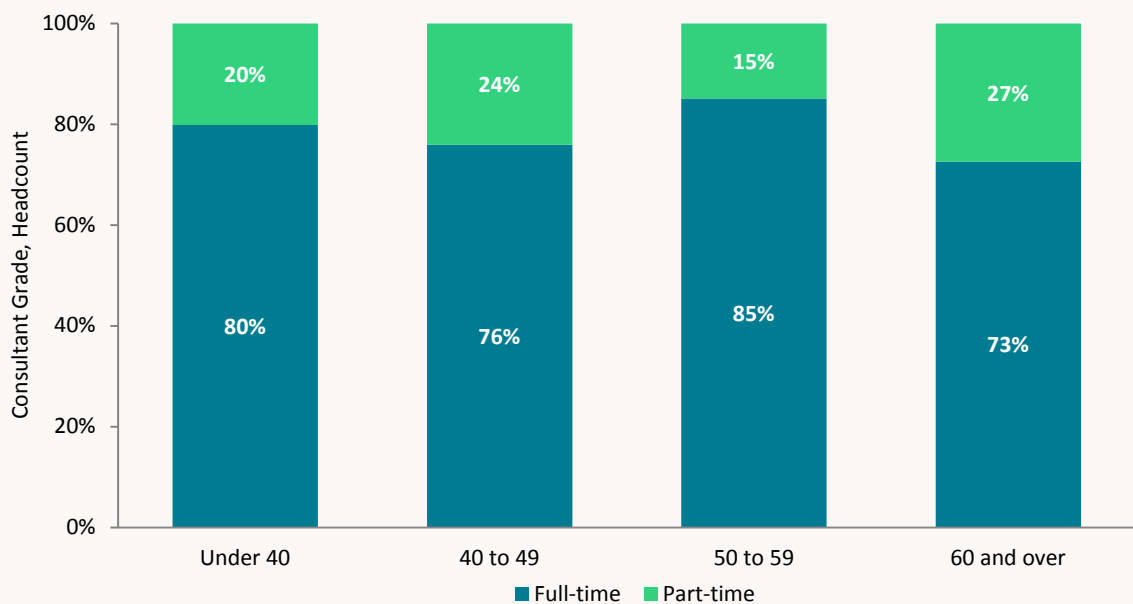


Base: All UK cancer centres (2012)

Full- and part-time working by age

The extent of part-time working across different age groups is shown in Figure 16. Similar to last year's findings, those aged between 50 and 59 are the least likely to be working part-time (15%), and those aged 60 and over are the most likely (at 27%).

Figure 16. Full- and part-time working by age

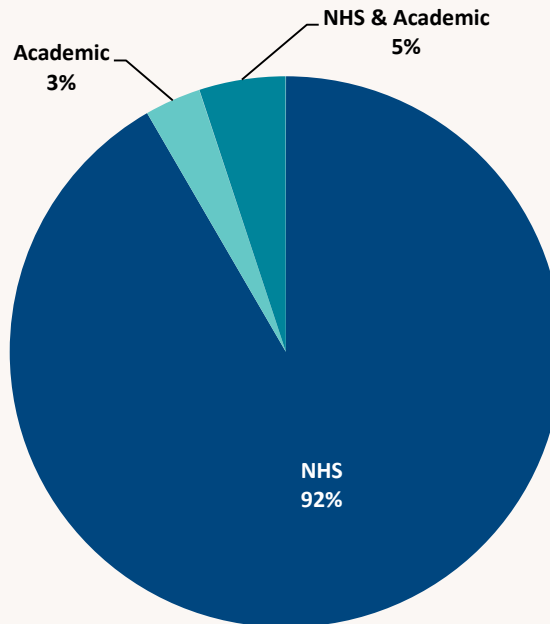


Base: All UK cancer centres (2012)

5.6 Type of post and nature of workload

In the 2012 census, 92% of consultant clinical oncologists are described as holding an NHS post as opposed to an academic or joint NHS/academic post. The proportion of those holding joint NHS/academic posts rose by two percentage points between 2011 and 2012 to 5%.

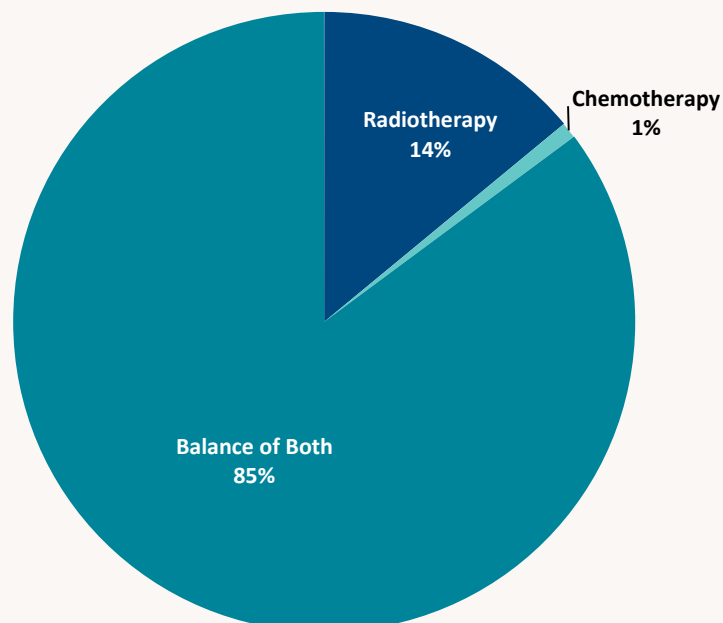
Figure 17. Type of post



Base: All UK cancer centres (2012)

The proportion of the clinical oncology workforce reported as having a workload predominantly consisting of radiotherapy has continued to decline; in 2012 the figure stands at 14% compared with 19% in 2010. The majority (85%) undertake a balance of both radiotherapy and chemotherapy. Just 1% are described as having a mainly chemotherapy workload. This is shown in Figure 18.

