

Improving prostate cancer care through the 'outlier process': a national quality improvement workshop

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Background

- Since 2019, the NPCA has publicly reported risk-adjusted performance indicators (PIs) with the aim of driving quality improvement (QI).
 - for all NHS providers of radical prostate cancer treatment (surgery or radiotherapy) in England and Wales.
- The 'outlier process' formalises the steps that must be taken when a performance outlier is detected (Figure 1).

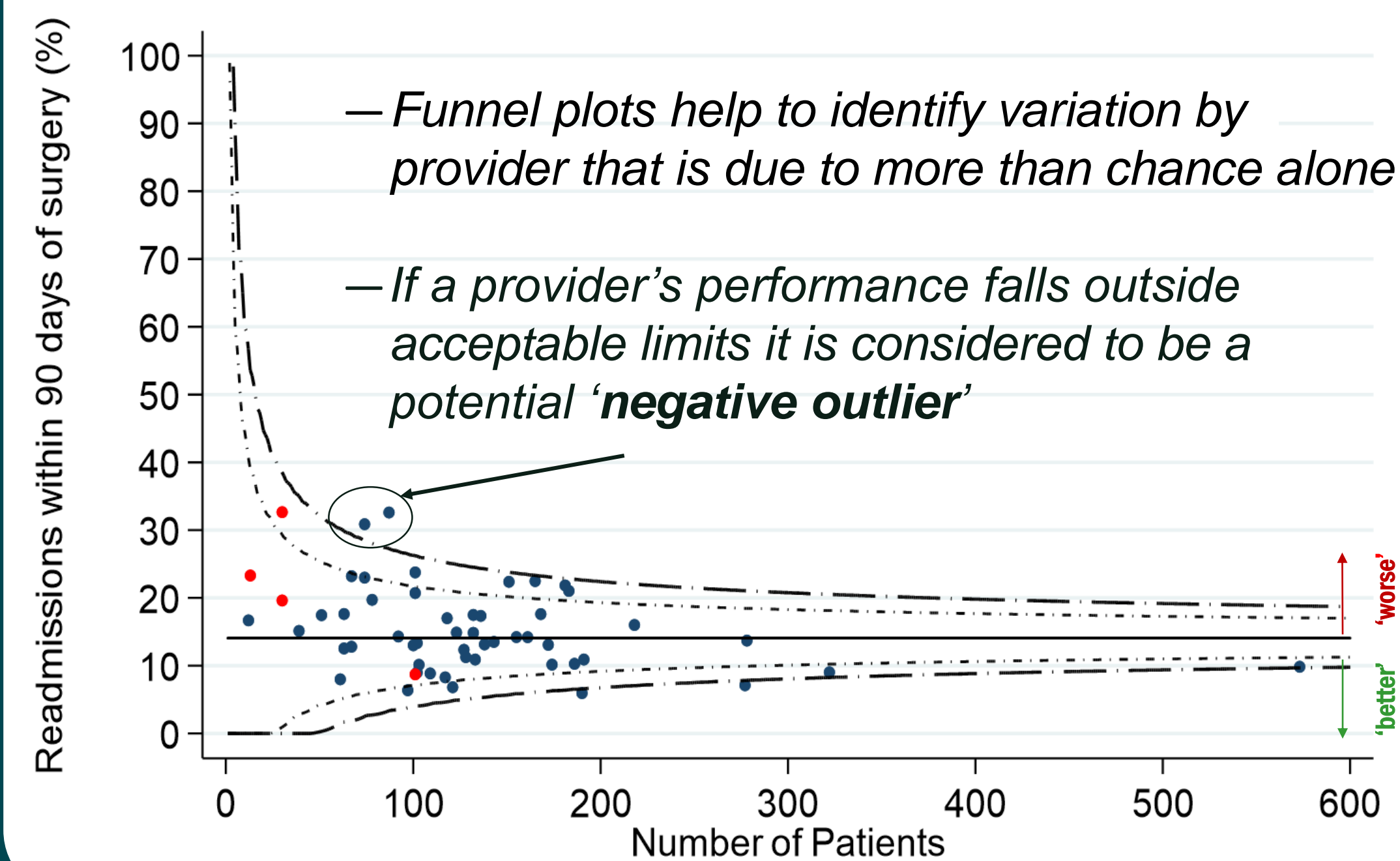
- By targeting a limited number of hospitals, the outlier process mirrors a 'high-risk strategy' of preventing poor quality care.
- This is in contrast to a 'population strategy' that targets all hospitals.
- We invited clinicians from all NHS surgical and radiotherapy centres to a workshop to determine how the outlier process contributes to QI.

Methods

- Results from the NPCA demonstrated the variation in treatment toxicity across treatment centres in England and Wales.
- Clinicians from centres whose outcomes are better ('positive outliers') and poorer ('negative outliers') than the national average shared their experience of:
 - developing and implementing practices and processes of care to mitigate the negative impact of radical treatments (positive outliers)
 - the outlier process and the changes in practice they made as a result (negative outliers)
- Data was collected from onsite interviews, an online platform during the workshop and post-meeting survey.
- Responses were analysed for themes.

Figure 1. Key steps in the outlier process

1. Identification of 'potential negative outliers'
2. Clinical teams review data accuracy, explore possible causes and respond formally
3. Confirmation of outlying performance is escalated within the hospital and a local QI plan developed
4. Results are published alongside the QI plan



Results

- 69 clinicians attended including urologists, oncologists, radiographers and CNS representing surgical and radiotherapy centres across England and Wales.
- There were 6 interviews onsite, 21 online comments and 31 responses after the workshop.

- Figure 2 summarises the negative and positive impacts of the outlier process.
- Participants felt that sharing experiences (both good and bad) helps others to improve.
- They also suggested a 'buddy system' between better and worse performing hospitals

Figure 2. Potential negative and positive themes emerging in response to the NPCA outlier process



Discussion

- The outlier process acts as a catalyst to stimulate and promote local quality improvement where it is needed most - 'high-risk approach'
- To be able to scale up quality improvement to a national level ('population approach') methods must be embedded within a robust reporting programme.
- Effective dissemination and peer support networks are key
 - examples of both good practice and learnings from hospitals who are embarking upon an improvement journey are important.
- This enables providers to understand their performance relative to their peers and to make improvements as required.
- The QI workshop provided an opportunity to 'close the circle' by bringing together performance exemplars, poorer performers and all hospitals in between.
- Future NPCA QI workshops will provide further opportunities to reflect on the lessons learnt, to share best practice and to spread improvement.