🖾 National Cancer Audit Collaborating Centre

Understanding Practice in Clinical Audit and Registries (UPCARE): Programme name	National Cancer Audit Collaborating Centre
Workstream name (if applicable)	National Oesophagogastric Cancer Audit (NOGCA)
Contract status	Ongoing
Audit or non-audit	Audit
HQIP commissioned	Yes
HQIP AD	CR
HQIP PM	SW
Included in current NHS Quality Accounts	Yes
1.10 Geographical coverage - HQIP agreement	England; Wales
1.3 Healthcare setting	NHS secondary care

1.4 Inclusion and exclusion criteria

The OG cancer audit stream includes patients diagnosed in England and Wales with invasive epithelial cancer of the oesophagus or stomach (ICD10 codes C15 and C16).

The following are excluded:

- Patients who are diagnosed with OG cancer abroad
- Patients without a confirmed histology of OG cancer
- Patients who die before MDT discussion
- Gastro-intestinal stromal tumours (GISTs)
- Neuroendocrine tumours
- Malignant melanoma Sarcomas (these very rare cancers originate from connective tissue and often behave differently from epithelial cancers)
- Recurrences or progressions of cancer

1.5 Methods of data submission

Linkage to existing data sources; Online e.g. webtool or portal

1.7 Data flow diagram

www.nogca.org.uk/resources/nogca-data-flows/

1.8 Data quality & analysis plan

Data validation rules are implemented in the data collection platform and cleaning is carried out by analysts. Clinicians have access to their own data for checking but cannot edit their data. This is to minimise "gaming" of data.

After the first data submission deadline initial results are returned to trusts and consultants for checking. They can then amend and complete missing information but they cannot add new cases because data have already been linked to other datasets, most importantly to ONS mortality and HES/PEDW.

Data quality measures (data completeness of key data items and case ascertainment) are reported at trust level alongside performance indicators. The OG cancer audit risk adjusts surgical mortality and pathology indicators to take into account differences in case mix at each hospital. Risk adjustment models include the following patient characteristics: age at diagnosis, sex, co-morbidities, performance status, T stage, number of positive nodes, site of tumour and ASA grade.

The risk-adjustment models for postoperative mortality in both audit streams have been developed using appropriate statistical methods and have been published in a peer-reviewed publication.

Analyses in the report are carried out by experienced statisticians / epidemiologists with supervision from senior statisticians. The descriptive analyses are quality assured by being checked by analysts at NHS Digital.

1.9 Outlier policy   https://www.nogca.org.uk/resources/nogca-outlier-policy/

2.1 Outcome measures

- Length of stay, median (days)
- Operations in which 15 or more lymph nodes were examined (%)
- 30-day postoperative mortality (%)
- 90-day postoperative mortality (%)
- Oesophageal patients with positive longitudinal margins (%)
- Oesophageal patients with positive circumferential margins (%)
- Gastric patients with positive longitudinal margins (%)

NOGCA Trust Results: www.nogca.org.uk/trust-results/

2.6a Do measures align with any of the following sources of evidence (select all that apply)

NICE clinical guideline; Professional society; Other (please add to 2.6b below); NICE quality standard; Royal College

2.6b Evidence supplemental information

- NHS Commissioning Cancer Services. Department of Health. (2011)
- NHS Outcomes Framework, Department of Health 2017
- Delivering the Cancer Reform Strategy. Department of Health. (2010)
- BSG / Fitzgerald RC, di Pietro M, Ragunath K, et al. British Society of Gastroenterology guidelines on the diagnosis and management of Barrett's oesophagus. Gut. 2014; 63(1): 7–42.
- Allum W, Blazeby J, Griffin S, et al. Guidelines for the management of oesophageal and gastric cancer. GUT 2011; 60(11): 1449–72.
- Oesophago-gastric cancer: assessment and management in adults: NICE guideline NG83. London: NICE, 2018.

- Barrett's Oesophagus: ablative therapy: NICE clinical guideline CG106. London: NICE, 2010.

3.1 Results visualisation	Interactive online portal (run charts not available); Static data files; Annual report; Patient report; Other
3.2 Levels of reporting	National; Trust or Health Board; Individual clinician; Regional network
3.3 Timeliness of results feedback	Within 2 years
Dataset #1 name	Clinical dataset
Dataset #1 type	Clinical audit - continuous
Dataset #1 items collected (n)	163
Dataset #1 items from existing national datasets (n)	73
Dataset #1 use of existing national datasets	Cancer outcomes and services dataset (COSD); Emergency care dataset (ECDS); Hospital episode statistics (HES); Office for National Statistics (ONS); Radiotherapy dataset (RTDS); Systemic anticancer treatment (SACT); Patient episode database for Wales (PEDW); Cancer waiting times (CWT); NHS Wales informatics service (NWIS)
Dataset #1 specification	https://www.nogca.org.uk/data-entry/dataset-items/
Dataset #2 name	Not applicable
Dataset #3 name	Not applicable
Dataset #4 name	Not applicable
When was your Healthcare Improvement Plan (sometimes referred to as a Quality Improvement Plan) last reviewed? Please upload under 'Files' below using naming convention ('yyyymmdd_PROGRAMME-Workstream-HIplan').	19/04/2022
Files	20220419_GICAP-NOGCA-HIplan.pdf