Figure 18. Predominant workload



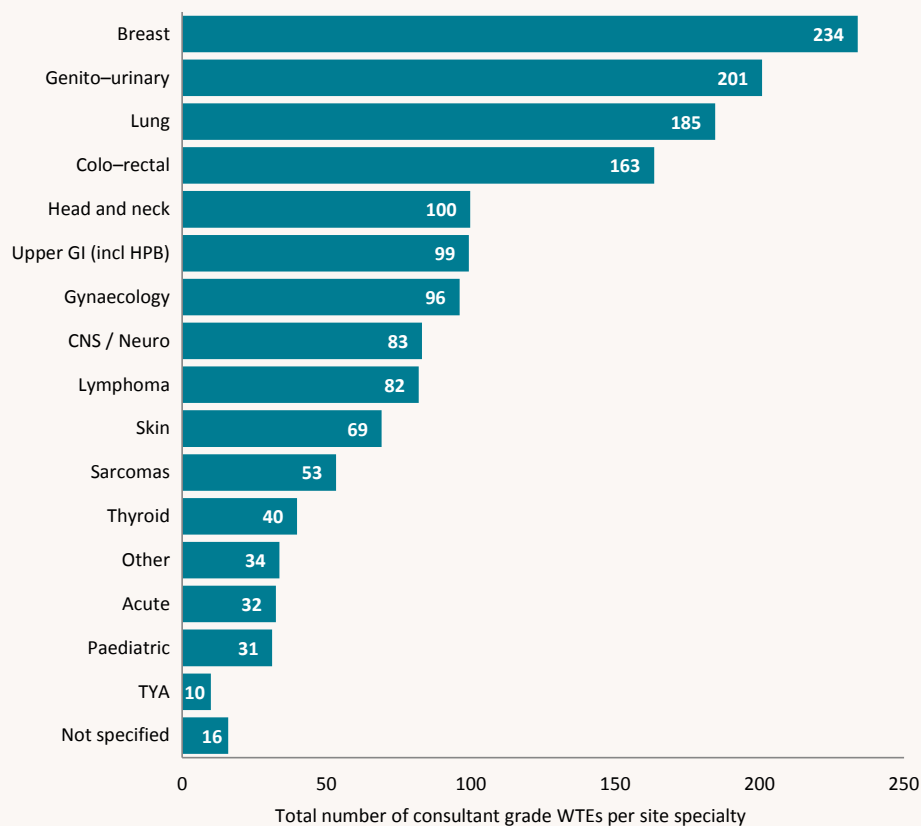
Base: All UK cancer centres (2012)

5.7 Site specialties

The census collects information on consultants' site specialties, allowing for more than one site specialty to be entered against each consultant, see Figure 19.

The sum of WTEs reported against each site specialty exceeds the total number of UK WTE clinical oncology consultants as the majority of consultants' job plans encompass two or more site specialties. For example, it should not be interpreted that there are 234 WTEs solely specialising in breast cancer, rather that there are 234 WTEs whose job plan includes breast.

Figure 19. UK clinical oncology consultant workforce – WTEs – by site specialty



Base: All UK cancer centres (2012)

Figure 20 shows the number of site specialties reported for each consultant. Almost four-fifths (79%) have two or more site specialties.

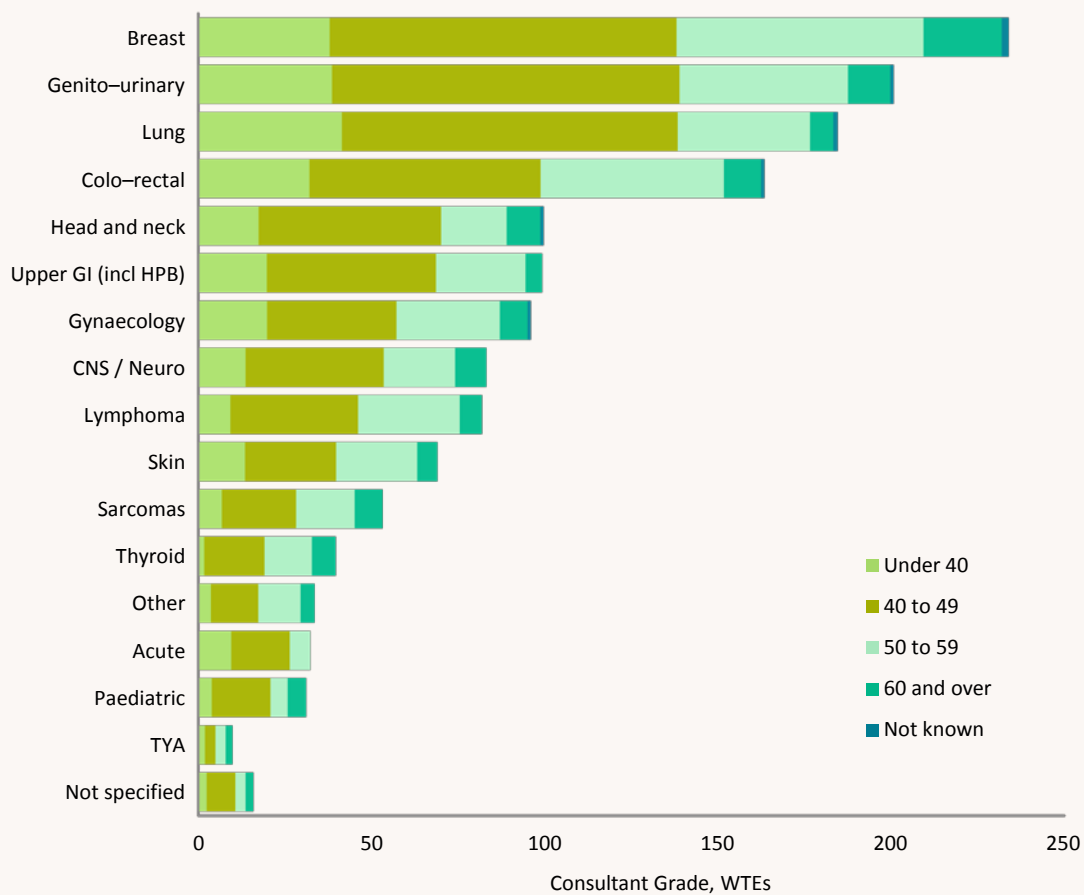
Figure 20. Number of site specialties per consultant – headcount

