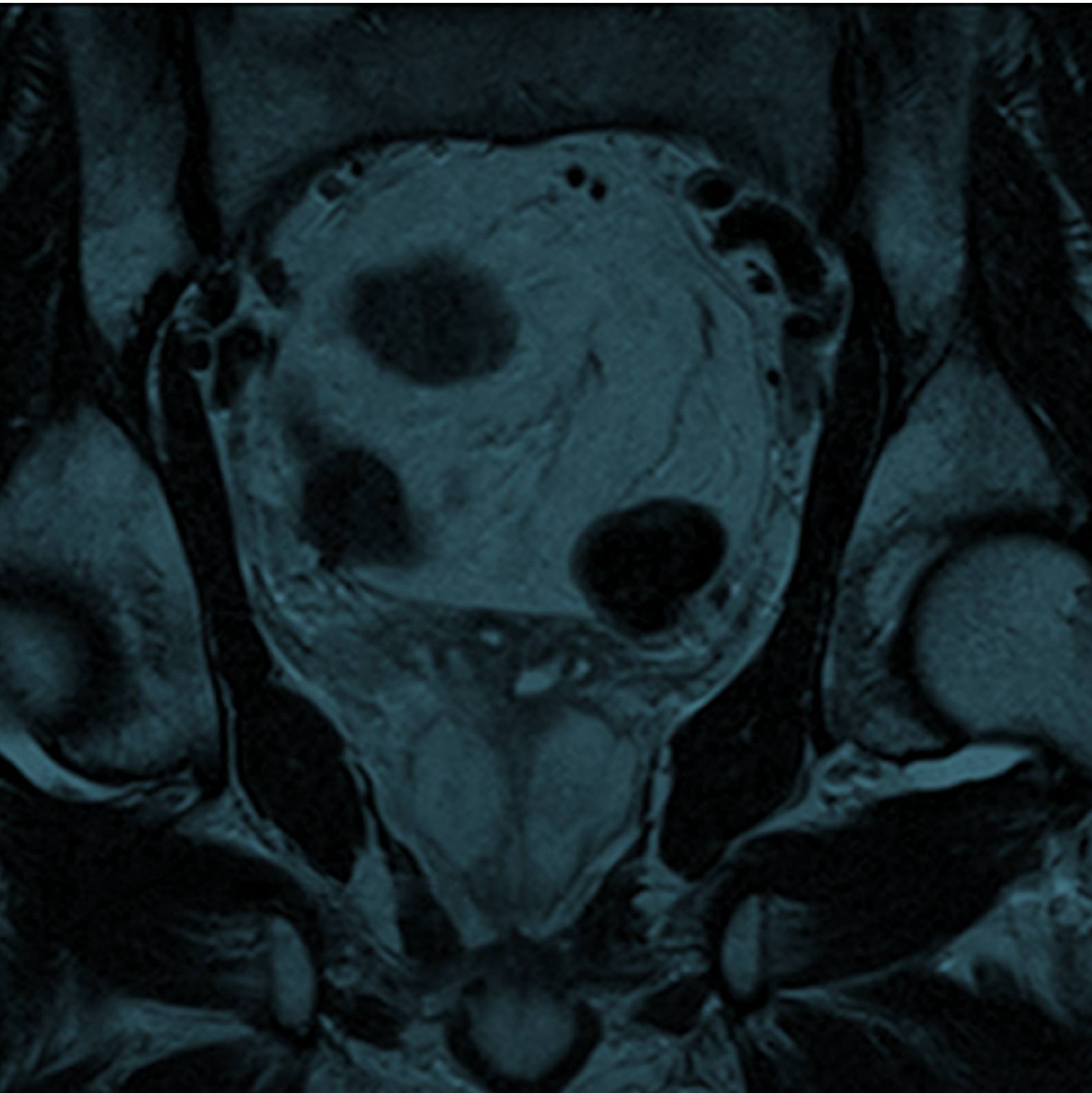


Annual Report 2020

Provider level results



National Prostate Cancer Audit

NPCA Annual Report 2020. Provider level results

London: The Royal College of Surgeons of England, 2021.



Royal College
of Surgeons
of England

Registered Charity No: 212808

The Royal College of Surgeons of England (RCS) is an independent professional body committed to enabling surgeons to achieve and maintain the highest standards of surgical practice and patient care. As part of this it supports Audit and the evaluation of clinical effectiveness for surgery.

The NPCA is based at the The Clinical Effectiveness Unit (CEU). The CEU is an academic collaboration between The Royal College of Surgeons of England and the London School of Hygiene and Tropical Medicine, and undertakes national clinical audits and research. Since its inception in 1998, the CEU has become a national centre of expertise in methods, organisation, and logistics of large-scale studies of the quality of surgical care. The CEU managed the publication of the NPCA Annual Report, 2020.

In partnership with:



THE BRITISH ASSOCIATION
OF UROLOGICAL SURGEONS

The British Association of Urological Surgeons (BAUS) was founded in 1945 and exists to promote the highest standards of practice in urology, for the benefit of patients, by fostering education, research and clinical excellence. BAUS is a registered charity and qualified medical practitioners practising in the field of urological surgery are eligible to apply for membership. It is intended that this website will be a resource for urologists, their patients, other members of the healthcare team and the wider public.



The British Uro-oncology Group (BUG) was formed in 2004 to meet the needs of clinical and medical oncologists specialising in the field of urology. As the only dedicated professional association for uro-oncologists, its overriding aim is to provide a networking and support forum for discussion and exchange of research and policy ideas.



Public Health
England

National Cancer Registration and Analysis Service (NCRAS), Public Health England collects patient-level data from all NHS acute providers and from a range of national data feeds. Data sources are collated using a single data processing system ('Encore') and the management structure is delivered through eight regional offices across England.

The NCRAS is the data collection partner for the NPCA.

Commissioned by:



Healthcare Quality
Improvement Partnership

The Healthcare Quality Improvement Partnership (HQIP) is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices. Its aim is to promote quality improvement in patient outcomes, and in particular, to increase the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales. HQIP holds the contract to commission, manage, and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP), comprising around 40 projects covering care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies www.hqip.org.uk/national-programmes

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Appendix 1: Overview of data completeness for selected data items by specialist MDT and Trust/Health Board in England/Wales over the period of 1 April 2018 and 31 March 2019.

Diagnosing Trust	No. of Cancer Registry records		Performance status		PSA		Gleason score		TNM		Risk group	
	N	N	%	N	%	N	%	N	%	N	%	
England												
Overall	49492	25847	52.2	33657	68.0	41610	84.1	39364	79.5	45164	91.3	
Barking, Havering and Redbridge University Hospitals NHS Trust	603	46	7.6	570	94.5	442	73.3	517	85.7	493	81.8	
Barking, Havering and Redbridge University Hospitals NHS Trust	603	46	7.6	570	94.5	442	73.3	517	85.7	493	81.8	
Barts Health NHS Trust	562	2	0.4	371	66.0	409	72.8	515	91.6	490	87.2	
Barts Health NHS Trust	416	2	0.5	230	55.3	305	73.3	379	91.1	359	86.3	
Homerton University Hospital NHS Foundation Trust	146	0	0.0	141	96.6	104	71.2	136	93.2	131	89.7	
Bradford Teaching Hospitals NHS Foundation Trust	891	662	74.3	567	63.6	779	87.4	737	82.7	845	94.8	
Airedale NHS Foundation Trust	179	153	85.5	172	96.1	154	86.0	164	91.6	175	97.8	
Bradford Teaching Hospitals NHS Foundation Trust	347	183	52.7	82	23.6	309	89.0	272	78.4	320	92.2	
Calderdale And Huddersfield NHS Foundation Trust	365	326	89.3	313	85.8	316	86.6	301	82.5	350	95.9	
Brighton and Sussex University Hospitals NHS Trust	930	36	3.9	504	54.2	739	79.5	721	77.5	788	84.7	
Brighton and Sussex University Hospitals NHS Trust	384	17	4.4	245	63.8	265	69.0	249	64.8	277	72.1	
East Sussex Healthcare NHS Trust	546	19	3.5	259	47.4	474	86.8	472	86.4	511	93.6	
Cambridge University Hospitals NHS Foundation Trust	1837	1048	57.0	1423	77.5	1584	86.2	1445	78.7	1696	92.3	
Bedford Hospital NHS Trust	309	269	87.1	278	90.0	283	91.6	280	90.6	302	97.7	
Cambridge University Hospitals NHS Foundation Trust	448	49	10.9	254	56.7	402	89.7	387	86.4	435	97.1	
North West Anglia NHS Foundation Trust	550	393	71.5	438	79.6	450	81.8	384	69.8	460	83.6	
The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	259	173	66.8	231	89.2	220	84.9	179	69.1	248	95.8	
West Suffolk NHS Foundation Trust	271	164	60.5	222	81.9	229	84.5	215	79.3	251	92.6	
East Kent Hospitals University NHS Foundation Trust	889	638	71.8	662	74.5	746	83.9	705	79.3	780	87.7	
East Kent Hospitals University NHS Foundation Trust	889	638	71.8	662	74.5	746	83.9	705	79.3	780	87.7	
East and North Hertfordshire NHS Trust	1098	492	44.8	774	70.5	928	84.5	837	76.2	1018	92.7	
East and North Hertfordshire NHS Trust	468	86	18.4	260	55.6	404	86.3	354	75.6	437	93.4	
Luton and Dunstable University Hospital NHS Foundation Trust	328	162	49.4	279	85.1	277	84.5	259	79.0	298	90.9	
West Hertfordshire Hospitals NHS Trust	302	244	80.8	235	77.8	247	81.8	224	74.2	283	93.7	
Gloucestershire Hospitals NHS Foundation Trust	842	174	20.7	272	32.3	683	81.1	614	72.9	731	86.8	
Gloucestershire Hospitals NHS Foundation Trust	633	4	0.6	271	42.8	521	82.3	463	73.1	550	86.9	
Wye Valley NHS Trust	209	170	81.3	1	0.5	162	77.5	151	72.2	181	86.6	
Guy's and St Thomas' NHS Foundation Trust	1258	337	26.8	588	46.7	1092	86.8	1090	86.6	1154	91.7	
Guy's and St Thomas' NHS Foundation Trust	490	113	23.1	155	31.6	443	90.4	451	92.0	466	95.1	
King's College Hospital NHS Foundation Trust	507	199	39.3	351	69.2	429	84.6	422	83.2	463	91.3	
Lewisham and Greenwich NHS Trust	261	25	9.6	82	31.4	220	84.3	217	83.1	225	86.2	

