

## Understanding Practice in the National Clinical Audit and Patient Outcomes Programme (UPCARE) - Workstream section

**0.01 Programme name** National Cancer Audit Collaborating Centre

**0.02 Workstream name** National Bowel Cancer Audit (NBOCA)

**0.1 Contract status** Ongoing

**0.2 Audit or non-audit** Audit

**0.3 HQIP commissioned\*** Yes

**0.41 HQIP AD** CR

**0.42 HQIP PM** SW

**1.0 Included in current NHS Quality Accounts\*** Yes

**1.1a Geographical coverage - HQIP agreement\*** England; Wales

**1.2a Topic - please select which ONE of the following best describes the topic area for the programme or workstream. If more than one apply, please select 'Other' and add comment to the next question.\*** Cancer

**1.3a Healthcare setting\*** NHS secondary or tertiary care

**1.4 Inclusion and exclusion criteria\*** The bowel cancer audit stream includes all first diagnoses of primary bowel cancer within the current reporting period. Included patients must be:

- Aged 18 or older at the date of diagnosis
- Diagnosed in the audit period (April-March)
- Diagnosed with colorectal cancer, with one of the following ICD10 codes:
- C18 Malignant neoplasm of colon
- C19 Malignant neoplasm of rectosigmoid junction
- C20 Malignant neoplasm of rectum

The following are excluded: Sarcomas, B cell lymphoma, Neuroendocrine / Carcinoid tumours, melanoma, patients diagnosed via death certificate only.

**1.5 Methods of data submission\*** Extraction from existing data source(s)

<b>1.6a 2023/24 data submission closes - please indicate date, series of dates or frequency.*</b>	n/a
<b>1.6b 2024/25 data submission closes - please indicate date, series of dates or frequency.*</b>	n/a
<b>1.7 Data flow diagram</b>	<a href="https://www.natcan.org.uk/library/natcan-dataflow-diagram/">https://www.natcan.org.uk/library/natcan-dataflow-diagram/</a>
<b>1.8 Data quality &amp; analysis plan</b>	Refer to <a href="https://www.natcan.org.uk/audits/bowel/quality-improvement/">https://www.natcan.org.uk/audits/bowel/quality-improvement/</a>
<b>1.9a Link to the outlier policy*</b>	<a href="https://www.natcan.org.uk/library/natcan-outlier-policy-2025/">https://www.natcan.org.uk/library/natcan-outlier-policy-2025/</a>
<b>2.1 Outcome measures</b>	Refer to <a href="https://www.natcan.org.uk/audits/bowel/quality-improvement/">https://www.natcan.org.uk/audits/bowel/quality-improvement/</a>
<b>2.2 Process measures</b>	Refer to <a href="https://www.natcan.org.uk/audits/bowel/quality-improvement/">https://www.natcan.org.uk/audits/bowel/quality-improvement/</a>
<b>2.3 Organisational measures</b>	BC0002 Trust/MDT volume for rectal cancer surgery
<b>2.4 Patient reported outcome measures</b>	n/a
<b>2.5 Patient reported experience measures</b>	n/a
<b>2.6a Do measures align with any of the following sources of evidence (select all that apply)</b>	NICE clinical guideline; Professional society; Other (please describe in next question)

## 2.6b Evidence supplemental information

National Institute for Health and Care Excellence. Clinical guideline [NG151] (2020)

ACPGBI: Guidelines for the Management of Cancer of the Colon, Rectum and Anus (2017) – Surgical Management

Boyle JM, et al. Measuring variation in the quality of systemic anti-cancer therapy delivery across hospitals: A national population-based evaluation. Eur J Cancer. 2023 Jan;178:191-204.

The delivery of adjuvant chemotherapy is a complex process which includes appropriate patient selection and optimisation, tailoring treatment doses, and the monitoring and management of toxicities. NBOCA have developed and evaluated the use of a national performance indicator to assess hospital variation in severe acute toxicity rates in order to stimulate and support quality improvement.

Shulman LN, et al. Survival As a Quality Metric of Cancer Care: Use of the National Cancer Data Base to Assess Hospital Performance. J Oncol Pract. 2018 Jan;14(1):e59-e72.

2-year all-cause mortality rate after major resection is an important quality metric of cancer care.

### 3.1 Results visualisation

Annual report; Patient report; Static data files; Other

### 3.2a Levels of reporting\*

National; Trust or health board; Hospital or specialist unit; Cancer alliance

### 3.3 Timeliness of results feedback

Within 2 years

### 3.4 Link to dynamic reporting\*

<https://www.natcan.org.uk/audits/bowel/>

#### 4.01 2023/24 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)\*

01/04/2023 - 30/03/2024

#### 4.02 2024/25 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)\*

01/04/2024 - 31/03/2025

#### 4.03 2025/26 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)\*

01/04/2025 - 31/03/2026

#### 4.10 Dataset #1 name

Clinical Dataset

#### 4.11 Dataset #1 type

Clinical audit

#### 4.12 Dataset #1 population coverage\*

All eligible patients

#### 4.13 Dataset #1 items collected (n)

0

<b>4.15 Dataset #1 use of existing national datasets</b>	Hospital episode statistics (HES); Cancer outcomes and services dataset (COSD); Office for National Statistics (ONS); Radiotherapy dataset (RTDS); Systemic anticancer treatment (SACT); Patient episode database for Wales (PEDW); Cancer patient experience survey (CPES); Cancer waiting times (CWT); Diagnostic imaging dataset (DID); Emergency care dataset (ECDS); Other; Cancer network information system Cymru (CaNISC)
<b>4.16 Dataset #1 specification</b>	<a href="https://www.natcan.org.uk/library/nboca-key-cosd-data-items-2025/">https://www.natcan.org.uk/library/nboca-key-cosd-data-items-2025/</a>
<b>4.30 Dataset #3 name</b>	Not applicable
<b>4.40 Dataset #4 name</b>	Not applicable
<b>5.00 When was your healthcare quality improvement plan (referred to as a QI Plan) last reviewed? Please upload under 'Files' below using the HQIP naming convention (click on response to see pop-up help text).</b>	05/09/2024
<b>5.11 Please add the hyperlink to where your clinical performance indicators (referred to as metrics) are published on your project website.*</b>	<a href="https://www.natcan.org.uk/audits/bowel/quality-improvement/">https://www.natcan.org.uk/audits/bowel/quality-improvement/</a>
<b>5.20 National report publication date (within calendar year 01/01 - 31/12/2023)*</b>	n/a
<b>5.21 Published/planned national report publication date (within calendar year 01/01 - 31/12/2024)*</b>	08/02/2024
<b>5.22 Planned national report publication date (within calendar year 01/01 - 31/12/2025)*</b>	09/01/2025 and 09/10/2025
<b>5.23 Planned national report publication date (within calendar year 01/01 - 31/12/2026)*</b>	08/10/25
<b>6.0 Please add the most recent date that you have reviewed and updated an online version of</b>	18/11/2025

**UPCARE Workstream section(s) on your project's website (click into the response to see pop-up guidance).**

**6.1 Please add a hyperlink to UPCARE Workstream section(s) on your website (click into the response to see pop-up guidance).\***

<https://www.natcan.org.uk/library/nboca-understanding-practice-in-clinical-audit-and-registries-upcare-tool/>