Site specialties	Headcount	Percentage
0	19	3%
1	134	18%
2	351	49%
3	160	22%
4 or more	65	8%
Total	729	100%

Base: All UK cancer centres (2012)

Figure 21 shows site specialties of UK consultant clinical oncologists by age group.

Figure 21. UK clinical oncology consultant workforce – WTEs – by site specialty and by age



Base: All UK cancer centres (2012)

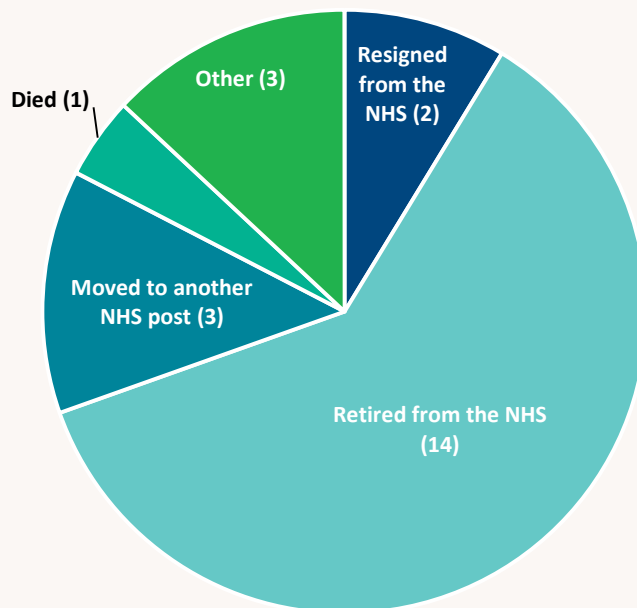
5.8 Leavers and new appointments

Approximately 30 new appointments were made to clinical oncology consultant posts in the 12 months to 1 October 2012. This compares with 20 consultants reported as leaving the workforce. A further three consultants left their post but moved to another NHS post, remaining in the workforce.

Leavers, last 12 months

Of the 20 consultants who left the workforce, 14 retired, two resigned from the NHS, one died and three cited 'other' as the reason for leaving. This split is shown in Figure 22.

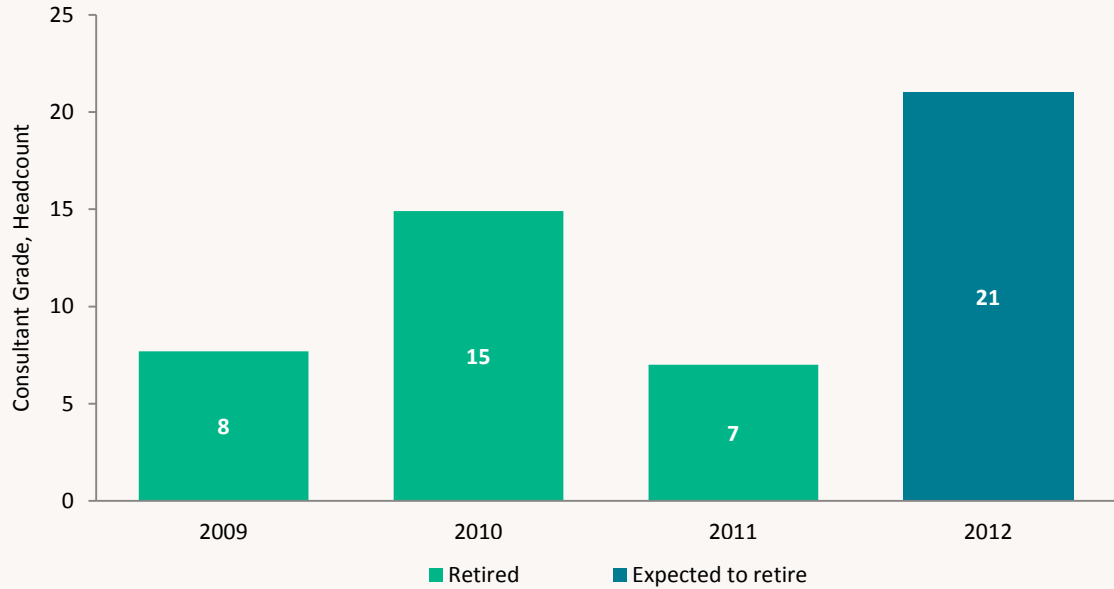
Figure 22. Reason for leaving, last 12 months



Base: All UK cancer centres (2012)