Diagnosing Trust	No. of Cancer Registry records		Performance status		PSA		Gleason score		TNM		Risk group	
	N		N	%	N	%	N	%	N	%	N	%
Hull University Teaching Hospitals NHS Trust	1367		986	72.1	1244	91.0	1106	80.9	1056	77.2	1296	94.8
Hull University Teaching Hospitals NHS Trust	532		230	43.2	456	85.7	430	80.8	340	63.9	481	90.4
Northern Lincolnshire and Goole NHS Foundation Trust	309		288	93.2	297	96.1	237	76.7	253	81.9	296	95.8
York Teaching Hospital NHS Foundation Trust	526		468	89.0	491	93.3	439	83.5	463	88.0	519	98.7
Imperial College Healthcare NHS Trust	1263		928	73.5	790	62.5	1060	83.9	899	71.2	1049	83.1
Chelsea and Westminster Hospital NHS Foundation Trust	417		303	72.7	312	74.8	366	87.8	324	77.7	366	87.8
Imperial College Healthcare NHS Trust	335		272	81.2	277	82.7	289	86.3	276	82.4	307	91.6
London North West Healthcare NHS Trust	362		222	61.3	83	22.9	282	77.9	168	46.4	238	65.7
The Hillingdon Hospitals NHS Foundation Trust	149		131	87.9	118	79.2	123	82.6	131	87.9	138	92.6
Lancashire Teaching Hospitals NHS Foundation Trust	1271		1080	85.0	1105	86.9	957	75.3	992	78.0	1140	89.7
Blackpool Teaching Hospitals NHS Foundation Trust	269		233	86.6	230	85.5	236	87.7	187	69.5	230	85.5
East Lancashire Hospitals NHS Trust	358		344	96.1	333	93.0	304	84.9	327	91.3	349	97.5
Lancashire Teaching Hospitals NHS Foundation Trust	318		191	60.1	221	69.5	143	45.0	201	63.2	243	76.4
University Hospitals of Morecambe Bay NHS Foundation Trust	326		312	95.7	321	98.5	274	84.0	277	85.0	318	97.5
Leeds Teaching Hospitals NHS Trust	827		443	53.6	261	31.6	673	81.4	615	74.4	753	91.1
Harrogate and District NHS Foundation Trust	206		183	88.8	200	97.1	176	85.4	174	84.5	196	95.1
Leeds Teaching Hospitals NHS Trust	621		260	41.9	61	9.8	497	80.0	441	71.0	557	89.7
Manchester University NHS Foundation Trust	928		721	77.7	719	77.5	795	85.7	845	91.1	883	95.2
Manchester University NHS Foundation Trust	455		281	61.8	261	57.4	380	83.5	406	89.2	418	91.9
Pennine Acute Hospitals NHS Trust	473		440	93.0	458	96.8	415	87.7	439	92.8	465	98.3
Medway NHS Foundation Trust	1173		737	62.8	633	54.0	1026	87.5	870	74.2	1020	87.0
Dartford and Gravesham NHS Trust	284		225	79.2	200	70.4	233	82.0	213	75.0	246	86.6
Maidstone and Tunbridge Wells NHS Trust	570		384	67.4	429	75.3	502	88.1	431	75.6	493	86.5
Medway NHS Foundation Trust	319		128	40.1	4	1.3	291	91.2	226	70.8	281	88.1
Mid Yorkshire Hospitals NHS Trust	456		337	73.9	323	70.8	389	85.3	327	71.7	422	92.5
Mid Yorkshire Hospitals NHS Trust	456		337	73.9	323	70.8	389	85.3	327	71.7	422	92.5
Norfolk and Norwich University Hospitals NHS Foundation Trust	909		454	49.9	638	70.2	760	83.6	632	69.5	810	89.1
James Paget University Hospitals NHS Foundation Trust	226		191	84.5	193	85.4	177	78.3	193	85.4	211	93.4
Norfolk and Norwich University Hospitals NHS Foundation Trust	683		263	38.5	445	65.2	583	85.4	439	64.3	599	87.7
North Bristol NHS Trust	1881		1415	75.2	1594	84.7	1603	85.2	1524	81.0	1749	93.0
Great Western Hospitals NHS Foundation Trust	347		213	61.4	319	91.9	315	90.8	283	81.6	331	95.4
North Bristol NHS Trust	757		657	86.8	628	83.0	666	88.0	604	79.8	710	93.8
Royal United Hospital Bath NHS Foundation Trust	420		328	78.1	368	87.6	341	81.2	365	86.9	390	92.9
Weston Area Health NHS Trust	161		68	42.2	153	95.0	133	82.6	121	75.2	147	91.3
Yeovil District Hospital NHS Foundation Trust	196		149	76.0	126	64.3	148	75.5	151	77.0	171	87.2

Diagnosing Trust	No. of Cancer Registry records		Performance status		PSA		Gleason score		TNM		Risk group	
	N		N	%	N	%	N	%	N	%	N	%
Northampton General Hospital NHS Trust	686		514	74.9	601	87.6	594	86.6	515	75.1	614	89.5
Kettering General Hospital NHS Foundation Trust	338		223	66.0	296	87.6	301	89.1	240	71.0	291	86.1
Northampton General Hospital NHS Trust	348		291	83.6	305	87.6	293	84.2	275	79.0	323	92.8
Nottingham University Hospitals NHS Trust	907		333	36.7	597	65.8	762	84.0	477	52.6	826	91.1
Nottingham University Hospitals NHS Trust	593		309	52.1	527	88.9	477	80.4	392	66.1	551	92.9
Sherwood Forest Hospitals NHS Foundation Trust	314		24	7.6	70	22.3	285	90.8	85	27.1	275	87.6
Oxford University Hospitals NHS Foundation Trust	1288		446	34.6	565	43.9	1179	91.5	1082	84.0	1217	94.5
Buckinghamshire Healthcare NHS Trust	360		183	50.8	321	89.2	324	90.0	291	80.8	338	93.9
Milton Keynes University Hospital NHS Foundation Trust	289		253	87.5	228	78.9	262	90.7	265	91.7	265	91.7
Oxford University Hospitals NHS Foundation Trust	639		10	1.6	16	2.5	593	92.8	526	82.3	614	96.1
Plymouth Hospitals NHS Trust	920		529	57.5	874	95.0	743	80.8	740	80.4	856	93.0
Plymouth Hospitals NHS Trust	412		80	19.4	389	94.4	356	86.4	362	87.9	391	94.9
Royal Cornwall Hospitals NHS Trust	508		449	88.4	485	95.5	387	76.2	378	74.4	465	91.5
Portsmouth Hospitals NHS Trust	780		239	30.6	521	66.8	682	87.4	724	92.8	737	94.5
Isle of Wight NHS Trust	209		58	27.8	56	26.8	180	86.1	203	97.1	195	93.3
Portsmouth Hospitals NHS Trust	571		181	31.7	465	81.4	502	87.9	521	91.2	542	94.9
Royal Berkshire NHS Foundation Trust	580		33	5.7	312	53.8	502	86.6	445	76.7	525	90.5
Royal Berkshire NHS Foundation Trust	580		33	5.7	312	53.8	502	86.6	445	76.7	525	90.5
Royal Devon and Exeter NHS Foundation Trust	1539		1215	78.9	1289	83.8	1304	84.7	1294	84.1	1441	93.6
Northern Devon Healthcare NHS Trust	167		165	98.8	161	96.4	119	71.3	133	79.6	154	92.2
Royal Devon and Exeter NHS Foundation Trust	637		559	87.8	600	94.2	568	89.2	541	84.9	613	96.2
Taunton and Somerset NHS Foundation Trust	380		284	74.7	289	76.1	305	80.3	341	89.7	339	89.2
Torbay and South Devon NHS Foundation Trust	355		207	58.3	239	67.3	312	87.9	279	78.6	335	94.4
Royal Liverpool and Broadgreen University Hospitals NHS Trust	924		803	86.9	826	89.4	767	83.0	694	75.1	871	94.3
Aintree University Hospital NHS Foundation Trust	466		382	82.0	398	85.4	355	76.2	384	82.4	440	94.4
Southport and Ormskirk Hospital NHS Trust	168		154	91.7	155	92.3	146	86.9	130	77.4	156	92.9
St Helens and Knowsley Hospital Services NHS Trust	290		267	92.1	273	94.1	266	91.7	180	62.1	275	94.8
Royal Surrey County Hospital NHS Foundation Trust	2832		1224	43.2	2010	71.0	2252	79.5	1898	67.0	2276	80.4
Ashford and St Peter's Hospitals NHS Foundation Trust	325		27	8.3	66	20.3	222	68.3	147	45.2	166	51.1
Frimley Health NHS Foundation Trust	601		379	63.1	497	82.7	490	81.5	418	69.6	524	87.2
Hampshire Hospitals NHS Foundation Trust	415		41	9.9	259	62.4	344	82.9	230	55.4	313	75.4
Royal Surrey County Hospital NHS Foundation Trust	392		23	5.9	161	41.1	299	76.3	195	49.7	262	66.8
Surrey and Sussex Healthcare NHS Trust	425		120	28.2	381	89.6	349	82.1	332	78.1	369	86.8
Western Sussex Hospitals NHS Foundation Trust	674		634	94.1	646	95.8	548	81.3	576	85.5	642	95.3

Diagnosing Trust	No. of Cancer Registry records	Performance status		PSA		Gleason score		TNM		Risk group	
		N	%	N	%	N	%	N	%	N	%
Salford Royal NHS Foundation Trust	590	447	75.8	449	76.1	518	87.8	504	85.4	551	93.4
Bolton NHS Foundation Trust	173	138	79.8	130	75.1	149	86.1	127	73.4	146	84.4
Salford Royal NHS Foundation Trust	197	94	47.7	102	51.8	176	89.3	159	80.7	187	94.9
Wrightington, Wigan and Leigh NHS Foundation Trust	220	215	97.7	217	98.6	193	87.7	218	99.1	218	99.1
Sheffield Teaching Hospitals NHS Foundation Trust	1693	691	40.8	1103	65.2	1421	83.9	1442	85.2	1616	95.5
Barnsley Hospital NHS Foundation Trust	202	114	56.4	174	86.1	160	79.2	126	62.4	184	91.1
Chesterfield Royal Hospital NHS Foundation Trust	317	276	87.1	305	96.2	266	83.9	301	95.0	313	98.7
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	410	81	19.8	389	94.9	348	84.9	384	93.7	402	98.0
Sheffield Teaching Hospitals NHS Foundation Trust	510	54	10.6	17	3.3	433	84.9	424	83.1	475	93.1
The Rotherham NHS Foundation Trust	254	166	65.4	218	85.8	214	84.3	207	81.5	242	95.3
South Tees Hospitals NHS Foundation Trust	692	203	29.3	563	81.4	611	88.3	559	80.8	674	97.4
North Tees And Hartlepool NHS Foundation Trust	223	197	88.3	200	89.7	182	81.6	164	73.5	213	95.5
South Tees Hospitals NHS Foundation Trust	469	6	1.3	363	77.4	429	91.5	395	84.2	461	98.3
South Tyneside and Sunderland NHS Foundation Trust	693	326	47.0	616	88.9	547	78.9	502	72.4	655	94.5
County Durham and Darlington NHS Foundation Trust	198	67	33.8	149	75.3	178	89.9	151	76.3	191	96.5
South Tyneside and Sunderland NHS Foundation Trust	495	259	52.3	467	94.3	369	74.5	351	70.9	464	93.7
Southend University Hospital NHS Foundation Trust	1993	662	33.2	1381	69.3	1672	83.9	1543	77.4	1847	92.7
Basildon and Thurrock University Hospitals NHS Foundation Trust	291	63	21.6	183	62.9	242	83.2	219	75.3	266	91.4
East Suffolk and North Essex NHS Foundation Trust	920	578	62.8	766	83.3	772	83.9	698	75.9	856	93.0
Mid Essex Hospital Services NHS Trust	437	8	1.8	126	28.8	376	86.0	358	81.9	401	91.8
Southend University Hospital NHS Foundation Trust	345	13	3.8	306	88.7	282	81.7	268	77.7	324	93.9
Stockport NHS Foundation Trust	876	423	48.3	521	59.5	739	84.4	769	87.8	820	93.6
East Cheshire NHS Trust	140	15	10.7	121	86.4	120	85.7	134	95.7	137	97.9
Mid Cheshire Hospitals NHS Foundation Trust	214	187	87.4	189	88.3	184	86.0	204	95.3	211	98.6
Stockport NHS Foundation Trust	372	201	54.0	78	21.0	315	84.7	314	84.4	339	91.1
Tameside and Glossop Integrated Care NHS Foundation Trust	150	20	13.3	133	88.7	120	80.0	117	78.0	133	88.7
The Christie NHS Foundation Trust	59	1	1.7	2	3.4	48	81.4	29	49.2	48	81.4
The Christie NHS Foundation Trust	59	1	1.7	2	3.4	48	81.4	29	49.2	48	81.4
The Newcastle upon Tyne Hospitals NHS Foundation Trust	1200	792	66.0	841	70.1	1019	84.9	993	82.8	1170	97.5
Gateshead Health NHS Foundation Trust	165	147	89.1	150	90.9	146	88.5	131	79.4	162	98.2
North Cumbria Integrated Care NHS Foundation Trust	222	64	28.8	132	59.5	186	83.8	172	77.5	211	95.0
Northumbria Healthcare NHS Foundation Trust	359	305	85.0	327	91.1	316	88.0	321	89.4	354	98.6
The Newcastle upon Tyne Hospitals NHS Foundation Trust	454	276	60.8	232	51.1	371	81.7	369	81.3	443	97.6

