

## NPCA Outlier Policy 2020

### 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.

The NPCA Outlier Policy reflects the updated “*Detection and Management of Outliers for National Clinical Audit*” guidance in England<sup>1</sup> and Wales<sup>2</sup>.

### Performance indicators and level of reporting

The outlier policy will be followed for three treatment outcome performance indicators.

#### **Proportion of patients who had an emergency readmission within 90 days of radical prostate cancer surgery**

An emergency readmission may reflect that patients experienced a complication related to radical prostate cancer surgery after discharge from hospital.

**Patient cohort:** Data are presented for men diagnosed with prostate cancer 01.04.18 to 31.03.19 who underwent radical prostatectomy.

**Level of reporting:** Trust/Health Board providing radical prostatectomy in England and Wales.

#### **Proportion of men experiencing a severe genitourinary (GU) complication requiring an intervention following radical prostatectomy**

Severe genitourinary complications reflect those patients who required a genitourinary procedure within 2 years of their radical prostatectomy.

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<sup>1</sup> May 2020 [https://www.hqip.org.uk/wp-content/uploads/2020/05/HQIP\\_English\\_Outlier\\_Guidance\\_v1.0.pdf](https://www.hqip.org.uk/wp-content/uploads/2020/05/HQIP_English_Outlier_Guidance_v1.0.pdf)

<sup>2</sup> November 2018 <https://www.hqip.org.uk/wp-content/uploads/2018/11/Detection-and-management-of-outliers-for-NCAs-in-Wales-2018-3.pdf>

**Patient cohort:** Data are presented for men who underwent radical prostatectomy 01.01.17 to 31.12.17.

**Level of reporting:** Trust/Health Board providing radical prostatectomy in England and Wales.

### **Proportion of men experiencing a severe gastrointestinal (GI) complication requiring an intervention following radical radiotherapy**

Severe gastrointestinal complications reflect those patients who required a gastrointestinal procedure within 2 years of their radical radiotherapy.

**Patient cohort:** Data are presented for men who underwent radical radiotherapy 01.01.17 to 31.12.17.

**Level of reporting:** Trust/Health Board providing radical radiotherapy in England and Wales.

### **Data collection & data quality<sup>3</sup>**

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

NCRAS collects patient-level data from all NHS acute providers using a range of national data-feeds. This includes the Cancer Outcomes and Services Dataset (COSD), which specifies the data items that need to be submitted. Data is submitted to the NCDR on a monthly basis via MDT electronic data collection systems. Clinical sign-off of data submitted to NCRAS is not mandated in England. Instead, each year, the NPCA team work with Trusts during a data validation phase and support them to review their data quality and completeness.

These data are linked to other national datasets to provide extra information. In England these supplementary datasets are Cancer Registry data, Hospital Episode Statistics (HES) data, the Office for National Statistics (ONS) dataset and the National Radiotherapy Dataset (RTDS).

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<sup>3</sup> *In the rare circumstances in which information provided to the NPCA by NCRAS or WCN could reasonably suggest the presence of very serious issues with clinical practice or system failure that presents a risk of harm to patients, the NPCA will implement the escalation process described in Table 3 in the following guidance published February 2019: <https://www.hqip.org.uk/wp-content/uploads/2019/02/NCAPOP-Cause-for-Concern-Guidance-Final-E-and-W-Feb-2019.pdf>*

The NPCA's data collection partner in Wales is the Wales Cancer Network (WCN), Public Health Wales. The NPCA dataset is captured through a national system, Cancer Information System for Wales (CaNISC), after identification by hospital cancer services and uploaded via electronic MDT data collection systems. Prior to submission of NPCA data to the WCN each patient record is validated, frequently by an MDT coordinator, and signed off by a designated clinician. Patient records are signed off when all key data items have been completed.

In Wales, NPCA data are linked to additional data items from the Patient Episode Database for Wales (PEDW), ONS and CaNISC. The NPCA dataset is captured through CaNISC, which also provides information regarding radiotherapy intent, site and dosing.

*Data-completeness* refers to the completeness of the data submitted by Trusts and Health Boards 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.

Where outlier status cannot be determined due to issues with data quality/completeness the provider will be named and a note included in the report. However, since the NPCA initiated the outlier process in 2017, we have been able to include every provider in our analyses.

### **Detection of a "potential outlier"**

The NPCA will determine whether the performance indicator for a Trust/Health Board is outside the limits of a funnel plot. The funnel limits in this plot define differences from the national average performance corresponding to two or three standard deviations. The width of the funnel reflects the amount of uncertainty in the indicator.

### **Definition of an Alarm:**

An estimate for a performance indicator more than three standard deviations from the national average is deemed to be an 'alarm'. The Trust/Health Board will be considered to be a potential outlier and required to undergo all steps in the outlier process shown below.