Expected leavers, next 12 months

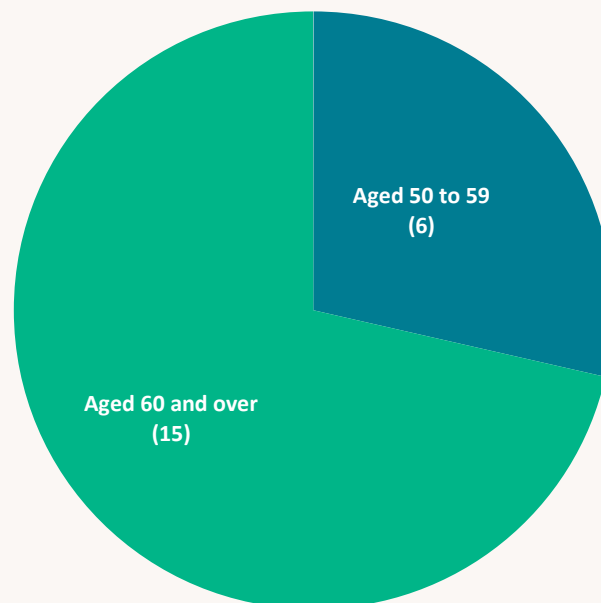
To provide an understanding of clinical oncology posts that are likely to become vacant in the short term, each Head of Service is asked if any of the consultants in their department or centre are expected to retire in the next 12 months (i.e. by 1 October 2013). The results are shown alongside the number of actual retirements in previous years in Figure 23.

Figure 23. Retired/expected to retire next 12 months

Base: All UK cancer centres (2009 to 2012)

The 21 consultants expected to retire translates to 17 WTEs, which equates to almost 2.5% of the current consultant clinical oncology workforce (based on WTEs). Due to the way in which the data are collected (via the Head of Service) there is a margin for error within this estimation.

The average age of those expected to retire in the next 12 months is 62. A breakdown by age is shown in Figure 24.

Figure 24. Expected to retire next 12 months – by age

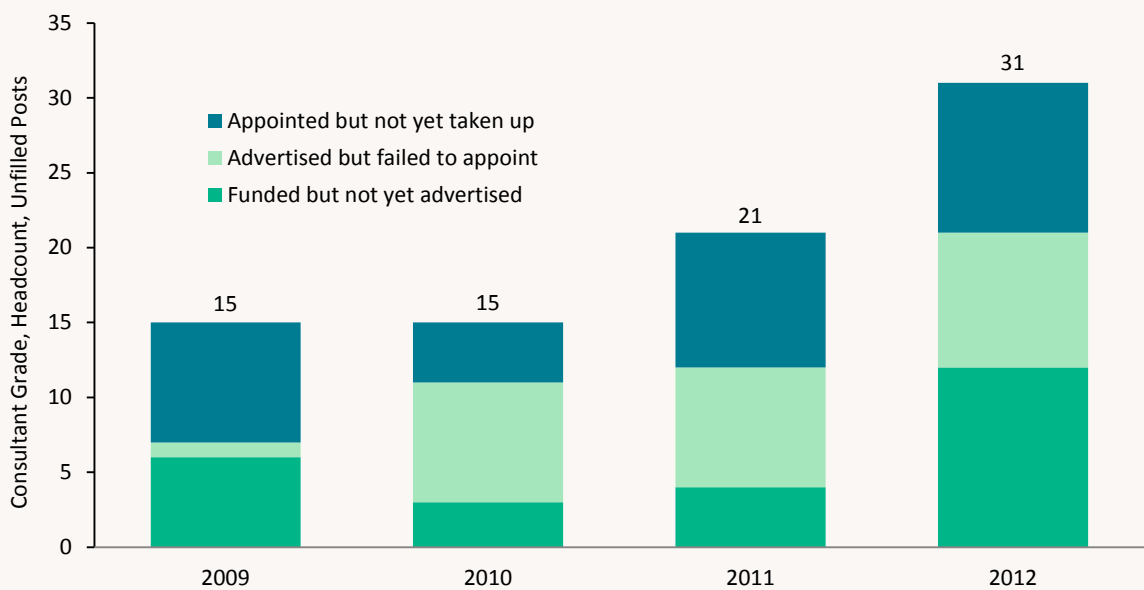
Base: All UK cancer centres (2012)

5.9 Unfilled posts

In addition to consultant clinical oncologists in post, the workforce census also captures information on unfilled posts.

Thirty-one unfilled consultant posts were identified across the UK as at 1 October 2012. Of these, almost a third have been appointed but not yet taken up, and just under a third have been advertised but not yet appointed. As Figure 25 shows, the number of reported unfilled consultant posts has more than doubled since 2010.