Diagnosing Trust	No. of Cancer Registry records		Performance status		PSA		Gleason score		TNM		Risk group	
	N		N	%	N	%	N	%	N	%	N	%
The Princess Alexandra Hospital NHS Trust	465		224	48.2	80	17.2	419	90.1	348	74.8	404	86.9
North Middlesex University Hospital NHS Trust	186		91	48.9	79	42.5	162	87.1	157	84.4	174	93.5
The Princess Alexandra Hospital NHS Trust	279		133	47.7	1	0.4	257	92.1	191	68.5	230	82.4
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	982		842	85.7	677	68.9	725	73.8	915	93.2	866	88.2
Dorset County Hospital NHS Foundation Trust	330		239	72.4	60	18.2	244	73.9	282	85.5	284	86.1
Poole Hospital NHS Foundation Trust	29		19	65.5	22	75.9	3	10.3	22	75.9	22	75.9
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	623		584	93.7	595	95.5	478	76.7	611	98.1	560	89.9
The Royal Marsden NHS Foundation Trust	1349		618	45.8	827	61.3	1189	88.1	1066	79.0	1172	86.9
Croydon Health Services NHS Trust	296		33	11.1	171	57.8	270	91.2	200	67.6	233	78.7
Epsom And St Helier University Hospitals NHS Trust	392		270	68.9	335	85.5	340	86.7	330	84.2	368	93.9
Kingston Hospital NHS Foundation Trust	252		215	85.3	219	86.9	207	82.1	205	81.3	206	81.7
St George's University Hospitals NHS Foundation Trust	238		29	12.2	15	6.3	216	90.8	189	79.4	213	89.5
The Royal Marsden NHS Foundation Trust	171		71	41.5	87	50.9	156	91.2	142	83.0	152	88.9
University College London Hospitals NHS Foundation Trust	1028		253	24.6	611	59.4	885	86.1	913	88.8	945	91.9
Royal Free London NHS Foundation Trust	541		157	29.0	433	80.0	433	80.0	482	89.1	481	88.9
The Whittington Health NHS Trust	115		44	38.3	100	87.0	99	86.1	99	86.1	107	93.0
University College London Hospitals NHS Foundation Trust	372		52	14.0	78	21.0	353	94.9	332	89.2	357	96.0
University Hospital Southampton NHS Foundation Trust	837		582	69.5	694	82.9	716	85.5	733	87.6	784	93.7
Salisbury NHS Foundation Trust	258		232	89.9	223	86.4	237	91.9	240	93.0	250	96.9
University Hospital Southampton NHS Foundation Trust	579		350	60.4	471	81.3	479	82.7	493	85.1	534	92.2
University Hospitals Birmingham NHS Foundation Trust	1367		542	39.6	927	67.8	1261	92.2	1102	80.6	1308	95.7
Sandwell and West Birmingham Hospitals NHS Trust	260		53	20.4	241	92.7	224	86.2	180	69.2	248	95.4
University Hospitals Birmingham NHS Foundation Trust	903		472	52.3	603	66.8	853	94.5	752	83.3	868	96.1
Walsall Healthcare NHS Trust	204		17	8.3	83	40.7	184	90.2	170	83.3	192	94.1
University Hospitals Coventry and Warwickshire NHS Trust	1421		974	68.5	888	62.5	1166	82.1	1161	81.7	1310	92.2
George Eliot Hospital NHS Trust	114		77	67.5	91	79.8	88	77.2	81	71.1	100	87.7
South Warwickshire NHS Foundation Trust	209		143	68.4	191	91.4	152	72.7	168	80.4	183	87.6
University Hospitals Coventry and Warwickshire NHS Trust	380		338	88.9	342	90.0	314	82.6	346	91.1	369	97.1
Worcestershire Acute Hospitals NHS Trust	718		416	57.9	264	36.8	612	85.2	566	78.8	658	91.6
University Hospitals of Derby and Burton NHS Foundation Trust	794		292	36.8	528	66.5	709	89.3	698	87.9	771	97.1
University Hospitals of Derby and Burton NHS Foundation Trust	794		292	36.8	528	66.5	709	89.3	698	87.9	771	97.1
University Hospitals of Leicester NHS Trust	1405		320	22.8	370	26.3	1134	80.7	1066	75.9	1265	90.0
United Lincolnshire Hospitals NHS Trust	689		312	45.3	361	52.4	582	84.5	511	74.2	611	88.7
University Hospitals of Leicester NHS Trust	716		8	1.1	9	1.3	552	77.1	555	77.5	654	91.3

Diagnosing Trust	No. of Cancer Registry records		Performance status		PSA		Gleason score		TNM		Risk group	
	N	N	%	N	%	N	%	N	%	N	%	
University Hospitals of North Midlands NHS Trust	1851	1054	56.9	1220	65.9	1641	88.7	1542	83.3	1764	95.3	
Shrewsbury and Telford Hospital NHS Trust	519	441	85.0	369	71.1	444	85.5	438	84.4	493	95.0	
The Dudley Group NHS Foundation Trust	403	379	94.0	336	83.4	370	91.8	362	89.8	385	95.5	
The Royal Wolverhampton NHS Trust	411	231	56.2	377	91.7	366	89.1	339	82.5	396	96.4	
University Hospitals of North Midlands NHS Trust	518	3	0.6	138	26.6	461	89.0	403	77.8	490	94.6	
Wirral University Teaching Hospital NHS Foundation Trust	756	729	96.4	726	96.0	634	83.9	669	88.5	714	94.4	
Countess of Chester Hospital NHS Foundation Trust	198	193	97.5	191	96.5	176	88.9	179	90.4	195	98.5	
The Clatterbridge Cancer Centre NHS Foundation Trust	2	0	0.0	0	0.0	0	0.0	2	100.0	1	50.0	
Warrington and Halton Hospitals NHS Foundation Trust	220	208	94.5	208	94.5	185	84.1	187	85.0	212	96.4	
Wirral University Teaching Hospital NHS Foundation Trust	336	328	97.6	327	97.3	273	81.3	301	89.6	306	91.1	
Wales												
Overall	2776	2776	100.0	2472	89.0	2472	89.0	2212	79.7	2650	95.5	
Abertawe Bro Morgannwg University Health Board	917	917	100.0	811	88.4	811	88.4	855	93.2	891	97.2	
Abertawe Bro Morgannwg University Health Board	513	513	100.0	462	90.1	462	90.1	477	93.0	495	96.5	
Hywel Dda University Health Board	404	404	100.0	349	86.4	349	86.4	378	93.6	396	98.0	
Aneurin Bevan University Health Board	407	407	100.0	309	75.9	309	75.9	318	78.1	355	87.2	
Aneurin Bevan University Health Board	407	407	100.0	309	75.9	309	75.9	318	78.1	355	87.2	
Betsi Cadwaladr University Health Board	735	735	100.0	684	93.1	684	93.1	548	74.6	700	95.2	
Betsi Cadwaladr University Health Board	735	735	100.0	684	93.1	684	93.1	548	74.6	700	95.2	
Cardiff and Vale University Health Board	717	717	100.0	668	93.2	668	93.2	491	68.5	704	98.2	
Cardiff and Vale University Health Board	377	377	100.0	360	95.5	360	95.5	339	89.9	375	99.5	
Cwm Taf University Health Board	340	340	100.0	308	90.6	308	90.6	152	44.7	329	96.8	
Trust commentary provided by NCRAS further to data validation exercise (number of cases allocated to a trust at diagnosis and completeness by key data items):												
Torbay and South Devon NHS Foundation Trust: The trust queried the completeness of the staging and performance status data. Following a validation exercise, it was realised that the data were not completed prior to the original upload due to extended staff sickness.												
Airedale NHS Foundation Trust: The trust were expecting an additional 71 patients allocated. Further investigations showed:												
<ul style="list-style-type: none"> 5 patients were diagnosed outside of the audit period. 4 patients had concurrent bladder cancer so excluded from the audit sample. 17 patient had been correctly allocated to other trusts. 45 patients were diagnosed at the trust, but the NCRAS trust of diagnosis algorithm has allocated these patients to Bradford Teaching Hospitals as diagnosis information was also received from this trust. 												
Salford Royal NHS Foundation Trust: The trust initially thought the data completeness for PSA and Performance Status were too low and wished to check that the refreshed data submitted had been incorporated. NCRAS confirmed that this was the case.												
East Lancashire Hospitals NHS Trust: The trust were expecting 384 patients allocated, rather than 358. Further investigations showed:												
<ul style="list-style-type: none"> 13 patients were diagnosed outside of the audit period (due to differences in definitions) 5 patients had concurrent bladder cancer so excluded from the audit sample 1 patient had an error in recording of date of diagnosis and should have been included 10 patients were diagnosed at the trust, but the NCRAS trust of diagnosis algorithm has allocated these patients to Lancashire Teaching Hospitals as diagnosis information was also received from this trust. 												
Shrewsbury and Telford Hospital NHS Trust: The trust were expecting 606 patients allocated, rather than 519. Further investigations into the missing patients showed the majority were patients with Welsh addresses (NCRAS provides data for patients in England only) or having a diagnosis date that preceded the audit dates. 3 patients were assigned to a different diagnosing trust.												

Appendix 2: Provider level (specialist MDT) data for the performance indicators 1, 2 and 3.

Performance indicator 1: Proportion of men diagnosed with metastatic disease at first presentation.

Performance indicator 2: Proportion of men with low-risk localised prostate cancer undergoing radical prostate cancer therapy.

Performance indicator 3: Proportion of men with locally advanced disease receiving radical prostate cancer therapy.

Specialist MDT	No. of men with disease status determined	No. men diagnosed with metastatic disease		No. of men diagnosed with low-risk localised disease	No. men with low-risk localised disease receiving radical treatment		No. of men diagnosed with locally advanced disease	No. men with locally advanced disease receiving radical treatment	
		N	%		N	%		N	%
Overall	49027	6468	13.2	3055	146	4.8	19663	13971	71.1
Abertawe Bro Morgannwg University Health Board	905	106	11.7	17	2	12.0	318	160	53.5
Aneurin Bevan University Health Board	369	81	22.0	28	8	27.4	111	87	77.7
Barking, Havering and Redbridge University Hospitals NHS Trust	564	40	7.1	N/A	N/A	N/A	184	132	70.5
Barts Health NHS Trust	543	49	9.0	20	0	0.0	192	101	52.0
Betsi Cadwaladr University Health Board	711	74	10.4	51	9	17.0	271	193	73.8
Bradford Teaching Hospitals NHS Foundation Trust	860	124	14.4	40	1	2.5	399	269	67.0
Brighton and Sussex University Hospitals NHS Trust	802	107	13.3	16	0	0.0	357	217	58.1
Cambridge University Hospitals NHS Foundation Trust	1722	195	11.3	157	11	7.4	675	487	70.7
Cardiff and Vale University Health Board	709	74	10.4	107	14	12.1	187	141	78.8
East Kent Hospitals University NHS Foundation Trust	788	88	11.2	61	1	1.6	324	238	71.5
East and North Hertfordshire NHS Trust	1043	146	14.0	79	5	7.0	324	242	76.7
Gloucestershire Hospitals NHS Foundation Trust	773	99	12.8	20	1	5.8	333	244	70.2
Guy's and St Thomas' NHS Foundation Trust	1196	113	9.4	65	0	0.0	423	280	61.5
Hull University Teaching Hospitals NHS Trust	1315	194	14.8	131	1	0.8	575	444	76.0
Imperial College Healthcare NHS Trust	1077	123	11.4	56	0	0.0	396	264	66.4
Lancashire Teaching Hospitals NHS Foundation Trust	1190	206	17.3	35	5	14.8	551	402	75.3
Leeds Teaching Hospitals NHS Trust	780	123	15.8	68	0	0.0	346	246	69.9
Manchester University NHS Foundation Trust	914	134	14.7	99	1	0.9	359	260	75.2
Medway NHS Foundation Trust	1038	110	10.6	80	0	0.0	426	339	75.6
Mid Yorkshire Hospitals NHS Trust	423	78	18.4	31	2	6.2	177	134	74.9
Norfolk and Norwich University Hospitals NHS Foundation Trust	832	118	14.2	44	1	2.3	395	304	76.8
North Bristol NHS Trust	1780	224	12.6	140	8	5.5	679	452	69.0
Northampton General Hospital NHS Trust	635	60	9.4	28	1	3.4	207	128	61.3
Nottingham University Hospitals NHS Trust	835	129	15.4	58	0	0.0	309	225	71.0
Oxford University Hospitals NHS Foundation Trust	1234	151	12.2	92	0	0.0	482	299	59.1
Plymouth Hospitals NHS Trust	876	133	15.2	42	1	2.8	402	263	64.6
Portsmouth Hospitals NHS Trust	757	95	12.5	39	1	2.6	287	193	69.0

