



## National Oesophago-Gastric Cancer Audit (NOGCA)

# **Outlier Policy**

**Updated January 2025** 

#### 1. Introduction

This policy sets out the process that the National Oesophago-Gastric Cancer Audit (NOGCA) will implement when results for an NHS organisation (NHS Trust in England or a Local Health Board in Wales) deviate from the expected range of values for outcomes published in the annual NOGCA State of the Nation Report. This process is to support quality assurance and quality improvement.

This policy applies to data published in the National Oesophago-Gastric Cancer Audit (NOGCA) State of the Nation report, publication January 2025.

## Updates to the outlier policy

The NOGCA Outlier Policy is reviewed on an annual basis, and is based on <u>HQIP's NCAPOP Outlier</u> Guidance.

The NOGCA Outlier Policy was last updated January 2025.

Please direct any feedback or questions about this policy to <a href="mailto:OGcanceraudit@rcseng.ac.uk">OGcanceraudit@rcseng.ac.uk</a>.

## 2. Key principles for outlier management

#### a) Performance indicators

NOGCA performance indicators are selected to provide a measure of the quality of care delivered by NHS healthcare providers (NHS Trusts or Local Health Boards) for people diagnosed with oesophageal or gastric (OG) cancer.

Details about the construction of indicators and the cohorts to which they apply are provided in a separate document of NOGCA metrics.

This Outlier Policy (January 2025) applies to the following indicator:

 90-day survival rate after surgery with curative intent (case-mix adjusted<sup>1</sup>), among people diagnosed with oesophageal or gastric cancer April 2020-March 2023.

<sup>&</sup>lt;sup>1</sup> To ensure that the comparison of outcomes across healthcare providers takes into account differences in the mix of patients treated by each Trust/LHB, we adjust results for measurable factors such as age, sex, cancer stage, and patient fitness.

#### b) Expected performance

The NOGCA defines the expected level of performance for each indicator in relation to the average value, separately for England and Wales. An expected range of performance for each indicator is defined using statistically defined control limits, which lie either side of the national average values.

The assessment of performance involves two sets of control limits. The first (inner) limit identifies whether an indicator value for a Trust/Local Health Board is more than two standard deviations from the national (expected) level; this might happen because of random variation every 1 in 20 occasions. The second (outer) limit identifies values that are more than three standard deviations from the national level; this might happen because of random variation every 1 in 500 occasions.

#### c) Data quality

Alongside the performance indicators, the NOGCA reports on the quality of data submitted by hospitals for each patient included in the Audit.

The NOGCA produces quarterly reports to support NHS organisations (currently England only) to review the completeness of data items that are used in producing the case-mix adjusted indicators. The accuracy and completeness of submitted patient data are the responsibility of the NHS organisations providing the care.

#### d) Outlier identification

There are two types of statistically defined outliers: "Alert" and "Alarm"

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

Indicator value is more than three standard deviations from the national average.

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

Indicator value is more than two standard deviations but within three standard deviations of the national average. Trusts/Local Health Boards with indicator values identified as an Alert will have their data analysed further in a second step using an appropriate continuous monitoring technique such as a risk-adjusted CUSUM or EWMA chart<sup>2</sup>. Trusts/Local Health Boards that are flagged by the continuous monitoring analysis will be classified as an Alarm.

#### Definition of a potential outlier:

- (i) Trusts/Local Health Boards with indicator values identified as an Alarm.
- (ii) Trusts/Local Health Boards with indicator values identified as an Alert and flagged as an Alarm in further continuous monitoring analysis.

The responses of confirmed outliers will be published online alongside the publication of the annual NOGCA State of the Nation report.

<sup>&</sup>lt;sup>2</sup> See Cook et al BMJ Qual Saf 2011; 20: 469e474. doi:10.1136/bmjqs.2008.031831

# 3. Outlier Reporting Process and Timeframes

The following actions and timeframes will be implemented by the NOGCA for NHS organisations identified as potential outliers (see Section 2).