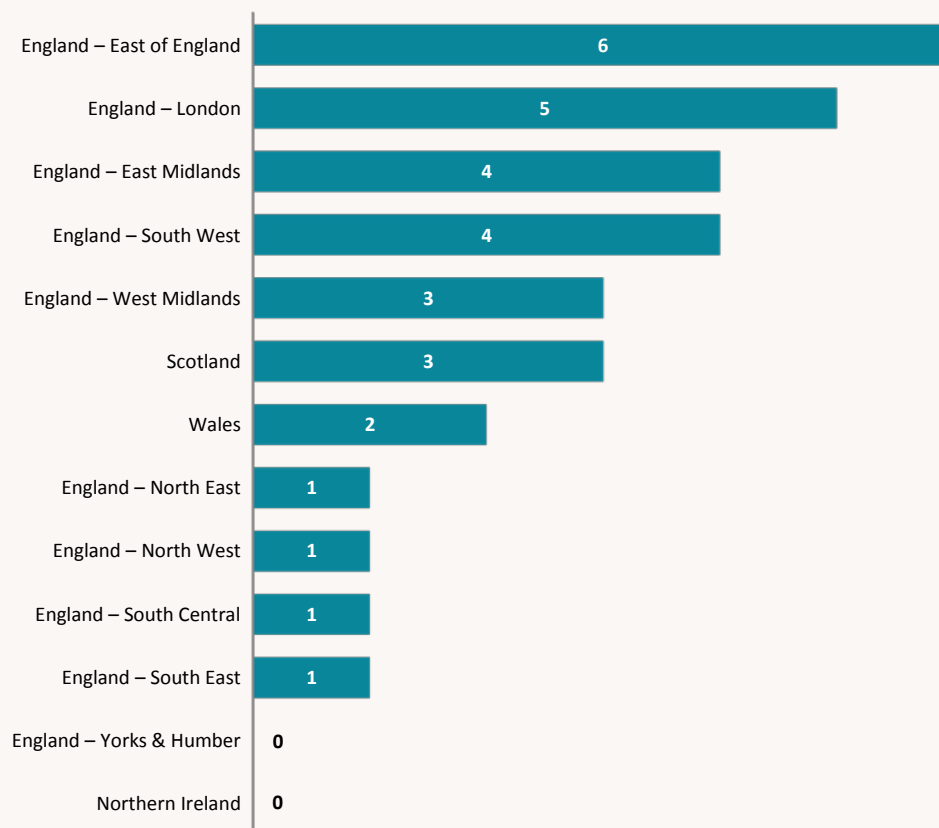
Figure 25. Status of unfilled posts



Base: All UK cancer centres (2009 to 2012)

Figure 26 shows the breakdown of unfilled posts across the UK.

Figure 26. Unfilled posts – by region/country

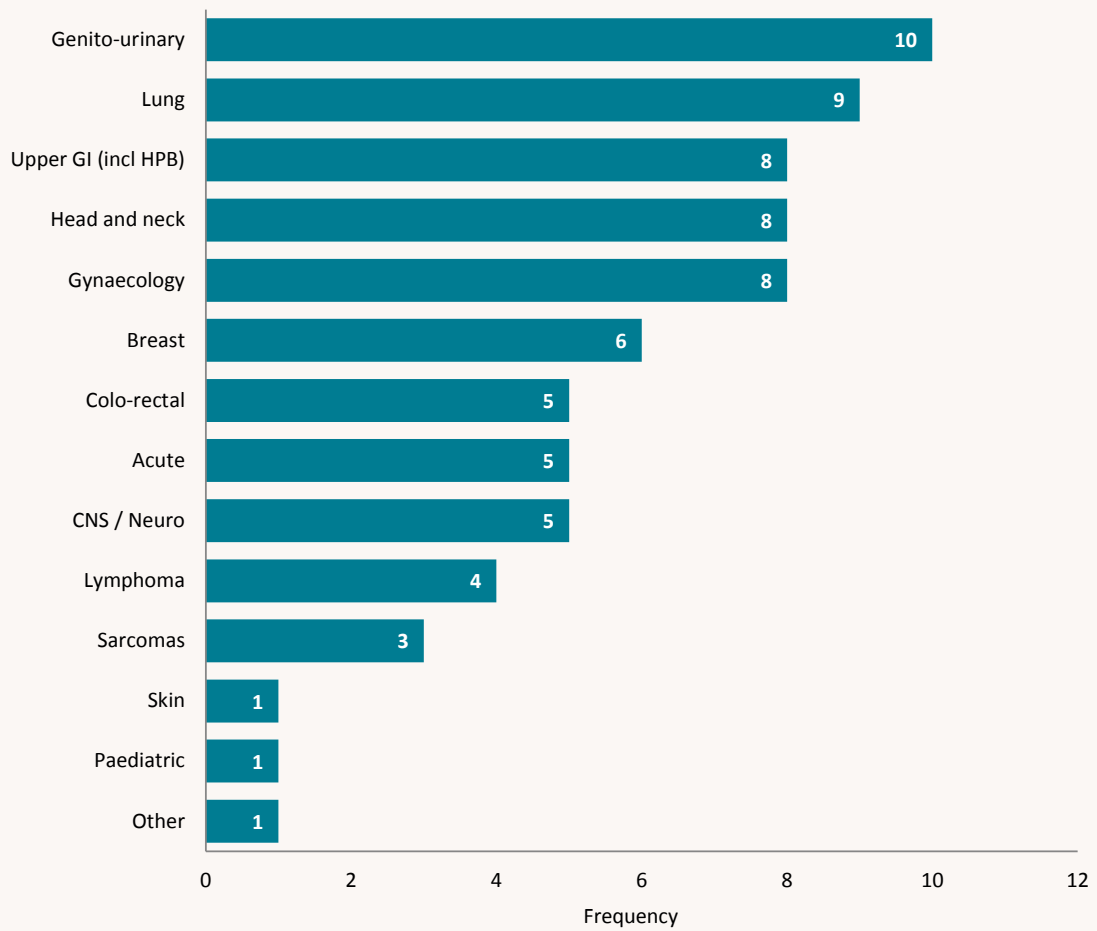


Consultant Grade, Headcount, Unfilled Posts

Base: All UK cancer centres (2012)

Figure 27 shows the site specialties sought for the unfilled posts. (The sum of site specialties shown exceeds the number of unfilled posts (31) as the majority of posts seek to encompass two or three site specialties.)

