

Outlier Policy 2024

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”. This document summarises the steps that the NPCA team will follow.

The NPCA Outlier Policy for 2024 is adapted from the latest ‘*NCAPOP Outlier Guidance: Identification and management of outliers*’¹ in England and Wales and reflects changes in dataflows and data provision to the audit.

Performance indicators and level of reporting

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

Proportion of men experiencing a 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 01.09.20 to 31.08.21.

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

Proportion of men experiencing a 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 01.09.20 to 31.08.21.

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 indicators, 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.

¹ [HQIP-NCAPOP-Outlier-Guidance_21022024.pdf](#)

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. 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 steps taken in managing a potential 'alarm' outlier provider, including the actions requested, the people involved, and the 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 an 'alarm' outlier, they will be named as a potential outlier in the State of the Nation report.

The NPCA uses cancer data provided by NCRAS and the 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.

Outlier management process and timeframe for potential 'alarms'

Stage	What action?	Who?	Within how many working days?
1	<p>Healthcare providers with a possible performance indicator at alarm level require scrutiny of the data handling and analyses performed to determine whether:</p> <p>'Alarm' status not confirmed:</p> <ul style="list-style-type: none"> Data and results revised in national clinical audit (NCA) records Details formally recorded, and process closed <p>'Alarm' status confirmed:</p> <ul style="list-style-type: none"> Potential 'alarm' status: <p>> proceed to step 2</p>	NPCA team	10
2	Healthcare provider lead clinician informed about potential 'alarm' status and asked to identify any data errors or justifiable explanation(s). All relevant data and analyses should be made available to the lead clinician.	NPCA Clinical leads	5
3	Healthcare provider lead clinician to provide written response to NCAPOP audit provider team.	Healthcare provider Lead Clinician	25
4	<p>Review of healthcare provider lead clinician's response to determine:</p> <p>'Alarm' status not confirmed:</p> <ul style="list-style-type: none"> It is confirmed that the data originally supplied by the healthcare provider contained inaccuracies. Re-analysis of accurate data no longer indicates 'alarm' status Data and results should be revised in NPCA records including details of the healthcare provider's response <p>'Alarm' status confirmed:</p> <ul style="list-style-type: none"> Although it is confirmed that the originally supplied data were inaccurate, analysis still indicates 'alarm' status, or It is confirmed that the originally supplied data were accurate, thus confirming the initial designation of 'alarm' status 	NPCA clinical lead	20
5	Contact healthcare provider lead clinician, prior to sending written notification of confirmed 'alarm' 3SD outliers and/or non-responsive outliers to healthcare provider CEO and copied to healthcare provider lead clinician and medical director. For 3SD outliers, all relevant data and statistical analyses, including previous response from the healthcare provider lead clinician should be made available to healthcare provider medical director and CEO.	NPCA clinical leads/ team	5

Stage	What action?	Who?	Within how many working days?
	<p>For England, the outlier confirmation letter should also include the details in Step 7 below, and a request that the Trust engage with their CQC local team. The relevant NPCA outlier policy should be provided to healthcare provider colleagues.</p> <p>Notify the CQC (clinicalaudits@cqc.org.uk), using the outlier template, and include a copy of the project specific outlier policy, NHSE (england.clinical-audit@nhs.net), HQIP associate director and project manager (www.hqip.org.uk/about-us/ourteam/), and HQIP NCAPOP Director of Operations, Jill Stoddart (jill.stoddart@hqip.org.uk) of confirmed 'alarm' status.</p> <p>All three organisations should confirm receipt of the notification.</p> <p>The CQC will provide NHS England with a quarterly report of all alarm and alert level outliers that have been notified to CQC.</p>		
	<p>The NPCA will proceed to public disclosure of comparative information that identifies healthcare providers as Alarm level outliers or non-participation outliers (NPCA State of the Nation Report).</p> <p>Healthcare providers who have an alarm status outlier investigation, that they or others have performed, will be published by the NPCA as an addendum or footnote.</p> <p>Publication will not be delayed whilst waiting for such investigation to be completed. This can be added, online, when and if it subsequently becomes available.</p> <p>Conversely, if there has been no response from the healthcare provider concerning their alarm outlier status, that will be documented on the NPCA's website where this information is presented.</p>	NPCA team	NPCA report publication date (09.01.2025 tbc)
5	<p>The CQC advise that during their routine local engagement with the providers, their inspectors will:</p> <ul style="list-style-type: none"> • Encourage Trusts to identify any learning from their performance and provide the CQC with assurance that the Trust has used the learning to drive quality improvement • Ask the Trust how they are monitoring or plan to monitor their performance • Monitor progress against any action plan if one is provided by the trust 	England = CQC	Determined by the CQC
	<p>If an investigation has been conducted in the Trust into an alarm outlier status, it is required that the CQC and audit provider would be provided with the outcome and actions proposed.</p>	Trust medical director	
	<p>This will be published by the audit provider alongside the annual results. Further, if there were no response, the audit provider would</p>	NPCA team	

Stage	What action?	Who?	Within how many working days?
	publish this on record as an absence of response. The CQC are not proscriptive concerning any such Trust investigations but there does need to be a degree of independence in relation to data investigation so that the validity of the findings is acceptable.		