

NPCA Outlier Policy Annual Report, 2017

Introduction

The National Prostate Cancer Audit (NPCA) publishes risk-adjusted performance indicators of the quality of care received by men diagnosed with prostate cancer. If the performance of a provider falls outside a pre-specified defined range it will be flagged as an “outlier”. This document summarises the steps that the NPCA team will follow in 2017.

In the future, the NPCA Outlier Policy will be updated to reflect the “*Detection and Management of Outliers for National Clinical Audit*” guidance for data collected from November 2017 onwards¹.

Performance indicators and level of reporting

The outlier policy will be followed for three performance indicators.

Indicator	Level	Type
Percentage of patients who had an emergency readmission within 90 days of radical prostatectomy	Trust providing radical prostatectomy	Outcome
Percentage of patients experiencing a severe urinary complication requiring an intervention within two years of radical prostatectomy	Trust providing radical prostatectomy	Outcome
Percentage of patients experiencing a severe bowel complication requiring an intervention within two years of external beam radiotherapy	Trust providing EBRT	Outcome

Data quality

The NPCA analyses data received from the National Cancer Registration and Analysis Service (NCRAS) for all men with a diagnosis of prostate cancer in the National Cancer Data Repository (ICD10 code “C61”). We do not report *case-ascertainment* as this will be per definition 100%.

¹ <http://www.hqip.org.uk/resources/detection-and-management-outliers-national-clinical-audits/>

Data-completeness refers to the completeness of the data submitted by Trusts for each patient. High levels of data completeness are required to provide a representative indicator of clinical practice. Data will be considered missing if it does not meet a number of initial range and consistency checks.

Detection of a “potential outlier”

A Trust will be considered a potential outlier if a performance indicator for that Trust is outside the limits of a funnel plot. The funnel limits in this plot define differences from the national average performance corresponding to three standard deviations. The width of funnel reflects the amount of uncertainty in the indicator.

Management of a potential outlier – role of the Trust and the NPCA team

The following Table summarises the key steps that will be followed in managing a potential outlier Trust, including the actions required, the people involved, and the maximum time scales.

Trusts should invest the time and resources required to review the data when identified as a potential outlier. If after review of their data, a Trust is still considered to be a potential outlier, they will be named as a potential outlier in the Annual Report 2017.

The NPCA uses cancer data provided by NCRAS. The responsibility for the accuracy and completeness of the submitted data rests with the Trust teams including the clinical staff providing the service to patients and the data collection and submission staff within the Trust.

Stage	Action	Who?	Within how many working days?
1	<p>If a Trust / provider organisation is considered to be a potential outlier, the NPCA Project Team will carry out a careful scrutiny of the data handling and analyses performed to determine whether there is:</p> <p>‘No case to answer’</p> <ul style="list-style-type: none"> • potential outlier status not confirmed • data and results revised in NPCA records • details formally recorded <p>‘Case to answer’</p> <ul style="list-style-type: none"> • potential outlier status persists <p>-> <i>Proceed to stage 2</i></p>	NPCA Project Team	10
2	<p>The Lead Clinician in the Trust / provider will be informed about the potential outlier status and will be requested to identify any data errors or justifiable explanations.</p> <p>All relevant data and analyses will be made available to the Lead Clinician by the NPCA Project Team.</p>	NPCA Clinical Lead(s)	<p>5</p> <p>The NPCA Project Team will notify outlying Trusts w/c 28.08.17</p>
3	<p>Provider Lead (this will be the Lead Clinician in most cases) will provide written response to NPCA Project Team.</p>	Provider Lead	25
4	<p>Review of Provider Lead’s response to determine:</p> <p>‘No case to answer’</p> <ul style="list-style-type: none"> • It is confirmed that the data originally supplied by the provider contained inaccuracies • Details of the Trust / provider’s response will be recorded • Provider Lead will be notified in writing 	NPCA Project Team	15

	<p>‘Case to answer’</p> <ul style="list-style-type: none"> • It is confirmed that the originally supplied data were accurate, thus confirming the potential outlier status; or • The potential outlier status is confirmed, although the data originally supplied by the provider were inaccurate. <p>-> <i>Proceed to stage 5</i></p>		
5	<p>Provider Lead will be contacted by telephone, prior to written confirmation of potential outlier status to Trust / provider’s Chief Executive, copied to Provider Lead and Medical Director. All relevant data and statistical analyses, including previous response from the Provider Lead, made available to the Medical Director and Chief Executive.</p> <p>Chief Executive will be informed that the NPCA will publish information of comparative performance and name the Trust / provider as a potential outlier in the Annual Report 2017.</p> <p>The Trust / provider will be asked to confirm the receipt of the letter indicating the potential outlier status and to describe the planned local investigation of the potential outlier status.</p>	NPCA Clinical Lead(s)	5
6	The Trust / provider’s Chief Executive will acknowledge receipt of the letter and the planned local investigation.	Trust / provider’s Chief Executive	10
7	If no acknowledgement is received, a reminder letter will be sent to the Chief Executive.	NPCA Project Team	5
8	Public disclosure of the Trust / provider’s potential outlier status in the NPCA Annual Report 2017.	NPCA Project Team	22.11.17