Specialist MDT	No. of men with disease status determined	No. men diagnosed with metastatic disease		No. of men diagnosed with low-risk localised disease	No. men with low-risk localised disease receiving radical treatment		No. of men diagnosed with locally advanced disease	No. men with locally advanced disease receiving radical treatment	
		N	%		N	%		N	%
Royal Berkshire NHS Foundation Trust	553	50	9.0	34	1	2.8	192	163	81.6
Royal Devon and Exeter NHS Foundation Trust	1469	202	13.8	105	1	0.9	630	469	76.2
Royal Liverpool and Broadgreen University Hospitals NHS Trust	878	139	15.8	57	1	1.8	403	282	69.8
Royal Surrey County Hospital NHS Foundation Trust	2354	268	11.4	103	13	12.8	984	761	78.3
Salford Royal NHS Foundation Trust	558	94	16.8	57	2	3.3	193	141	73.0
Sheffield Teaching Hospitals NHS Foundation Trust	1635	261	16.0	64	2	3.2	711	526	75.8
South Tees Hospitals NHS Foundation Trust	675	124	18.4	68	2	2.8	243	183	79.8
South Tyneside and Sunderland NHS Foundation Trust	664	110	16.6	42	0	0.0	321	222	67.9
Southend University Hospital NHS Foundation Trust	1886	259	13.7	118	17	15.6	710	510	72.9
Stockport NHS Foundation Trust	847	118	13.9	48	3	6.5	336	253	76.2
The Christie NHS Foundation Trust	N/A	N/A	N/A	10	0	0.0	12	5	38.5
The Newcastle upon Tyne Hospitals NHS Foundation Trust	1183	199	16.8	122	0	0.0	509	367	70.1
The Princess Alexandra Hospital NHS Trust	411	44	10.7	36	1	2.6	140	83	61.1
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	944	106	11.2	62	0	0.0	416	285	70.5
The Royal Marsden NHS Foundation Trust	1203	126	10.5	60	1	1.7	444	342	76.2
University College London Hospitals NHS Foundation Trust	983	72	7.3	22	0	0.0	371	248	63.8
University Hospital Southampton NHS Foundation Trust	806	87	10.8	47	3	6.3	352	243	70.4
University Hospitals Birmingham NHS Foundation Trust	1331	175	13.1	80	10	13.1	482	349	73.8
University Hospitals Coventry and Warwickshire NHS Trust	1358	153	11.3	105	6	5.8	567	391	69.0
University Hospitals of Derby and Burton NHS Foundation Trust	776	118	15.2	39	0	0.0	361	244	69.6
University Hospitals of Leicester NHS Trust	1316	217	16.5	83	2	2.5	484	339	69.4
University Hospitals of North Midlands NHS Trust	1800	268	14.9	51	1	2.1	782	585	74.6
Wirral University Teaching Hospital NHS Foundation Trust	726	104	14.3	38	7	18.0	331	236	74.6

Appendix 3: Provider level (specialist MDT) data for performance indicator 4

Performance indicator 4: Proportion of men with newly diagnosed metastatic disease who receive docetaxel in combination with ADT.

Specialist MDT	No. men with M1	No. men who received docetaxel	Adjusted rate (%)
Overall	6136	2181	35.5
Barking, Havering and Redbridge University Hospitals NHS Trust	40	16	31.4
Barts Health NHS Trust	49	21	37.6
Bradford Teaching Hospitals NHS Foundation Trust	124	37	28.4
Brighton and Sussex University Hospitals NHS Trust	107	38	31.8
Cambridge University Hospitals NHS Foundation Trust	195	61	29.9
East Kent Hospitals University NHS Foundation Trust	88	37	40.2
East and North Hertfordshire NHS Trust	146	59	38.7
Gloucestershire Hospitals NHS Foundation Trust	99	38	38.7
Guy's and St Thomas' NHS Foundation Trust	113	43	38.6
Hull University Teaching Hospitals NHS Trust	194	60	34.8
Imperial College Healthcare NHS Trust	123	41	34.3
Lancashire Teaching Hospitals NHS Foundation Trust	206	75	36.4
Leeds Teaching Hospitals NHS Trust	123	50	42.3
Manchester University NHS Foundation Trust	134	43	30.7
Medway NHS Foundation Trust	110	32	27.9
Mid Yorkshire Hospitals NHS Trust	78	30	41.7
Norfolk and Norwich University Hospitals NHS Foundation Trust	118	41	33.9
North Bristol NHS Trust	224	78	32.4
Northampton General Hospital NHS Trust	60	19	27.3
Nottingham University Hospitals NHS Trust	129	43	35.4
Oxford University Hospitals NHS Foundation Trust	151	64	38.1
Plymouth Hospitals NHS Trust	133	46	36.2
Portsmouth Hospitals NHS Trust	95	29	34.4
Royal Berkshire NHS Foundation Trust	50	14	25.7
Royal Devon and Exeter NHS Foundation Trust	202	71	38.5
Royal Liverpool and Broadgreen University Hospitals NHS Trust	139	41	31.2
Royal Surrey County Hospital NHS Foundation Trust	268	94	33.4
Salford Royal NHS Foundation Trust	94	32	29.0

/Appendix 3 continued

Specialist MDT	No. men with M1	No. men who received docetaxel	Adjusted rate (%)
Sheffield Teaching Hospitals NHS Foundation Trust	261	107	42.6
South Tees Hospitals NHS Foundation Trust	124	51	43.0
South Tyneside and Sunderland NHS Foundation Trust	110	38	34.2
Southend University Hospital NHS Foundation Trust	259	84	37.3
Stockport NHS Foundation Trust	118	46	38.1
The Christie NHS Foundation Trust	3	0	0.0
The Newcastle upon Tyne Hospitals NHS Foundation Trust	199	63	29.6
The Princess Alexandra Hospital NHS Trust	44	17	47.1
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	106	46	38.8
The Royal Marsden NHS Foundation Trust	126	42	33.2
University College London Hospitals NHS Foundation Trust	72	21	28.8
University Hospital Southampton NHS Foundation Trust	87	35	35.6
University Hospitals Birmingham NHS Foundation Trust	175	76	44.5
University Hospitals Coventry and Warwickshire NHS Trust	153	65	46.4
University Hospitals of Derby and Burton NHS Foundation Trust	118	50	44.4
University Hospitals of Leicester NHS Trust	217	74	33.1
University Hospitals of North Midlands NHS Trust	268	81	32.2
Wirral University Teaching Hospital NHS Foundation Trust	104	32	35.7

Appendix 4: Provider level (specialist MDT) data for performance indicators 6 & 7

Performance indicator 6: Proportion of patients who were given the name of a clinical nurse specialist.

Performance indicator 7: Proportion of patients rating their overall care as at least 8 out of 10.

Specialist MDT	Prostate cancer diagnoses by sMDT (N)	No. of men who responded (N)	Response rate (%)	No. of men who completed 'CNS' question (N)	No. of men who were 'given the name of a CNS'		No. of men who completed 'overall rating of care' question (N)	No. of men who rated their overall care as 8 or above	
					N	%		N	%
Overall	10750	8356	78	8137	7045	87	7878	7178	91
Abertawe Bro Morgannwg University Health Board	185	147	79	143	133	93	132	122	92
Aneurin Bevan University Health Board	51	40	78	38	32	84	36	29	81
Barking, Havering and Redbridge University Hospitals NHS Trust	154	103	67	98	82	84	93	87	94
Barts Health NHS Trust	97	66	68	65	56	86	61	55	90
Betsi Cadwaladr University Health Board	51	41	80	41	34	83	39	37	95
Bradford Teaching Hospitals NHS Foundation Trust	216	175	81	172	154	90	164	142	87
Brighton and Sussex University Hospitals NHS Trust	149	118	79	118	102	86	111	105	95
Cambridge University Hospitals NHS Foundation Trust	414	327	79	315	276	88	307	281	92
Cardiff and Vale University Health Board	105	84	80	82	74	90	79	72	91
East Kent Hospitals University NHS Foundation Trust	193	149	77	144	125	87	141	135	96
East and North Hertfordshire NHS Trust	200	159	80	159	127	80	150	136	91
Gloucestershire Hospitals NHS Foundation Trust	215	166	77	163	149	91	152	132	87
Guy's and St Thomas' NHS Foundation Trust	251	158	63	153	123	80	147	130	88
Hull University Teaching Hospitals NHS Trust	280	228	81	220	161	73	220	200	91
Imperial College Healthcare NHS Trust	248	166	67	161	129	80	156	136	87
Lancashire Teaching Hospitals NHS Foundation Trust	318	250	79	243	226	93	228	208	91
Leeds Teaching Hospitals NHS Trust	151	123	81	122	110	90	118	108	92
Manchester University NHS Foundation Trust	147	107	73	103	91	88	102	92	90
Medway NHS Foundation Trust	246	188	76	187	162	87	178	163	92
Mid Yorkshire Hospitals NHS Trust	94	79	84	76	65	86	76	69	91
Norfolk and Norwich University Hospitals NHS Foundation Trust	215	173	80	169	136	80	162	144	89
North Bristol NHS Trust	358	270	75	260	233	90	255	240	94
Northampton General Hospital NHS Trust	113	85	75	85	74	87	79	72	91
Nottingham University Hospitals NHS Trust	201	161	80	157	133	85	152	144	95
Oxford University Hospitals NHS Foundation Trust	272	220	81	217	175	81	204	186	91
Plymouth Hospitals NHS Trust	137	111	81	108	98	91	108	101	94

Specialist MDT	Prostate cancer diagnoses by sMDT (N)	No. of men who responded (N)	Response rate (%)	No. of men who completed 'CNS' question (N)	No. of men who were 'given the name of a CNS'		No. of men who completed 'overall rating of care' question (N)	No. of men who rated their overall care as 8 or above	
					N	%		N	%
Portsmouth Hospitals NHS Trust	152	116	76	116	97	84	111	99	89
Royal Berkshire NHS Foundation Trust	167	131	78	128	96	75	123	111	90
Royal Devon and Exeter NHS Foundation Trust	286	243	85	242	225	93	233	215	92
Royal Liverpool and Broadgreen University Hospitals NHS Trust	194	147	76	138	116	84	133	120	90
Royal Surrey County Hospital NHS Foundation Trust	614	483	79	468	404	86	450	414	92
Salford Royal NHS Foundation Trust	107	77	72	76	66	87	75	67	89
Sheffield Teaching Hospitals NHS Foundation Trust	391	319	82	310	271	87	307	279	91
South Tees Hospitals NHS Foundation Trust	161	125	78	124	114	92	123	115	93
South Tyneside and Sunderland NHS Foundation Trust	161	132	82	128	118	92	125	113	90
Southend University Hospital NHS Foundation Trust	403	302	75	292	260	89	285	264	93
Stockport NHS Foundation Trust	163	138	85	134	116	87	127	119	94
The Newcastle upon Tyne Hospitals NHS Foundation Trust	279	227	81	218	203	93	215	202	94
The Princess Alexandra Hospital NHS Trust	81	55	68	54	48	89	53	47	89
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	184	159	86	153	131	86	154	138	90
The Royal Marsden NHS Foundation Trust	294	205	70	199	176	88	194	177	91
University College London Hospitals NHS Foundation Trust	203	144	71	141	122	87	132	121	92
University Hospital Southampton NHS Foundation Trust	166	141	85	137	123	90	132	118	89
University Hospitals Birmingham NHS Foundation Trust	355	257	72	245	212	87	238	209	88
University Hospitals Coventry and Warwickshire NHS Trust	270	225	83	220	183	83	218	190	87
University Hospitals of Derby and Burton NHS Foundation Trust	195	152	78	146	124	85	145	138	95
University Hospitals of Leicester NHS Trust	247	205	83	204	165	81	199	179	90
University Hospitals of North Midlands NHS Trust	454	364	80	355	320	90	347	317	91
Wirral University Teaching Hospital NHS Foundation Trust	162	115	71	110	95	86	109	100	92

Appendix 5: Provider level (surgical centre) data for the performance indicator 8

Performance indicator 8: Proportion of patients who had an emergency readmission within 90 days of radical prostate cancer surgery.

