

## Outlier Policy 2023

### 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 is flagged as a potential “outlier”. For the first time since 2020, it has been possible to carry out an outlier process during this reporting cycle for three of our performance indicators.

The NPCA Outlier Policy for 2023 is adapted from the updated ‘*NCAPOP Outlier Guidance: Identification and management of outliers*<sup>1</sup> in England and Wales and reflects changes in dataflows and data provision to the audit for this reporting cycle.

Specifically, the change in dataflows has affected the patient level data we are able to return to Trusts to verify the *accuracy* of the data we hold, and which was used to ascertain the Trusts’ potential outlier status.

The change in data provision has enabled the NPCA to use the Rapid Cancer Registration Dataset to assess one of our performance indicators, meaning the most recently available data is being used to measure one of the performance indicators.

### Performance indicators and level of reporting

**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 01.04.21 to 31.03.22 who underwent radical prostatectomy.

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

For this performance indicator, the Rapid Cancer Registration Dataset was used, which contains more recent data than the National Cancer Registration Dataset.

**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.

**Patient cohort:** Data are presented for men who underwent radical prostatectomy 01.09.19 to 31.08.20.

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

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<sup>1</sup> [HQIP-NCAPOP-Outlier-Guidance\\_03012024.pdf](#)

**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 01.09.19 to 31.08.20.

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

For these performance indicators, the most recently available cohort which includes Gleason Score, required for risk stratification and deriving these performance indicator, was used.

### **Data collection & data quality**

In England, the NPCA analyses data received from the National Cancer Registration and Analysis Service (NCRAS), NHSE, for all patients with a diagnosis of prostate cancer (ICD10 code “C61”) in the National Cancer Data Repository (NCDR).

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.

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, Systemic Anti Cancer Therapy (SACT) dataset and the National Radiotherapy Dataset (RTDS).

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 Cymru (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.

### **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 requested to follow the steps in the outlier process outlined 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. There are no 'alert' Trusts in the current report cycle (State of the Nation 2023) as an outlier process was not carried out in the previous year (Annual Report 2022).

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

The following Table summarises the steps taken in managing a potential 'alarm' outlier provider, including the actions requested, the people involved, and the time scales, depending on the performance indicator which is being reviewed.

Trusts/Health Boards should invest the time and resources required to review the data when identified as a potential outlier.

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

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 encouraged to identify any data errors.</p> <p>A minimum dataset pertaining to patient demographics (month and year of birth), treatment (diagnosis and procedure date, and identification of a complication) will be provided to the Trust to enable them to identify the patients included in estimating the indicator.</p>	NPCA Clinical leads	5
3	<p>Lead Clinician to provide acknowledgement of their potential outlier status followed by a response of findings to NPCA.</p> <p>If no acknowledgement is received after 10 working days, a reminder of the request will be sent.</p>	Provider Lead Clinician	30
4	<p>If no acknowledgement or response from the Lead Clinician has been received, a copy of the request will be sent to the Trust's Medical Director and a further 20 working days will be given to the Trust to provide a response.</p>	Trust Medical Director	30
4	<p>Review of 'potential alarm' Lead Clinician's response, or if none received, proceed to stage 5</p>	NPCA	30
5	<p>For the following performance indicators:</p> <ul style="list-style-type: none"> <li>Proportion of men experiencing a severe genitourinary (GU) complication requiring an intervention following radical prostatectomy</li> <li>Proportion of men experiencing a severe gastrointestinal (GI) complication requiring an intervention following radical radiotherapy</li> </ul> <p>The correspondence between the NPCA and the Trust Lead Clinician will be published on the NPCA website.</p>	NPCA	5

Stage	What action?	Who?	Within how many working days?
	<p>For the following performance indicator:</p> <ul style="list-style-type: none"> <li>Proportion of patients who had an emergency readmission within 90 days of radical prostate cancer surgery</li> </ul> <p>The response from the Trust Lead Clinician will be reviewed internally by NPCA Team and not be made public.</p>		