Figure 27. Site specialties sought for unfilled posts



Base: All UK cancer centres (2012)

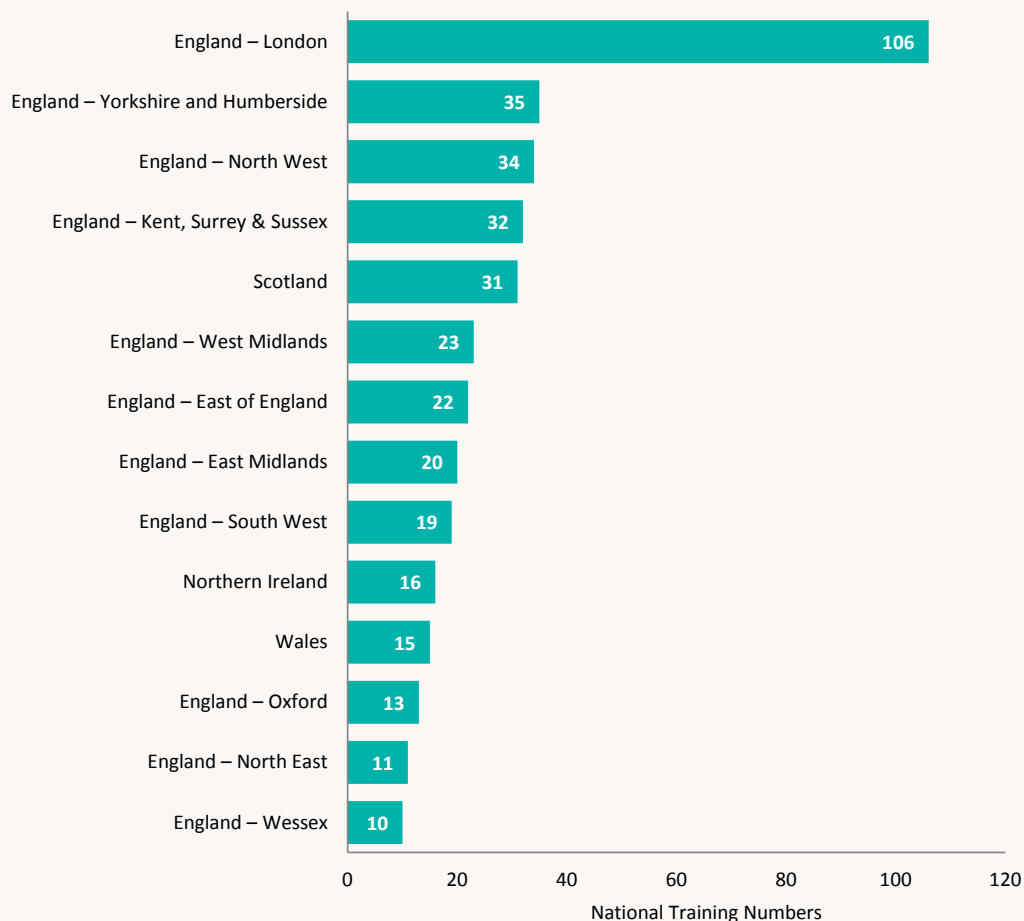
6. UK clinical oncology workforce – national training numbers

The use of the census as a means of collecting data on trainees has proved problematic. This is due to trainees rotating through different centres on a regular basis, trainees taking time out of programme for research, to gain experience in other centres or personal reasons. As indicated previously in the Census Methodology section (page 5), the report draws on the number of trainees registered with the RCR as holding National Training Numbers (NTNs).

In 2012 there were 387 trainees registered with the RCR. There has been no substantive increase in training numbers in clinical oncology in recent years.

Figure 28 shows the allocation of National Training Numbers (NTNs) throughout the UK.

Figure 28. National Training Numbers 2012 – by region/country

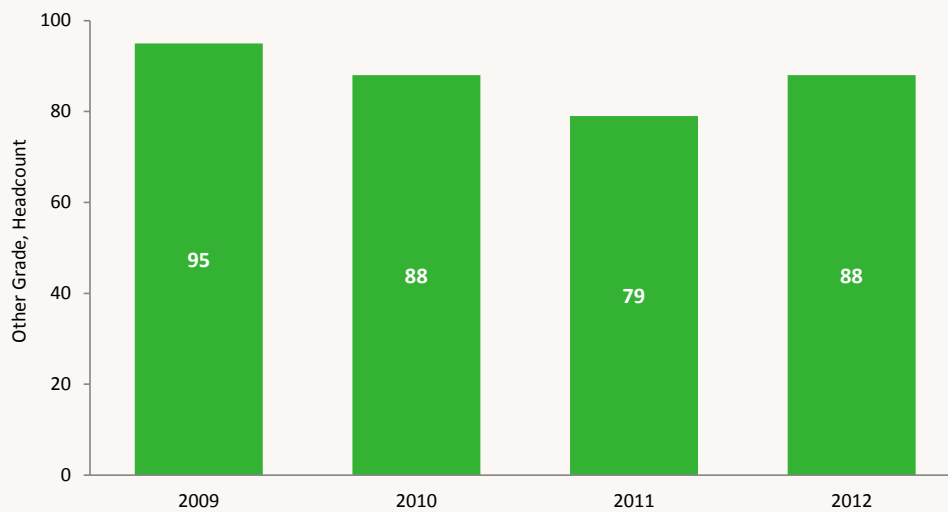


Source: As reported through visiting Regional Advisor reports from ARCP panels and data submitted through deaneries (2013)

7. UK clinical oncology workforce – other grades

The preceding sections have reported on the composition of the consultant and trainee workforce. The 2012 census additionally collected information on the clinical oncology workforce employed at UK cancer centres in other grades. In 2012 there were 88 employed people in other grades as part of the clinical oncology workforce. Figure 29 shows a comparison to previous years.