Surgical centre	No. men who received radical prostatectomy	No. men who had an emergency readmission within 90 days of RP	Adjusted rate (%)
Overall	9153	1245	13.6
Abertawe Bro Morgannwg University Health Board	21	5	25.3
Aneurin Bevan University Health Board	49	4	8.2
Betsi Cadwaladr University Health Board	22	0	0.0
Bradford Teaching Hospitals NHS Foundation Trust	196	51	25.4
Buckinghamshire Healthcare NHS Trust	85	9	10.2
Cambridge University Hospitals NHS Foundation Trust	243	18	7.4
Cardiff and Vale University Health Board	117	13	11.3
East Kent Hospitals University NHS Foundation Trust	232	48	20.1
East Lancashire Hospitals NHS Trust	128	17	13.4
East Sussex Healthcare NHS Trust	58	3	5.3
East and North Hertfordshire NHS Trust	236	33	14.9
Gloucestershire Hospitals NHS Foundation Trust	153	22	14.2
Guy's and St Thomas' NHS Foundation Trust	301	21	7.1
Hull University Teaching Hospitals NHS Trust	232	19	8.1
Imperial College Healthcare NHS Trust	150	17	11.6
Lancashire Teaching Hospitals NHS Foundation Trust	107	20	19.0
Leeds Teaching Hospitals NHS Trust	158	15	9.1
Manchester University NHS Foundation Trust	26	4	14.7
Medway NHS Foundation Trust	203	32	15.6
Mid Essex Hospital Services NHS Trust	53	4	7.8
Mid Yorkshire Hospitals NHS Trust	83	19	22.2
Norfolk and Norwich University Hospitals NHS Foundation Trust	202	36	17.6
North Bristol NHS Trust	359	51	14.1
Nottingham University Hospitals NHS Trust	144	19	13.5
Oxford University Hospitals NHS Foundation Trust	201	19	9.7
Plymouth Hospitals NHS Trust	149	14	9.1
Portsmouth Hospitals NHS Trust	127	19	15.2
Royal Berkshire NHS Foundation Trust	210	40	19.5

/Appendix 5 continued

Surgical centre	No. men who received radical prostatectomy	No. men who had an emergency readmission within 90 days of RP	Adjusted rate (%)
Royal Devon and Exeter NHS Foundation Trust	260	38	14.5
Royal Liverpool and Broadgreen University Hospitals NHS Trust	160	10	6.2
Royal Surrey County Hospital NHS Foundation Trust	382	44	11.7
Royal United Hospital Bath NHS Foundation Trust	68	9	13.8
Sheffield Teaching Hospitals NHS Foundation Trust	323	34	10.5
Shrewsbury and Telford Hospital NHS Trust	78	16	20.3
South Tees Hospitals NHS Foundation Trust	153	31	20.4
South Tyneside and Sunderland NHS Foundation Trust	113	16	13.8
Southend University Hospital NHS Foundation Trust	91	11	11.6
St George's University Hospitals NHS Foundation Trust	160	12	7.4
Stockport NHS Foundation Trust	177	12	6.9
The Christie NHS Foundation Trust	168	24	14.7
The Newcastle upon Tyne Hospitals NHS Foundation Trust	233	22	9.4
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	167	22	13.4
The Royal Marsden NHS Foundation Trust	218	21	9.9
The Royal Wolverhampton NHS Trust	188	27	14.6
University College London Hospitals NHS Foundation Trust	691	52	7.4
University Hospital Southampton NHS Foundation Trust	259	30	11.2
University Hospitals Birmingham NHS Foundation Trust	250	52	20.6
University Hospitals Coventry and Warwickshire NHS Trust	170	35	20.8
University Hospitals of Derby and Burton NHS Foundation Trust	150	21	14.3
University Hospitals of Leicester NHS Trust	180	27	15.4
University Hospitals of North Midlands NHS Trust	67	12	17.9
Wirral University Teaching Hospital NHS Foundation Trust	97	12	12.7
Worcestershire Acute Hospitals NHS Trust	105	25	22.9

Appendix 6: Provider level (surgical centre) data for the performance indicator 9

Performance indicator 9: Proportion of patients experiencing at least one genitourinary (GU) complication within 2 years of radical prostatectomy.

Surgical centre	No. men who received RP	No. men who experienced at least one GU complication	Adjusted rate (%)
Overall	5842	523	8.9
Abertawe Bro Morgannwg University Health Board	37	4	10.9
Aneurin Bevan University Health Board	22	2	9.4
Betsi Cadwaladr University Health Board	26	2	7.6
Bradford Teaching Hospitals NHS Foundation Trust	118	10	8.6
Buckinghamshire Healthcare NHS Trust	42	4	8.9
Cambridge University Hospitals NHS Foundation Trust	164	11	7.0
Cardiff and Vale University Health Board	123	11	9.1
East Kent Hospitals University NHS Foundation Trust	178	23	12.7
East Lancashire Hospitals NHS Trust	64	15	23.1
East Suffolk and North Essex NHS Foundation Trust	71	14	19.4
East Sussex Healthcare NHS Trust	74	3	4.1
East and North Hertfordshire NHS Trust	147	16	10.9
Gloucestershire Hospitals NHS Foundation Trust	112	25	21.8
Guy's and St Thomas' NHS Foundation Trust	211	5	2.4
Hull University Teaching Hospitals NHS Trust	122	17	13.7
Imperial College Healthcare NHS Trust	100	6	6.3
Lancashire Teaching Hospitals NHS Foundation Trust	74	9	11.6
Leeds Teaching Hospitals NHS Trust	94	3	3.2
Manchester University NHS Foundation Trust	21	0	0.0
Medway NHS Foundation Trust	111	13	11.9
Mid Yorkshire Hospitals NHS Trust	58	8	13.2
Norfolk and Norwich University Hospitals NHS Foundation Trust	132	7	5.3
North Bristol NHS Trust	193	13	6.6
Nottingham University Hospitals NHS Trust	63	4	6.4
Oxford University Hospitals NHS Foundation Trust	140	18	13.0
Plymouth Hospitals NHS Trust	61	4	6.5
Portsmouth Hospitals NHS Trust	91	1	1.1
Royal Berkshire NHS Foundation Trust	118	14	12.0

/Appendix 6 continued

Surgical centre	No. men who received RP	No. men who experienced at least one GU complication	Adjusted rate (%)
Royal Devon and Exeter NHS Foundation Trust	134	7	5.3
Royal Liverpool and Broadgreen University Hospitals NHS Trust	98	4	4.3
Royal Surrey County Hospital NHS Foundation Trust	229	18	7.7
Royal United Hospital Bath NHS Foundation Trust	37	9	23.7
Sheffield Teaching Hospitals NHS Foundation Trust	208	13	6.2
Shrewsbury and Telford Hospital NHS Trust	54	10	18.8
South Tees Hospitals NHS Foundation Trust	74	0	0.0
South Tyneside and Sunderland NHS Foundation Trust	73	9	12.7
Southend University Hospital NHS Foundation Trust	51	8	14.7
St George's University Hospitals NHS Foundation Trust	109	11	10.6
Stockport NHS Foundation Trust	99	8	7.7
The Christie NHS Foundation Trust	76	8	10.9
The Newcastle upon Tyne Hospitals NHS Foundation Trust	135	17	12.3
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	111	7	6.4
The Royal Marsden NHS Foundation Trust	150	15	10.2
The Royal Wolverhampton NHS Trust	120	4	3.5
United Lincolnshire Hospitals NHS Trust	11	2	18.2
University College London Hospitals NHS Foundation Trust	404	19	4.7
University Hospital Southampton NHS Foundation Trust	137	6	4.2
University Hospitals Birmingham NHS Foundation Trust	207	10	4.8
University Hospitals Coventry and Warwickshire NHS Trust	132	8	6.0
University Hospitals of Derby and Burton NHS Foundation Trust	111	20	17.6
University Hospitals of Leicester NHS Trust	102	6	6.0
University Hospitals of North Midlands NHS Trust	50	7	14.3
Wirral University Teaching Hospital NHS Foundation Trust	77	13	17.0
Worcestershire Acute Hospitals NHS Trust	86	13	14.9

Appendix 7: Provider level (radiotherapy centre) data for the performance indicator 10

Performance indicator 10: Proportion of patients experiencing at least one gastrointestinal (GI) complication within 2 years of radical external beam radiotherapy.

Radiotherapy centre	No. men who received RT	No. men who experienced at least one GI complication	Adjusted rate (%)
Overall	11683	1320	11.3
Abertawe Bro Morgannwg University Health Board	163	20	12.5
Barking, Havering and Redbridge University Hospitals NHS Trust	151	25	16.5
Barts Health NHS Trust	103	14	13.8
Betsi Cadwaladr University Health Board	170	15	8.8
Brighton and Sussex University Hospitals NHS Trust	282	16	5.7
Cambridge University Hospitals NHS Foundation Trust	317	41	13.3
East Suffolk and North Essex NHS Foundation Trust	325	36	11.0
East and North Hertfordshire NHS Trust	400	55	13.7
Gloucestershire Hospitals NHS Foundation Trust	181	23	12.9
Guy's and St Thomas' NHS Foundation Trust	281	47	16.8
Hampshire Hospitals NHS Foundation Trust	65	11	16.8
Hull University Teaching Hospitals NHS Trust	226	20	9.0
Imperial College Healthcare NHS Trust	183	22	12.1
Lancashire Teaching Hospitals NHS Foundation Trust	372	50	13.2
Leeds Teaching Hospitals NHS Trust	485	39	8.1
Maidstone and Tunbridge Wells NHS Trust	358	29	8.0
Norfolk and Norwich University Hospitals NHS Foundation Trust	290	71	24.8
North Cumbria Integrated Care NHS Foundation Trust	56	1	1.8
North Middlesex University Hospital NHS Trust	136	13	9.3
North West Anglia NHS Foundation Trust	138	7	5.1
Northampton General Hospital NHS Trust	112	16	14.6
Nottingham University Hospitals NHS Trust	244	33	13.7
Oxford University Hospitals NHS Foundation Trust	304	15	5.1
Plymouth Hospitals NHS Trust	53	5	9.3
Poole Hospital NHS Foundation Trust	200	14	7.1
Portsmouth Hospitals NHS Trust	235	39	16.6
Royal Berkshire NHS Foundation Trust	159	11	6.8
Royal Cornwall Hospitals NHS Trust	81	18	22.1

/Appendix 7 continued

Radiotherapy centre	No. men who received RT	No. men who experienced at least one GI complication	Adjusted rate (%)
Royal Devon and Exeter NHS Foundation Trust	164	19	11.5
Royal Free London NHS Foundation Trust	107	17	15.5
Royal Surrey County Hospital NHS Foundation Trust	354	59	16.7
Royal United Hospital Bath NHS Foundation Trust	122	6	5.0
Sheffield Teaching Hospitals NHS Foundation Trust	348	58	16.7
Shrewsbury and Telford Hospital NHS Trust	134	29	21.1
South Tees Hospitals NHS Foundation Trust	235	18	7.6
Southend University Hospital NHS Foundation Trust	115	15	13.1
Taunton and Somerset NHS Foundation Trust	109	7	6.4
The Christie NHS Foundation Trust	517	76	14.6
The Clatterbridge Cancer Centre NHS Foundation Trust	436	25	5.6
The Newcastle upon Tyne Hospitals NHS Foundation Trust	204	13	6.4
The Royal Marsden NHS Foundation Trust	295	35	11.8
The Royal Wolverhampton NHS Trust	221	19	8.6
Torbay and South Devon NHS Foundation Trust	68	10	14.6
United Lincolnshire Hospitals NHS Trust	182	18	9.7
University College London Hospitals NHS Foundation Trust	49	13	26.3
University Hospital Southampton NHS Foundation Trust	128	16	12.5
University Hospitals Birmingham NHS Foundation Trust	433	29	6.7
University Hospitals Bristol NHS Foundation Trust	130	11	8.3
University Hospitals Coventry and Warwickshire NHS Trust	187	20	10.9
University Hospitals of Derby and Burton NHS Foundation Trust	166	19	11.3
University Hospitals of Leicester NHS Trust	177	19	11.1
University Hospitals of North Midlands NHS Trust	202	25	12.4
Velindre Cancer Centre	364	25	6.7
Worcestershire Acute Hospitals NHS Trust	166	13	7.8

Appendix 8: Provider level (surgical centre) data for performance indicators 11 & 12

Performance indicator 11: Mean urinary incontinence score after radical prostatectomy.