### **Definition of an Alert:**

An estimate for a performance indicator more than two but below three standard deviations from the national average for two consecutive years is deemed to be an 'alert'. The condition that an

estimate should be within the defined range twice in a row before it is considered an 'alert' was added to reduce the chance that a Trust / Health Board is erroneously identified as a potential outlier. The Trust/Health Board will be notified and data provided (step 2 in the outlier process below). A formal response from the provider is not required.

### **Management of a potential outlier – role of the Trust/Health Board and the NPCA team**

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

Trusts/Health Boards should invest the time and resources required to review the data when identified as a potential outlier. If after review of their data, a provider is still considered to be a 'alarm' outlier, they will be named as a potential outlier in the Annual Report 2020.

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

In keeping with updated guidance from HQIP, *'NCAPOP audits should notify CQC and HQIP of both confirmed alarm and alert level outliers.'*<sup>4</sup>

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<sup>4</sup> May 2020 [https://www.hqip.org.uk/wp-content/uploads/2020/05/HQIP\\_English\\_Outlier\\_Guidance\\_v1.0.pdf](https://www.hqip.org.uk/wp-content/uploads/2020/05/HQIP_English_Outlier_Guidance_v1.0.pdf)

## Outlier management process and timeframe for potential 'alarms' \*

The following actions and timeframes are actioned in the application of this policy:

Stage	What 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><i>'No case to answer'</i></p> <ul style="list-style-type: none"> <li>• potential outlier status not confirmed</li> <li>• data and results revised in NPCA records</li> <li>• details formally recorded</li> </ul> <p><i>'Case to answer'</i></p> <ul style="list-style-type: none"> <li>• potential outlier status</li> </ul> <p><i>Proceed to stage 2</i></p>	NPCA	10
2	<p>The Lead Clinician in the provider organisation will be informed about the potential outlier status and requested to identify any data errors or justifiable explanation/s. All relevant data and analyses will be made available to the Lead Clinician.</p> <p>A copy of the request must be sent to the provider organisation CEO and Medical Director.</p>	NPCA Clinical leads	5
3	<p>Lead Clinician to provide formal written response to NPCA which will be published in the Annual Report (see stage 8).</p>	Provider Lead Clinician	25
4	<p>Review of 'potential alarm' Lead Clinician's response to determine:</p> <p><i>'No case to answer'</i></p> <ul style="list-style-type: none"> <li>• It is confirmed that the data originally supplied by the provider contained inaccuracies. Re-analysis of accurate data no longer indicates outlier status.</li> <li>• Data and results should be revised in NPCA records.</li> <li>• Lead Clinician notified in writing copying in provider organisation CEO and Medical Director.</li> </ul> <p><i>'Case to answer'</i></p> <ul style="list-style-type: none"> <li>• It is confirmed that although the data originally supplied by the provider were inaccurate, analysis still indicates outlier status; or</li> </ul>	NPCA	20

	<ul style="list-style-type: none"> <li>It is confirmed that the originally supplied data were accurate, thus confirming the initial designation of outlier status.</li> </ul> <p><i>proceed to stage 5</i></p>		
5	<p>Contact Lead Clinician by telephone, prior to sending written confirmation of confirmed 'alarm' status to healthcare provider CEO copied to Lead Clinician and Medical Director. All relevant data and statistical analyses, including previous response from the Lead Clinician, made available to the Medical Director and CEO.</p> <p>In case of confirmed 'alarm' status, NPCA to inform CQC (Trusts)<sup>5</sup> and Welsh Government (Health Boards)<sup>6</sup>, HQIP and NHSI.</p> <p>CEO informed that the NPCA will be publishing information of comparative performance that will identify providers.</p>	NPCA Clinical lead	5
6	<p>Acknowledgement of receipt of the letter confirming that a local investigation will be undertaken copying in the CQC<sup>4</sup> and Welsh Government<sup>5</sup>.</p>	Provider CEO	10
7	<p>If no acknowledgement received, a reminder letter should be sent to the CEO, copied to CQC<sup>4</sup> and Welsh Government<sup>5</sup>. If not received within 15 working days, CQC<sup>4</sup>, NHS Improvement<sup>7</sup> and Welsh Government<sup>5</sup> notified of non-compliance in consultation with HQIP.</p>	NPCA	15
8	<p>Public disclosure of comparative information that identifies providers.</p>	NPCA	

\* The steps taken during the Outlier Process for 2020 has been modified in light of the 'COVID-19 outlier restart' guidance from HQIP for [England](#) and [Wales](#).

<sup>5</sup> Via [clinicalaudits@cqc.org.uk](mailto:clinicalaudits@cqc.org.uk) and copy David.Harvey@cqc.org.uk

<sup>6</sup> Via [Wgclinicalaudit@gov.wales](mailto:Wgclinicalaudit@gov.wales)

<sup>7</sup> Via [nick.clarke@nhs.net](mailto:nick.clarke@nhs.net)