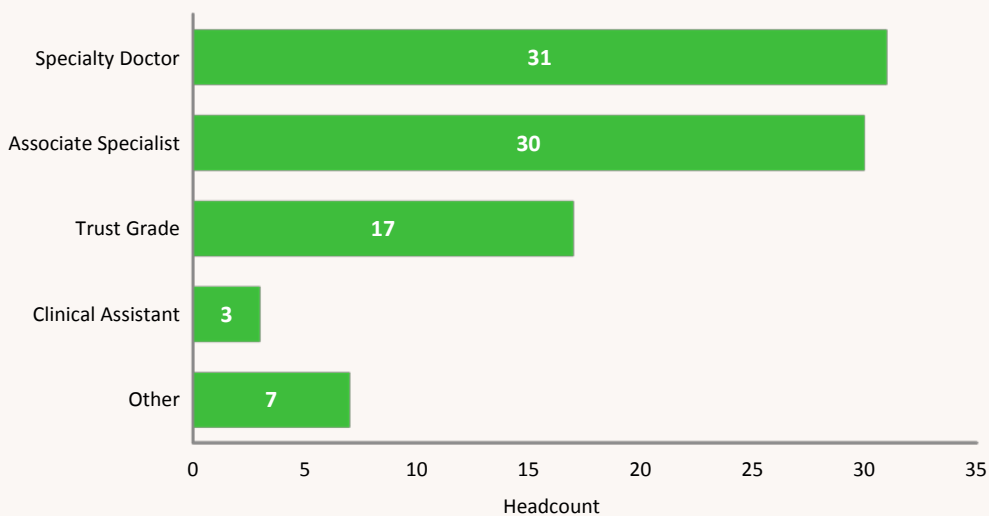
Figure 29. The UK clinical oncology workforce – other grades



Base: All UK cancer centres (2009 to 2012)

Figure 30 shows the posts in other grades by grade description.

Figure 30. The UK clinical oncology workforce – other grades – by grade description



Base: All UK cancer centres (2012)

Across the UK, more than half of the 59 cancer centres employ staff in associate specialist and/or specialty doctor posts.

8. Conclusion

Expansion of the clinical oncology workforce has continued at a steady pace over the last few years. As has been recognised in the past, this may be increasingly difficult to sustain in the future, particularly with the continued setting of stringent financial pressures. As the incidence of cancer increases with an aging population and with increased survival rates resulting in a greater prevalence of cancer, there is a requirement of the specialty to expand to meet the needs of this population. Furthermore, cancer treatments are increasingly complex and time-consuming with the result that the specialty must expand if quality services are to be developed and maintained.

Approved by the Clinical Oncology Faculty Board: 1 November 2013

Appendix I. 2012 census questions

Part 1 Your organisation details

Cancer Centre Name
Region/Country
Workforce Lead Full Name

Part 2 Staff details – Clinical Oncology

Full Name

Grade

- Consultant
- StR/SpR (Clinical)
- StR/SpR (Academic)
- StR/SpR Out of Programme (Higher degree)
- StR/SpR Out of Programme (Clinical attachment)
- Associate Specialist
- Clinical Assistant
- Specialty Doctor
- Trust Grade
- Other

DCC PAs (Consultants only)

SPA PAs (Consultants only)

Total PAs (Consultants only)

Full-time/Part-time (All grades)

Type of Post

- NHS
- Academic
- NHS & Academic

Predominant Workload

- Chemotherapy
- Radiotherapy
- Balance of both

Site Specialties

- Option List

Employed at Multiple Trusts

- Yes/No

Cared at Multiple Sites

- Yes/No

Travels to Multiple Sites

- Yes/No

Expected to Retire by 1 October 2013

- Yes/No

Left Since 1 October 2011

- Yes/No

Reason for Leaving

- Moved to another NHS post
- Resigned from the NHS
- Attained CCT/On rotation
- Retired from the NHS
- Died
- Other

Part 3 Staff details – Medical Oncology

WTE Consultant Medical Oncologists

WTE SpR Medical Oncologists

Full Name

Grade

- Consultant
- StR/SpR (Clinical)
- StR/SpR (Academic)
- StR/SpR Out of Programme (Higher degree)
- StR/SpR Out of Programme (Clinical attachment)
- Associate Specialist
- Clinical Assistant
- Specialty Doctor
- Trust Grade
- Other

Full-time/Part-time

Type of Post

- NHS
- Academic
- NHS & Academic

Site Specialties

- Option List

Left Since 1 October 2011

- Yes/No

Part 4 Unfilled Posts

Unfilled Post Status

- Advertised but failed to appoint
- Appointed but not yet taken up
- Funded but not yet appointed

Grade

Total PAs

Full-time/Part-time

Specialty

- Clinical Oncology
- Medical Oncology

Site Specialties

- Option List

Locum Filled?

- Yes/No

Appendix II. 2012 census completions – participating UK cancer centres

England – East Midlands

Leicester Royal Infirmary
Lincoln County Hospital
Northampton General Hospital
Nottingham University Hospital, City Hospital Campus
Royal Derby Hospital

England – East of England

Addenbrooke's Hospital (Cambridge)
Essex County Hospital
Ipswich Hospital
Mount Vernon Cancer Centre (Middlesex)
Norfolk and Norwich University Hospital
Peterborough City Hospital
Southend Hospital

England – London

Guy's & St Thomas' Cancer Centre (London)
Imperial College Cancer Centre (London)
North Middlesex University Hospital
Queen's Hospital, Romford
Royal Free Hospital (London)
Royal Marsden Hospital (London)
St Bartholomew's Hospital (London)
University College Hospital (London)

England – North West

Christie Hospital (Manchester)
Clatterbridge Cancer Centre (Wirral)
Cumberland Infirmary (Carlisle)
Royal Preston Hospital

England – North East

James Cook University Foundation Hospital (Middlesbrough)
NCCC, the Freeman Hospital (Newcastle)

England – South Central

Oxford Cancer Centre, Churchill Hospital, Oxford
Portsmouth Oncology Centre, Queen Alexandra's Hospital
Royal Berkshire Hospital
Southampton General Hospital