Performance indicator 12: Mean sexual function score after radical prostatectomy.

Surgical centre	No. of men who received RP and were sent a questionnaire (N)	No. of men who responded (N)	Response rate (%)	EPIC-26 urinary incontinence score:		EPIC-26 sexual function score:	
				No. of men who completed sufficient info (N)	Mean score adjusted for age, comorbidities, cancer risk status and IMD	No. of men who completed sufficient info (N)	Mean score adjusted for age, comorbidities, cancer risk status and IMD
Overall	3545	2761	78	2667	72.8	2701	23.8
Aneurin Bevan University Health Board	18	15	83	15	54.9	14	9.3
Bradford Teaching Hospitals NHS Foundation Trust	83	68	82	67	78.7	67	20.4
Buckinghamshire Healthcare NHS Trust	32	29	91	28	69.4	28	18.7
Cambridge University Hospitals NHS Foundation Trust	96	77	80	75	78.7	76	28.4
Cardiff and Vale University Health Board	86	69	80	68	64.9	68	25.9
East Kent Hospitals University NHS Foundation Trust	103	75	73	69	75.4	73	33.9
East Lancashire Hospitals NHS Trust	48	38	79	37	72.9	38	24.3
East and North Hertfordshire NHS Trust	97	72	74	69	68.8	72	25.8
Gloucestershire Hospitals NHS Foundation Trust	57	45	79	45	73.2	45	14.0
Guy's and St Thomas' NHS Foundation Trust	115	67	58	65	79.7	65	36.7
Hull University Teaching Hospitals NHS Trust	96	78	81	75	80.5	78	34.1
Imperial College Healthcare NHS Trust	62	37	60	36	80.8	36	22.9
Lancashire Teaching Hospitals NHS Foundation Trust	35	25	71	23	69.8	25	16.9
Leeds Teaching Hospitals NHS Trust	69	56	81	54	69.4	54	29.6
Medway NHS Foundation Trust	80	65	81	65	73.0	63	21.6
Mid Essex Hospital Services NHS Trust	29	23	79	23	75.3	23	17.6
Mid Yorkshire Hospitals NHS Trust	34	26	76	25	74.3	24	14.6
Norfolk and Norwich University Hospitals NHS Foundation Trust	87	75	86	72	68.1	73	21.6
North Bristol NHS Trust	153	116	76	113	75.6	110	26.1
Nottingham University Hospitals NHS Trust	45	39	87	38	77.2	39	35.0
Oxford University Hospitals NHS Foundation Trust	91	73	80	71	74.6	73	28.3
Plymouth Hospitals NHS Trust	54	43	80	43	75.8	43	25.8
Portsmouth Hospitals NHS Trust	47	39	83	37	70.2	39	22.5
Royal Berkshire NHS Foundation Trust	88	68	77	67	70.1	67	21.4
Royal Devon and Exeter NHS Foundation Trust	91	74	81	70	75.4	71	28.2

Surgical centre	No. of men who received RP and were sent a questionnaire (N)	No. of men who responded (N)	Response rate (%)	EPIC-26 urinary incontinence score:		EPIC-26 sexual function score:	
				No. of men who completed sufficient info (N)	Mean score adjusted for age, comorbidities, cancer risk status and IMD	No. of men who completed sufficient info (N)	Mean score adjusted for age, comorbidities, cancer risk status and IMD
Royal Liverpool and Broadgreen University Hospitals NHS Trust	77	63	82	63	73.4	63	25.5
Royal Surrey County Hospital NHS Foundation Trust	140	111	79	108	68.6	109	25.2
Royal United Hospital Bath NHS Foundation Trust	17	15	88	15	84.6	15	29.1
Sheffield Teaching Hospitals NHS Foundation Trust	133	111	83	107	67.5	110	17.4
Shrewsbury and Telford Hospital NHS Trust	36	29	81	28	71.9	29	15.4
South Tees Hospitals NHS Foundation Trust	55	47	85	45	65.6	44	24.4
South Tyneside and Sunderland NHS Foundation Trust	47	39	83	35	71.7	38	28.9
Southend University Hospital NHS Foundation Trust	33	24	73	22	75.5	24	22.5
St George's University Hospitals NHS Foundation Trust	64	39	61	38	66.1	39	34.6
Stockport NHS Foundation Trust	68	55	81	52	72.7	54	34.4
The Christie NHS Foundation Trust	56	39	70	37	74.8	38	17.3
The Newcastle upon Tyne Hospitals NHS Foundation Trust	85	77	91	72	69.6	76	28.5
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	59	52	88	51	74.9	51	25.7
The Royal Marsden NHS Foundation Trust	66	53	80	52	79.2	52	30.0
The Royal Wolverhampton NHS Trust	64	51	80	50	70.6	49	26.7
University College London Hospitals NHS Foundation Trust	246	166	67	154	76.6	159	28.3
University Hospital Southampton NHS Foundation Trust	101	90	89	86	73.3	89	28.0
University Hospitals Birmingham NHS Foundation Trust	105	74	70	73	61.9	72	15.7
University Hospitals Coventry and Warwickshire NHS Trust	65	52	80	49	70.4	50	20.2
University Hospitals of Derby and Burton NHS Foundation Trust	52	43	83	43	74.9	42	18.7
University Hospitals of Leicester NHS Trust	74	55	74	55	74.6	54	10.8
University Hospitals of North Midlands NHS Trust	27	21	78	21	76.2	20	14.5
Wirral University Teaching Hospital NHS Foundation Trust	38	27	71	27	72.3	25	21.3
Worcestershire Acute Hospitals NHS Trust	41	36	88	34	71.1	35	17.8

Appendix 9: Provider level (RT centre) data for performance indicators 13 & 14

Performance indicator 13: Mean bowel function score after radical radiotherapy.

Performance indicator 14: Mean sexual function score after radical radiotherapy.

Radiotherapy centre	No. of men who received RT and were sent a questionnaire (N)	No. of men who responded (N)	Response rate (%)	EPIC-26 bowel function score:		EPIC-26 sexual function score:	
				No. of men who completed sufficient info (N)	Mean score adjusted for age, comorbidities, cancer risk status and IMD	No. of men who completed sufficient info (N)	Mean score adjusted for age, comorbidities, cancer risk status and IMD
Overall	7107	5521	78	4875	85.2	5070	18.2
Abertawe Bro Morgannwg University Health Board	87	71	82	64	87.3	61	20.7
Barking, Havering and Redbridge University Hospitals NHS Trust	93	62	67	52	82.1	53	14.1
Barts Health NHS Trust	55	40	73	35	79.1	38	21.4
Betsi Cadwaladr University Health Board	28	23	82	18	88.0	20	14.5
Brighton and Sussex University Hospitals NHS Trust	196	154	79	140	86.6	147	19.1
Cambridge University Hospitals NHS Foundation Trust	188	154	82	139	87.7	142	17.1
East Suffolk and North Essex NHS Foundation Trust	215	167	78	149	86.2	156	24.2
East and North Hertfordshire NHS Trust	212	166	78	142	81.4	146	22.4
Gloucestershire Hospitals NHS Foundation Trust	156	121	78	105	80.0	105	16.1
Guy's and St Thomas' NHS Foundation Trust	145	97	67	85	80.2	89	17.4
Hampshire Hospitals NHS Foundation Trust	52	43	83	39	88.9	40	23.6
Hull University Teaching Hospitals NHS Trust	131	102	78	96	82.9	94	12.8
Imperial College Healthcare NHS Trust	84	56	67	49	90.4	48	20.3
Lancashire Teaching Hospitals NHS Foundation Trust	227	182	80	172	85.3	170	18.6
Leeds Teaching Hospitals NHS Trust	321	267	83	238	86.6	248	22.2
Maidstone and Tunbridge Wells NHS Trust	246	189	77	165	84.6	172	18.9
Norfolk and Norwich University Hospitals NHS Foundation Trust	159	123	77	102	87.0	113	19.5
North Cumbria Integrated Care NHS Foundation Trust	41	31	76	29	80.3	30	17.4
North Middlesex University Hospital NHS Trust	85	60	71	48	86.7	50	16.0
North West Anglia NHS Foundation Trust	128	96	75	85	88.9	90	21.4
Northampton General Hospital NHS Trust	84	64	76	60	83.9	60	14.9
Nottingham University Hospitals NHS Trust	159	125	79	115	85.2	112	17.0
Oxford University Hospitals NHS Foundation Trust	162	128	79	119	83.2	122	18.3
Poole Hospital NHS Foundation Trust	135	115	85	101	85.8	112	19.4
Portsmouth Hospitals NHS Trust	171	132	77	119	82.0	122	16.0
Royal Berkshire NHS Foundation Trust	152	122	80	108	88.2	113	20.0
Royal Cornwall Hospitals NHS Trust	52	41	79	38	85.5	39	17.8

Radiotherapy centre	No. of men who received RT and were sent a questionnaire (N)	No. of men who responded (N)	Response rate (%)	EPIC-26 bowel function score:		EPIC-26 sexual function score:	
				No. of men who completed sufficient info (N)	Mean score adjusted for age, comorbidities, cancer risk status and IMD	No. of men who completed sufficient info (N)	Mean score adjusted for age, comorbidities, cancer risk status and IMD
Royal Devon and Exeter NHS Foundation Trust	107	97	91	83	82.4	89	16.3
Royal Free London NHS Foundation Trust	45	27	60	23	83.4	27	20.6
Royal Surrey County Hospital NHS Foundation Trust	200	152	76	139	88.5	142	18.4
Royal United Hospital Bath NHS Foundation Trust	66	52	79	48	87.5	43	19.6
Sheffield Teaching Hospitals NHS Foundation Trust	257	210	82	180	80.5	193	15.3
Shrewsbury and Telford Hospital NHS Trust	103	90	87	82	83.1	79	18.3
South Tees Hospitals NHS Foundation Trust	153	119	78	107	86.8	108	20.4
Southend University Hospital NHS Foundation Trust	81	54	67	48	83.3	49	17.3
Taunton and Somerset NHS Foundation Trust	65	54	83	49	86.9	52	26.1
The Christie NHS Foundation Trust	301	232	77	197	81.0	218	17.9
The Clatterbridge Cancer Centre NHS Foundation Trust	242	173	71	146	88.4	158	22.5
The Newcastle upon Tyne Hospitals NHS Foundation Trust	228	178	78	153	89.1	164	16.1
The Royal Marsden NHS Foundation Trust	188	134	71	119	88.3	123	21.4
The Royal Wolverhampton NHS Trust	153	119	78	99	82.8	114	10.9
Torbay and South Devon NHS Foundation Trust	39	30	77	24	87.7	28	20.2
United Lincolnshire Hospitals NHS Trust	90	79	88	68	81.7	72	19.7
University College London Hospitals NHS Foundation Trust	17	12	71	12	87.5	12	14.0
University Hospital Southampton NHS Foundation Trust	80	62	78	56	87.6	54	14.8
University Hospitals Birmingham NHS Foundation Trust	237	169	71	155	84.6	152	16.2
University Hospitals Bristol NHS Foundation Trust	109	80	73	65	90.1	75	15.1
University Hospitals Coventry and Warwickshire NHS Trust	61	52	85	50	85.1	52	17.9
University Hospitals of Derby and Burton NHS Foundation Trust	141	109	77	90	83.7	101	14.8
University Hospitals of Leicester NHS Trust	96	77	80	69	85.6	68	18.4
University Hospitals of North Midlands NHS Trust	95	76	80	68	82.7	68	11.4
Velindre Cancer Centre	96	74	77	60	86.5	67	25.3
Worcestershire Acute Hospitals NHS Trust	93	79	85	73	87.4	70	15.4

Introduction to the NPCA Outlier Process

Surgical and radiotherapy treatment centres outside the inner or outer funnel limits ('alerts' and 'alarms', respectively) for the adjusted treatment-related outcomes listed below were considered as potential outliers and were contacted, where necessary, according to the [NPCA Outlier Policy](#).