Step	Action		Owner	Within working days
1	For NHS Trusts/Local Health /Boards (LHBs) with a performance indicator identified as a potential outlier, the NOGCA Project Team to scrutinise data handling and analyses to determine whether:  (a) Outlier status not confirmed - document and close  (b) Potential outlier status confirmed - go to step 2		NOGCA Project Team	10
2	Trust/LHB Lead Clinician informed about potential outlier status and asked to identify any data errors or justifiable explanation(s). All relevant data and analyses made available to the Lead Clinician as required.		NOGCA Project Team	5
3			Trust/Local Health Board Lead Clinician	25
4	NOGCA Project Team to review written response to deter (a) Outlier status not confirmed - document and close (b) Outlier status confirmed - go to step 5	mine whether:	NOGCA Project Team	20
5	NOGCA Project Team to contact Trust/LHB Lead Clinician confirmed outlier status to Trust/LHB CEO and copied to Trelevant data, statistical analyses and earlier response fro Medical Director and CEO.	rust/LHB Lead Clinician and Medical Director. All	NOGCA Project Team	5
	England Outlier confirmation letter to also include details in step 7 below, and request that the Trust engage with their CQC local team. Provide NOGCA Outlier Policy to Trust. Notify the CQC, NHSE and HQIP, requesting confirmation of receipt. The CQC will provide NHSE with a quarterly report of all outliers notified to the CQC.	Wales Notify NHS Wales and HQIP to confirm Local Health Board outlier status, requesting confirmation of receipt.		

6	England	Wales	England:	England:
	Proceed to public disclosure of comparative information	Acknowledge receipt of the written notification	NOGCA	NOGCA State
	that identifies Trusts with outlier status.	confirming that a local investigation will be undertaken	Project Team	of the Nation
	Trusts that have an outlier investigation, that they or	with independent assurance of the investigator's validity		Report
	others have performed, will have details of the	for outliers, copying in the Welsh Government.		publication
	investigation published as an addendum to the annual			date: Jan
	NOGCA State of the Nation Report. Publication in	Local Health Board CEO informed that the NOGCA will		2025
	January 2025 will not be delayed whilst waiting for such	publish information of comparative performance which	Wales:	
	investigation to be completed. This will be added if it	will identify Trusts/LHBs.	LHB CEO	Wales: 10
	subsequently becomes available.			
	If no response received from the Trust, this will be			
	documented on the applicable NOGCA webpage.			
7	England	Wales	England:	Determined
	The CQC advise that during their routine local	The Welsh Government monitors the actions of	CQC	by CQC and
	engagement with Trusts, their inspectors will:	organisations responding to outlier and takes further		HIW
	- Encourage Trusts to identify any learning from their	action as and when required. The Healthcare Inspectorate	Wales:	
	performance and provide the CQC with assurance that	Wales (HIW) does not act as regulator and cannot take	Health	
	the Trust has used the learning to drive quality	regulatory action in relation to NHS providers. However,	Inspectorate	
	improvement	HIW can request information on the action undertaken by	Wales (HIW)	
	- Ask the Trust how they are monitoring or plan to	organisations to ensure safe services are being delivered.		
	monitor their performance	The Welsh Government can share information with HIW		
	- Monitor progress against action plan if one is provided	where appropriate and advise on the robustness of plans		
	by the Trust.	in place to improve audit results and outcomes.		
	If an investigation has been conducted in the Trust into	Wales	Trust	
	potential outlier status, it is required that the CQC and	N/A	Medical	
	audit provider will be provided with the outcome and		Director	
	actions proposed.			
	Investigation details published by the NOGCA, alongside	Wales	NOGCA	
	the annual State of the Nation report. If no response, the	N/A	Project Team	
	NOGCA will publish this absence of response.			

	The CQC are not prescriptive concerning any such investigation but there needs to be a degree of independence so that the validity of the findings is acceptable.			
8	England	Wales	NOGCA	Wales: 15
	N/A	If no acknowledgement received, NOGCA Project Team will send reminder letter to LHB CEO, copied to Welsh Government and HQIP. If not received within 15 working days, Welsh Government notified of non-compliance in consultation with HQIP.	Project Team	
9	England	Wales	NOGCA	Wales
	N/A	Public disclosure of comparative information that	Project Team	NOGCA State
		identifies MDT (e.g. alongside NOGCA State of the Nation		of the Nation
		Report in January 2025).		Report
				publication
				date: Jan
				2025