England – South East

Kent Oncology Centre
Royal Surrey County Hospital
Royal Sussex County Hospital

England – South West

Bristol Haematology & Oncology Centre
Cheltenham General Hospital
Derriford Hospital (Plymouth)
Dorset Cancer Centre, Poole Hospital
Musgrove Park Hospital (Taunton)
Royal Cornwall Hospital
Royal Devon & Exeter Hospital (Wonford)
Royal United Hospital (Bath)
South Devon Hospital

England – West Midlands

New Cross Hospital (Wolverhampton)
Queen Elizabeth Hospital (Birmingham)
Royal Shrewsbury Hospital
University Hospital of North Staffordshire
University Hospitals, Coventry and Warwickshire

England – Yorkshire and Humberside

Castle Hill Hospital (East Riding)
St James's Institute of Oncology (Leeds)
Weston Park Hospital (Sheffield)

Northern Ireland

Belfast City Hospital

Scotland

Aberdeen Royal Infirmary
Beatson West of Scotland Cancer Centre
Edinburgh Cancer Centre, Western General Hospital
Ninewells Hospital & Medical School (Dundee)
Raigmore Hospital (Inverness)

Wales

Singleton Hospital (Swansea)
Glan Clwyd Hospital
Velindre Hospital (Cardiff)

Appendix III. Consultant clinical oncologists (WTEs) by individual cancer centre

Cancer Centre	Catchment population	Consultant Grade, WTEs	Consultant Grade, WTEs per million catchment popn.
Aberdeen Royal Infirmary	606,402	5.9	9.7
Addenbrooke's Hospital (Cambridge)	1,408,835	21.5	15.2
Beatson West of Scotland Cancer Centre	2,526,190	30.6	12.1
Belfast City Hospital	1,823,600	19.8	10.8
Bristol Haematology & Oncology Centre	1,069,735	12.9	12.0
Castle Hill Hospital (East Riding)	1,016,331	10.0	9.8
Cheltenham General Hospital	1,079,211	10.0	9.3
Christie Hospital (Manchester)	3,250,272	33.0	10.2
Clatterbridge Cancer Centre (Wirral)	2,219,372	22.5	10.1
Cumberland Infirmary (Carlisle)	300,549	4.0	13.3
Derriford Hospital (Plymouth)	453,046	8.0	17.7
Dorset Cancer Centre, Poole Hospital	713,802	7.9	11.0
Edinburgh Cancer Centre, Western General Hospital	1,371,736	17.3	12.6
Essex County Hospital	699,489	7.3	10.4
Glan Clwyd Hospital	700,000	7.0	10.0
Guy's & St Thomas' Cancer Centre (London)	1,695,277	16.0	9.4
Imperial College Cancer Centre (London)	1,172,283	9.8	8.4
Ipswich Hospital	352,977	6.0	17.0
James Cook University Foundation Hospital (Middlesbrough)	1,011,710	12.0	11.9
Kent Oncology Centre	1,776,720	17.2	9.7
Leicester Royal Infirmary	915,820	7.3	8.0
Lincoln County Hospital	564,952	6.8	12.0
Mount Vernon Cancer Centre (Middlesex)	1,937,737	21.3	11.0
Musgrove Park Hospital (Taunton)	384,846	6.2	16.0
NCCC, the Freeman Hospital (Newcastle)	1,755,837	17.4	9.9
New Cross Hospital (Wolverhampton)	847,433	7.0	8.3
Ninewells Hospital & Medical School (Dundee)	500,000	7.5	15.0
Norfolk and Norwich University Hospital	842,360	9.5	11.3
North Middlesex University Hospital	573,653	6.6	11.5
Northampton General Hospital	855,325	8.0	9.4
Nottingham University Hospital, City Hospital Campus	1,101,230	11.9	10.8
Oxford Cancer Centre, Churchill Hospital, Oxford	1,334,512	24.7	18.5
Peterborough City Hospital	268,508	1.8	6.7
Portsmouth Oncology Centre, Queen Alexandra's Hospital	787,346	9.8	12.4
Queen Elizabeth Hospital (Birmingham)	1,931,339	15.0	7.8
Queen's Hospital, Romford	586,746	7.2	12.3
Raigmore Hospital (Inverness)	353,204	4.0	11.3
Royal Berkshire Hospital (Reading)	715,497	8.6	12.0
Royal Cornwall Hospital	403,014	5.0	12.4
Royal Derby Hospital	704,817	6.0	8.5
Royal Devon & Exeter Hospital (Wonford)	572,489	9.1	15.9
Royal Free Hospital (London)	384,387	3.4	8.8
Royal Marsden Hospital (London)	2,135,001	18.0	8.4
Royal Preston Hospital	1,443,305	15.5	10.7
Royal Shrewsbury Hospital	452,790	8.0	17.7
Royal Surrey County Hospital	1,245,057	11.3	9.0
Royal Sussex County Hospital	923,398	11.8	12.7
Royal United Hospital (Bath)	431,841	5.4	12.5
Singleton Hospital (Swansea)	900,000	9.4	10.4
South Devon Hospital*	243,574	0.6	2.5
Southampton General Hospital	1,265,099	14.2	11.2
Southend Hospital	660,285	7.6	11.5
St Bartholomew's Hospital (London)	1,078,722	6.1	5.7
St James's Institute of Oncology (Leeds)	2,800,766	24.6	8.8
University College Hospital (London)	868,771	11.0	12.7
University Hospital of North Staffordshire	657,233	8.2	12.4
University Hospitals, Coventry and Warwickshire	1,037,004	13.8	13.3
Velindre Hospital (Cardiff)	1,500,000	22.3	14.9
Weston Park Hospital (Sheffield)	1,759,015	17.2	9.8

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