Performance indicator 8: The proportion of patients who had an emergency readmission within 90 days of radical prostatectomy.

Performance indicator 9: The proportion of patients experiencing at least one genitourinary (GU) complication requiring a procedural/surgical intervention within 2 years of radical prostatectomy.

Performance indicator 10: The proportion of patients receiving a procedure of the large bowel and a diagnosis indicating radiation toxicity (gastrointestinal [GI] complication) up to 2 years following radical prostate radiotherapy.

The NPCA team reviews the individual patient data returned by the treatment centres after they have carried out case reviews, to determine whether any patients need to be excluded from the analysis. This only happens if coding errors or misclassification of a patient's outcomes can be shown. Data not provided to the NPCA and limitations of case mix adjustment are not considered as these have been applied consistently across all providers.

A final determination of outlier status is made and if the 'alarm' outlier status is confirmed, the NPCA informs the CQC of their 'alarm' status. The responsible NHS Hospital Trust or Health Board is asked for a formal response to the findings, outlining the steps they will take for quality improvement.

If a treatment centre is confirmed to be an 'alert' outlier two years in a row, in keeping with the ['Detection and Management of Outliers for National Clinical Audit' guidance](#), the NPCA informs the CQC of their 'alert' status.

Several instances of coding inaccuracies within treatment centres have led to the misclassification of patients in the first analysis. Following NPCA review and discussion of data with the individual centre these misclassifications have been accepted as a reason for excluding these patients from the indicator analyses. The treatment centres with this type of erroneous classification had their data re-analysed and were each found not to be an 'alarm' outlier following correction. This was the case, this year, for treatment centres in the following Hospital Trusts or Boards:

Emergency Readmissions –

- Aneurin Bevan University Health Board
- Oxford University Hospitals NHS Foundation Trust
- University Hospitals of North Midlands NHS Trust

GU Complications –

- Worcestershire Acute Hospitals NHS Trust

These data quality issues are important to address as they are likely to be widespread, not just in those treatment centres that initially fell outside the limits this year. We urge all Hospital Trusts and Health Boards to examine their coding practices to ensure that admissions are coded appropriately and that follow-up episodes are accurately captured so that true improvement of the quality of care for men with prostate cancer can be pursued.

Noel Clarke *Urological Clinical Lead*
representing the British Association of Urological Surgeons

Heather Payne *Oncological Clinical Lead*
representing the British Uro-oncology Group

Responses from Trusts with a confirmed ‘case to answer’ during the NPCA Outlier Policy¹

Following identification as a true outlier each Trust was contacted by means of a letter to the MDT lead and Medical Director. The following trusts were contacted in relation to the following specific performance indicators:

Surgical centres

Performance indicator 8: *Proportion of patients who had an emergency readmission within 90 days of radical prostate cancer surgery.*

Bradford Teaching Hospitals NHS Foundation Trust

Performance indicator 9: *Proportion of patients experiencing at least one genitourinary (GU) complication requiring a procedural/surgical intervention within 2 years of radical prostatectomy.*

East Lancashire Hospitals NHS Trust

Gloucestershire Hospitals NHS Foundation Trust

Radiotherapy centres

Performance indicator 10: *Proportion of patients experiencing at least one severe gastrointestinal (GI) complication within 2 years of radical external beam radiotherapy (presented at the level of the radiotherapy centre).*

Norfolk & Norwich University Hospitals NHS Foundation Trust

¹ <https://www.npca.org.uk/resources/npca-outlier-policy-2020/>

Following notification of outlier status each trust was given the opportunity to review their individual data and check this against the NPCA data gathered from their hospital. The trust was then invited to respond by letter to the NPCA executive. The responses from individual outlier trusts in relation to their highlighted status are as follows:

Response from Bradford Teaching Hospitals NHS Foundation Trust

Performance indicator 8: *Proportion of patients who had an emergency readmission within 90 days of radical prostate cancer surgery.*

Response 1

Thank you for your letter dated the 28th of September 2020 regarding our potential outlier position in terms of 90 day re-admission rates for men undergoing radical prostatectomy between 1 April 2018 and 31 March 2019. As advised I contacted M/s Karen Graham, National Cancer Registration and Analysis Data Improvement Lead who kindly provided us the NHS numbers for our patients who were re-admitted to BTHFT. We have since had the opportunity to assess our patient records for this period, in particular, we have looked at the causes of re-admission in the 54 patients noted by the NPCA.

BTHFT (Bradford Teaching Hospitals NHS Foundation Trust) started the Robotic prostatectomy programme in late 2012 and we have since performed over 1200 cases. Our trust has been actively engaging with NPCA and have not previously been noted to be an outlier. In the period between 1 April 2018 and 31 March 2019 we had performed 223 Radical prostatectomies higher than the denominator of 196 noted by the NPCA. All of these were robotically assisted (RALP). During this period the majority of cases were performed by 3 surgeons Mr R Chahal, Mr R Singh and Mr C Molokwu. The first two of these surgeons have experience with over 500 radical prostatectomies each and Mr Molokwu with 100 case experience. Mr S Addla, a previous colleague, was the 4th surgeon who performed 5 cases in a locum capacity to cover a gap in service.

54 patients were noted to have been admitted in 90 days post prostatectomy. I have grouped the reasons for re-admissions to understand any patterns and suggested actions undertaken and plans going forward.

Presumed UTI: (12) The largest group of patients who re-attended were patients who had UTI (or possible UTI). They had presented after variable intervals after RALP. Six patients presented with urosepsis and required admission for intravenous antibiotics, of these, 2 were after trial without catheter (TWOC) and one after a cystogram. Four patients complained of testicular pain with no evidence of epididymitis and were empirically started on antibiotics without admission, another patient had peri-catheter ooze. A further patient had retention one day after his TWOC which was relieved by an in and out catheter and once again treated with antibiotics empirically.

Plan:

-We have changed our antibiotic prophylaxis from gentamycin (2mg/kg) and metronidazole to gentamycin and co-amoxiclav following discussion with the Microbiologist. This was implemented a year ago

-We have reinforced the need for and improved the strict pre-operative culturing of urine and now review those cultures prior to admission.

Pelvic Haematoma: (6) Six patients were admitted with abdominopelvic pain and CTs demonstrated pelvic haematomas. All these were managed with percutaneous drainage. In review of the operating notes it was noted that all these had descriptions of difficult surgery with high BMIs. I noted that none of these patients had "Rocco" stitches.

Action: "Rocco" stitches are now routinely performed by all 3 surgeons for all cases for over a year now. We expect the haematoma risks to decrease and an audit of this is planned and we would be happy to share the results.

Response from Bradford Teaching Hospitals NHS Foundation Trust

Performance indicator 8: *Proportion of patients who had an emergency readmission within 90 days of radical prostate cancer surgery.*

Lymphocele (5) Five patients were admitted with abdominopelvic pain and or fever and CTs demonstrated collections in relation to the areas of lymph node dissection. All these were managed with percutaneous drainage with or without antibiotics.

Action: Following discussions noted at the ERUS meeting last year on lymph node dissection we have modified our template for prostate cancer lymph node dissections to exclude the dissection lateral to the external Iliac. The symptomatic lymphocele rates will also be audited and again we would be happy to share the results when available.

Urinoma: (1) One patient developed significant pain and sepsis and was noted to have a urinoma which was drained. Catheter was kept in situ for several weeks until a cystogram showed no leak

Plan: No action as routine testing for water-tightness is assessed intra-operatively in all cases and we do not believe this is a recurring issue.

Abdominal and pelvic discomfort (7) Six patients were reviewed for complaints of excessive pain. Clinical evaluation and CT scans failed to identify any adequate explanation. Patients were managed with anti-inflammatories and on subsequent follow up no issues have been noted.

In a seventh patient CT suggested a small suspected leak of urine although no pelvic collection was noted. The patient was re-catheterised with a cystogram showing no further leak at 1 week.

Bowel complications (4)

-Patient 1: A patient who had previous gastro-jejunostomy required significant adhesiolysis to gain access at the time of RALP. He presented a week after discharge with high intestinal obstruction. He had a CT and surgical review. At laparotomy he was found to have dense adhesions at the site of the previous gastroenterostomy which were causing a kink in the efferent loop of the gastroenterostomy. The release of these adhesions relieved the obstruction. No bowel resection was necessary.

-Patient 2: During the prostatectomy he was noted to have adhesions of the sigmoid, possibly from a previous appendicectomy. These adhesions were released and the surgery was otherwise uneventful. 6 days post operatively the patient presented with signs of peritonitis. The CT scan and subsequent laparotomy by the surgical team confirmed a diverticular abscess and perforation. The surgeon noted that this was unrelated to the recent RALP and was consistent with diverticular perforation which was distant from the area of adhesiolysis.

- Patient 3: The Urologist noted significant adhesions of the sigmoid to the bladder which were likely due to severe diverticulitis. No fistulous connection was demonstrated with the bladder but the sigmoid was repaired in 2 layers where a small hole had been noted while taking it off the bladder. The patient was discharged but subsequently re-admitted 5 days post-operatively with abdominal pain and distension. He had a laparotomy which did not reveal any peritoneal contamination and the sigmoid stitches were noted to be intact. Due to significant inflammatory changes around the sigmoid on the CT scan the surgeon performed a loop colostomy.

Patient 4: He was admitted with diarrhoea post RALP and was found to have C difficile. He was treated with oral Vancomycin as per our Trust protocols.

Ureteric complication (1) The patient was undergoing a RALP with a posterior approach to the seminal vesicles. A "Hemolock" was applied which the urologist had thought would be the tip of the seminal vesical. Post op it was apparent on CT scan that the left lower ureter had a "Hemolock" across it. The patient had a nephrostomy placed and 6 weeks later had a left ureteric re-implantation performed.

Action: Team reflection on this complication: particular care to be taken in posterior dissections to not dissect laterally beyond the seminal vesicle and apply clips on the surface of the tip rather than laterally

N.B: for the last 2.5 years all 3 surgeons perform an initial posterior dissection to release the seminal vesicles prior to dropping the bladder. No other case of ureteric injury has been noted

Suspected Thrombosis/Thromboembolism (2) One patient presented with shortness of breath after RALP. A CTPA ruled out Pulmonary embolism. A second patient complained of calf pain and had a Doppler which ruled out a DVT

Catheter problems (2) Two patients were assessed in the Surgical Assessment Unit (SAU) for blocked catheters. In the first the blockage had already relieved at time of review. In the second patient the blockage was relieved with a simple washout of a small clot in the catheter.

Please note that the only area for urgent clinical review of patients at our Trust is the Surgical Assessment Unit; this sometimes leads to patients coming for acute review being counted as "admitted".

Response from Bradford Teaching Hospitals NHS Foundation Trust

Performance indicator 8: *Proportion of patients who had an emergency readmission within 90 days of radical prostate cancer surgery.*

Drain review (5) and lost drain (1) Following lymph node dissection an increased drain output is often noted. The ward staff routinely send drain fluid for chemical analysis on the first post-operative day and if this is consistent with lymph the instructions are to remove the drains. On weekends there were occasions where this process did not work. Patients were discharged with drains and brought in a few days later for removal – this was consistent with historic practice that persisted on occasion. These 5 have all been recorded as re-admissions when they returned for drain removal.

In one patient the staff whilst removing the drain inadvertently cut the drain itself which retracted into the abdomen. Patient required a laparoscopic removal of the cut end of drain

Action: Staff education

Wound complications (2) One patient was worried about a slight ooze noted from a port site, this had settled without any action. A second patient had wound infection and was treated with antibiotics. We do not feel this is a significant problem our case series.

Scrotal oedema and pain (2) One patient was reviewed for scrotal oedema and was reassured. A second patient complained of scrotal pain but no abnormality was noted and he was also reassured.

Action: We have improved education of our patients about the possibility of scrotal oedema after discharge and what signs or symptoms might warrant review.

Symphysis (1) Patient complained of significant pain and tenderness in the area of the symphysis. CT showed significant inflammation around symphysis with no collection. He was managed with anti-inflammatory drugs.

