National Clinical Audit of Psychosis (NCAP)

Outlier Policy: EIP 2019/20 audit

Last update: 14 April 2020

The outlier process is currently on hold, in line with advice from HQIP, until COVID-19 has subsided and an assessment can be made of whether Trusts/Health Boards have the capacity to review and check data.

This procedure follows the 2017[1] and 2018[2] guidance provided by the Healthcare Quality Improvement Partnership (HQIP).

This policy applies to data collected as part of the EIP audit 2019/2020. The patient cohort for this audit was up to 100 patients per team, chosen by random sample by the NCAP team. The sample of patients was taken from those eligible patients on the caseload at the census date of 1 April 2019, who had been chosen by random sample by the NCAP team to be sent a service user survey (a maximum of 150 patients per team). The full eligibility criteria can be found here.

Trusts and Health Boards are referred to as services within this document.

Identifying outliers

- Once data cleaning and the main analysis is complete, further data analysis will be carried out on agreed NCAP standards to identify potential outliers.
- The agreed standards in 2019/2020 are:
    - Standard 1: waiting times
    - Standard 3: take up of Family Interventions
    - Standard 6: monitoring of the five cardiometabolic health risk factors (excluding alcohol intake and substance misuse);

[1] Detection and management of outliers for National Clinical Audits (England-only), HQIP, May 2017

[2] England: Detection and management of outliers for National Clinical Audits: Implementation guidance for NCAPOP providers (England-only, in consultation with CQC, NHS England, NAGCAE and NHS Improvement), HQIP, May 2018
Wales: Detection and management of outliers for National Clinical Audits in Wales, HQIP, November 2018; Detection and management of outliers for National Clinical Audits in Wales: Implementation guide for NCAPOP providers, HQIP, November 2018

- Services will be identified as outliers based on performance two/three standard deviations away from the total national sample. Services more than two standard deviations away from the total national sample (TNS) are considered alert level outliers, services more than three standard deviations away from the TNS are considered alarm level outliers.
- If a service participating in the audit has submitted fewer than 20 cases, data will be insufficient to determine outlier status. The audit lead will be informed that their outlier status cannot be determined. A list of any such services will be provided to HQIP and the audit lead will be informed of this.
- If there are concerns regarding data quality which would prevent a conclusion about outlier status being determined for any service, the audit lead will be informed. A list of any such services will be provided to HQIP and the audit lead will be informed of this.

Informing Services

Stage	What action?	Who	Deadline
1	Analysis of NCAP data to identify potential outliers	NCAP	16/03
2	Where services have been identified as potential alarm or alert outliers, NCAP will contact the audit leads with their analysed data and request that they identify data errors or provide justifiable explanations. Copies of this request will be sent to the Chief Executive (CEO) and Medical Director (MD).	NCAP	23/03
3	Services review their data for accuracy and provide a written response. The NCAP team will keep a log of these responses. If a response has not been received by 29/04, NCAP will send a reminder letter to those services, giving a final deadline for a response of 13/05. Where no response is received by 13/05, NCAP will escalate to HQIP.	Services	29/04 *13/05*
4	NCAP review responses from services and re-analyse any corrected data.	NCAP	29/05 *11/06*[3]
5	If further analysis indicates that there is no case to answer, services will be sent a letter to confirm this. Data and results will also be revised for local reporting. If, following receipt of a written response,	NCAP	29/05 *11/06*[3]

[3] For those services who received a reminder letter in stage 3 only

	• Inaccurate data have been amended and the service remains an outlier; • Submitted data were accurate and outlier status remains. The local NCAP lead will be contacted within five working days by telephone prior to sending written confirmation of alarm or alert status, copying in CEO and MD. Communications will include data analysis and previous responses from NCAP lead. NCAP inform CEO of transparency and identification of their service in reporting. Alarm and alert status: for services in England, NCAP will inform CQC and HQIP of alert and alarm level outliers in June 2020 and advise the CEO to inform commissioners and NHS Improvement. For services in Wales, NCAP will inform the Welsh government and HQIP.		
6	Local NCAP leads will provide written acknowledgement within 10 working days of receipt of letters of outlier status and provide details of their next steps as an organisation, such as a local investigation taking place, copying in the CQC or Welsh government. The CQC or Welsh government is then responsible for making any decisions as to whether the organisations' response is adequate.[2]	Services	12/06 *25/06*[3]
7	If no acknowledgement is received within the 10 working days, a reminder letter will be sent to the CEO, copying in the CQC or Welsh government. *If no response is received in a further five working days, the CQC and NHS Improvement or Welsh government will be notified of non-compliance.*	NCAP	15/06 *26/06*[3]
8	Comparative data identifying services will be included in national reporting. A list of services with an alarm or alert level status for each outlier standard will be published on the NCAP website.	NCAP	