

NPCA Annual Report 2016

‘Lessons Learnt’, June 2017

Background

The National Prostate Cancer Audit (NPCA) published their 2016 Annual Report for patients diagnosed with prostate cancer from 1 April 2014 to 31 March 2015 in December 2016. The National Cancer Registration and Analysis Service (NCRAS) of Public Health England, the NPCA’s data collection partner, informed the NPCA team in January 2017 that the data extract that they had provided for the NPCA Annual Report 2016 did not include all data submitted by the NHS Trusts. Data submissions in advance of the cut-off in April 2016 were affected.

An Erratum was published in February 2017 presenting the updated results including an additional 1,093 men.

Allocation of patients to Trusts at diagnosis

Since the publication of the NPCA Annual Report 2016, queries have been raised concerning the allocation of patients to English NHS Trusts where the cancer was diagnosed. The structure of the cancer registration data collection is complex for a patient managed by more than one Trust. In that case, several Trusts are responsible for entering data on parts of the “pathway”. As a result, multiple data records will be created and these records can include conflicting dates of diagnosis and can identify different Trusts or hospital sites where a patient was diagnosed.

The NPCA team have worked with the NCRAS to determine the best way to allocate patients to the Trust where their prostate cancer was diagnosed. From now on, patients will be allocated according to the “Trust of Diagnosis” identified by NCRAS’s registration teams using NPCA and COSD¹ data as well as additional data sources including Patient Administration System (PAS) feeds, pathology reports, and death certificates. As a result, the numbers of patients allocated to Trusts in earlier years may change.

Date of diagnosis

The multiple data records that can be created if a patient is managed by more than one Trust can also lead to conflicting dates of diagnosis. The NPCA will now also use the “Date of Diagnosis” determined by the NCRAS’s registration teams according to international guidance for registration. As a result, the numbers of patients reported in the NPCA’s Annual Reports may be affected, as some patients may be included in different reporting periods.

Further to these investigations, an Updated Erratum was published in June 2017 presenting updated tables from the 2016 Annual Report using this new approach.

¹ http://www.ncin.org.uk/collecting_and_using_data/data_collection/cosd

CancerStats

It is important to note that the data that is shown in NCRAS's *CancerStats* portal reflects the data that each Trust has submitted to NCRAS. No pathway level linkage has taken place. This means that more than one Trust may submit data for a particular patient. If that is the case, this patient will be included in the *Cancerstats* report for each of these Trusts. As a result, the numbers in these data completeness reports on the *CancerStats* portal reflect data submissions rather than individual patients. Actual patient numbers will be shown in the NPCA's Annual Reports, once the data have been cleaned, linked and allocated to the Trust of diagnosis (as explained above).

Data Improvement

NCRAS's Data Improvement Leads work with NHS Trusts to resolve issues with the COSD and NPCA submissions and to ensure that data for all patients are collected and submitted to NCRAS. Please contact your local Data Improvement Lead if you require any help with this process or have any questions related to NCRAS's *CancerStats* portal.

Who is your local Data Improvement contact?

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