No Action

Cystogram (1) No re-admission record. There were several other patients with cystograms but none had been recorded as a re-admission.

No readmission recorded for patients (2) Of 2 patient details provided by NPCA we have not found any record of re-admission.

Summary:

Of the 54 readmissions noted by NPCA we did not find any evidence of readmission in 3 patients. Of the remaining 51, 5 were patients who attended our ward for review of the drain outputs. We do not believe these should be regarded as re-admissions for complications. We have reinforced the current protocols for fluid analysis and drain removal prior to discharge.

A further 12 patients were assessed in the SAU by the team for minor complaints related to catheters, wound issues, scrotal issues and suspected UTIs. These patients were reviewed and reassured and a small number given oral antibiotics. All these 12 patients were sent home the same day after review without requiring admission.

A further 6 patients required an overnight stay often awaiting a senior review or imaging to confirm absence of any serious complications.

Discussion:

We are grateful that this issue has been raised and the review has given us an opportunity to scrutinise our practise.

We examined the records for all patients who were seemingly re-admitted within 90 days of their surgery. It was apparent that there were patterns for the reasons for re-admission. As noted above the largest group were patients who attended for urinary tract infections. Our protocol requires that patients have MSUs performed routinely at pre-assessment and the results are checked by the operating surgeon. Unfortunately this was not strictly implemented at the time, with reliance on patient symptoms and a urine dipstick in the morning of surgery.

Now the team are aware that pre-operative MSUs should be performed in every case. Our peri-operative antibiotic prophylaxis has also since been modified following discussion with the microbiologist to replace gentamycin and metronidazole with gentamycin and co-amoxiclav as a single dose. The ward staff are asked to give gentamycin at TWOC. In most patients a clear cystogram results in TWOC on the same day but occasionally due to the late timing of the cystogram these may be on different days. We have informed the TWOC team that antibiotic cover should be routinely prescribed to prevent any sepsis.

Response from Bradford Teaching Hospitals NHS Foundation Trust

Performance indicator 8: *Proportion of patients who had an emergency readmission within 90 days of radical prostate cancer surgery.*

The serious bowel complications were due to pre-existing conditions and it is not entirely clear if these were a direct consequence of the radical prostatectomy itself. Severe diverticulitis in one case and an incidental diverticular perforation resulted in laparotomy and colostomy in both these cases. The colorectal surgeon specifically noted that these were not related to any direct injury inflicted during the prostatectomy. A third patient developed high intestinal obstruction due to efferent loop obstruction of a gastro-jejunostomy due to adhesions and a kinking. Although not directly due to a surgical injury in all 3 cases the time-line suggests that these were possibly precipitated by the recent surgery. None of these patients had symptoms or signs on pre-operative imaging to suggest these issues were manifest at the time or were likely to occur.

The next group of complications relates to pelvic haematomas post prostatectomy. The surgery is performed at Intra-abdominal pressures of 10-12mm. All 3 surgeons routinely lower the intra-abdominal pressure to 6mm towards the end of the surgery to ensure no oozing. Operative notes for all these cases suggested difficult dissections, high BMIs and no "Rocco" stitches were placed. All 3 surgeons now routinely perform "Rocco" stitches and this practise will hopefully decrease the risk of this complication.

Five patients developed symptomatic lymphocoeles necessitating drainage. Our templates for lymph-node dissection were similar for bladder and prostate cancer in this period. There is some suggestion that dissection lateral to the iliac vessels may not be beneficial in prostate cancer dissections and results in a higher incidence of lymphocoeles. We have now altered our templates and will be auditing our practise to assess a decrease.

One patient had a Hemolock placed across the lower end on the left ureter whilst performing a posterior approach for the release of seminal vesicles. The surgeon clearly applied the Hemolock more laterally than intended assuming it was being placed at the tip of the vesicle. Particular care is taken to avoid a similar complication by staying close to the surface of the tip of the vesicle.

In our practise we encourage patients to have a low threshold for seeking advice and attending for a review by the urology team. This is to avoid review by less experienced staff in primary care or district nursing teams which are often considered the first port of call by patients. This has resulted in rapid experienced reviews and often simple reassurances which can allay anxiety for patients - particularly concerns about wounds or catheters.

The prompt review does sometimes result in the event being registered as an admission but we do not regard these as complications. If we exclude these 20 cases where either no admission was recorded (3), drain reviews were performed (5) or review and reassurance provided without overnight admission (12) our 90 day re-admission rates are 34 of 223 (15.2%) cases that we have recorded for this period. This is very similar to the average of 14% 90-days re-admission rates recorded nationally and this is despite having an 8% higher rate of locally advanced prostate cancers (56% v 48% nationally) in our patient population.

In conclusion we appreciate the NPCA providing us an opportunity to clarify the reasons for a higher 90d re-admission rate reported. We have identified several issues for which remedial actions have been initiated to mitigate these risks. We also feel that if account is taken of the day reviews for patients the risks are in keeping with the national average.

We are happy to provide any further clarifications and will continue to engage constructively with the NPCA.

Response 2

Thank you for your letter highlighting our potential outlier status for re-admissions after radical prostatectomy. We welcome the review and the opportunity to re-examine our outcomes after robotic prostatectomy.

We acknowledge and accept the results of the audit. We feel many of the reported re-admissions are a result of recording errors, with patients presenting (often as a planned attendance) for clinical review. We are working with our data teams to address this

Our Urology department has also made some changes to reduce the incidence of some complications that have led to some 'real' re-admissions, including a change in our peri-operative antibiotic prophylaxis and the use of reinforcing sutures ('Rocco' stitch). We are continuing to monitor the outcomes to confirm this is reducing post-operative infections and haematomas.

Response from East Lancashire Hospitals NHS Trust

Performance indicator 9: Proportion of patients experiencing at least one genitourinary (GU) complication requiring a procedural/surgical intervention within 2 years of radical prostatectomy.

Thank you for informing us that ELHT is an outlier in the NPCA with respect to patients experiencing at least one severe genitourinary tract complication within 2 years of radical prostatectomy.

This was clearly very disappointing for us to discover as a Trust and consequently we have looked in detail into our data. We were aware of some complications as a result of our ongoing internal audit process. Changes to practice have already been made in terms of use and positioning of clips and bladder neck anastomosis.

Having reviewed our internal audit data with that of the NPCA there were 83 cases recorded locally, compared to, 64 with the NPCA. We assume this is down to a coding / data issue with HES and we are in the process of looking into this internally. Incorporating these extra cases into the total number of procedures will make a difference when calculating complication rates.

On reviewing all the cases that were recorded as having a complication we felt that some of these should be excluded from the analysis. We have commented the reason for exclusion against each case number.

Patient A² – From our information this patient was admitted with constipation and bladder spasm but did not have any significant intervention.

Patient B – From our information this patient was diagnosed with an overactive bladder and was treated with Botox.

Patient C – This patient had difficulty with catheter removal. This fell out shortly after attempted removal with no intervention required.

Patient D – This patient had complex pre-existing urological problems associated with previous stricture and urethroplasty, he therefore should not be included as a post op complication.

Patient E – This patient had an episode of epididymo orchitis following surgery and does not fit the criteria of a major complication.

When we look at the additional patient data and take into account the above suggested exclusions we feel our complication rate is much lower at 14 percent. We did not have access to HES data to double check for admission but did view our hospital admissions and cross checked with our neighbouring hospitals that we provide the radical prostatectomy service for. Local agreement is that any complications occurring post-surgery are referred back to ELHT to manage so we would expect to have picked up most of the significant complications.

We accept that our bladder neck stenosis rate is slightly higher than we would like and as mentioned above have already picked this up with our internal audit process and have changed our practice. An audit of 2018 patient has started which has demonstrated 171 patients treated with a complication rate of 9%, suggesting that there has been a successful change in practice. We are in the process of going through this data and validating it further.

² Patient ID numbers have been replaced

Response from Gloucestershire Hospitals NHS Foundation Trust

Performance indicator 9: Proportion of patients experiencing at least one genitourinary (GU) complication requiring a procedural/surgical intervention within 2 years of radical prostatectomy.

I am writing in response to your letter written on 1st December 2020. You highlighted that our Trust was an outlier for the following performance indicator:-

The proportion of patients experiencing at least one genitourinary (GU) complication requiring a procedural/surgical intervention within 2 years of radical prostatectomy (men undergoing RP between 1st January 2017 and 31st December 2017).

The raw data suggests 36 out of 112 patients that were affected. The Trust was an outlier in the same performance indicator in last year's report (1st January 2016 to 31st December 2016). As a department, we identified that during this time period we experienced an increased rate of development of urethral stricture post-operatively. This increase resulted in the complication rate highlighted. This was highlighted to you last year.

The strictures occurred across all 4 surgeons performing the operation. We reviewed the entire process of surgery to try and identify any causative factors. Discussion with other departments highlighted similar problems in the units. Following our review we have changed the skin prep used at surgery, we have also shortened the time a catheter may be put on gentle traction during surgery.

The actions described were put in place in 2018/19 and therefore would not have been in place to support the patients captured in this reports timeframe. I am pleased to inform you that the clinical team have completed an audit on patients treated from January 2018 to April 2019 and the review included all patients who had a follow up to December 2020. The scope of the audit includes 172 procedures, of this cohort only 2 patients (1.16%) experienced genitourinary complications requiring a procedure/surgical intervention. One patient was diagnosed with urine leak requiring drain insertion post op whilst an inpatient, whilst the other patient was diagnosed with bladder neck stricture requiring readmitting and dilatation.

Response from Norfolk & Norwich University Hospitals NHS Foundation Trust

Performance indicator 10: *Proportion of patients experiencing at least one severe gastrointestinal (GI) complication within 2 years of radical external beam radiotherapy.*

Thank you for informing us that we remain a significant outlier for radiation proctitis for the 2017 patient cohort. We would like to thank you for recognising our engagement in improving our outcomes and willingness to share our experience to date. We expect this relationship to continue until we see significant improvements in our outcomes.

We have reviewed the patient dataset and agree that we remain a significant outlier triggering your alarm limits with a radiation proctitis rate of 25%.

We would like to summarise all of the changes that we have made over the last two years since the last report and our presentation to the NPCA. The following is a timeline of all of those changes.

Feb 2018	Moved from Bony matching to Soft tissue matching
May 2018	Reduced prostate margin from 1cm (0.5cm) sv margin 1cm
Aug 2018	Weekly Prostate Peer review meeting initiated
Oct 2018	First identified as outlier Radiation Proctitis 2015 Cohort
Dec 2018	Seminal vesicle dose dropped to 52.5Gy (60Gy prostates) and 60Gy (74Gy Prostates)
June 2019	Imaging study for IGRT showed with bony matching dose to rectum higher than planned
Oct 2019	Alarm Outlier for Radiation Proctitis 2016 Cohort
Dec 2019	Presentation of our proctitis rates at NPCA study day Guys Hospital Outside review Prostate protocols
Jan 2020	Dropped seminal vesicle dose to 48Gy for 60Gy prostates. GTV delineated Undertook Proknow national prostate planning benchmark study national prostate planning benchmark study
July 2020	Adopted CHHIP planning for P and SV patients

It is a significant frustration that as it takes two years for radiation proctitis to develop it takes a long time to know whether the changes we have made have been successful. We have prospectively looked at our outcome data for 2018 and for 2019. We will remain a significant outlier for 2018 but are confident that from 2019 we will start to see significant improvements in our radiation proctitis rate as all of the changes we have made to our processes kick in. The numbers for 2019 look significantly lower so far but it is still early.

The most significant changes performed over the last year were to ask a radiation oncology centre with a much lower radiation proctitis rate to review our process after the 2019 round. We adopted all of the suggested planning changes. The changes suggested were as outlined above ie dropping SV dose to 48Gy in 20 fractions, outlining a tumour volume and optimising our plans to achieve the best rectal dose level we can achieve rather than stopping when mandatory constraints were met.

We have also, since the last report, taken part in the Proknow benchmarking study. We found that although our earlier changes put us on a par dosimetrically with other centres, the adoption of the CHHIP planning technique improved our rectal dosimetry significantly. We now plan all of our Prostate and seminal vesicle patients using the CHHIP protocol.