



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 Oesophagogastric Cancer Audit (NOGCA)

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.*

1.3a Healthcare setting* NHS secondary or tertiary care

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

The following are excluded:

- Patients without a confirmed histology of OG cancer
- Patients diagnosed via death certificate only
- Gastro-intestinal stromal tumours (GISTs)
- Neuroendocrine tumours
- Malignant melanoma Sarcomas (these very rare cancers originate from connective tissue and often behave differently from epithelial cancers)
- Recurrences or progressions of cancer

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

1.6a 2023/24 data submission closes - please indicate date, series of dates or frequency.*

n/a

1.6b 2024/25 data submission closes - please indicate date, series of dates or frequency.*

n/a

1.7 Data flow diagram

https://www.natcan.org.uk/wp-content/uploads/2024/11/NATCAN-Data-Flows_291124_V1.4.pdf

1.8 Data quality & analysis plan

Refer to <https://www.natcan.org.uk/audits/oesophago-gastric/quality-improvement/>

1.9a Link to the outlier policy*

<https://www.natcan.org.uk/library/natcan-outlier-policy-2025/>

2.1 Outcome measures

Refer to <https://www.natcan.org.uk/audits/oesophago-gastric/quality-improvement/>

2.2 Process measures

Refer to <https://www.natcan.org.uk/audits/oesophago-gastric/quality-improvement/>

2.3 Organisational measures

n/a

2.4 Patient reported outcome measures

n/a

2.5 Patient reported experience measures

n/a

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

NICE clinical guideline; Professional society; NICE quality standard

2.6b Evidence supplemental information

NHSE Faster Diagnosis Standard (2023)

NHSE 62-day referral to treatment standard (2023)

NHS Long Term Plan

Wales Cancer Network Cancer Improvement Plan for NHS Wales

NCEPOD: [summary_2.indd \(ncepod.org.uk\)](https://ncepod.org.uk/)

3.1 Results visualisation	Static data files; Annual report; Patient report; Other
3.2a Levels of reporting*	National; Trust or health board; Cancer alliance; Hospital or specialist unit
3.3 Timeliness of results feedback	Within 2 years
3.4 Link to dynamic reporting*	https://www.natcan.org.uk/data/
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
4.15 Dataset #1 use of existing national datasets	Cancer outcomes and services dataset (COSD); Hospital episode statistics (HES); Office for National Statistics (ONS); Radiotherapy dataset (RTDS); Systemic anticancer treatment (SACT); Patient episode database for Wales (PEDW); Cancer waiting times (CWT); Cancer network information system Cymru (CaNISC); Diagnostic imaging dataset (DID); Cancer patient experience survey (CPES); Emergency care dataset (ECDS); Other
4.16 Dataset #1 specification	https://www.natcan.org.uk/library/nogca-key-cosd-data-items-2025/
4.20 Dataset #2 name	Not applicable

4.30 Dataset #3 name	Not applicable
4.40 Dataset #4 name	Not applicable
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).	05/09/2024
5.11 Please add the hyperlink to where your clinical performance indicators (referred to as metrics) are published on your project website.*	https://www.nogca.org.uk/resources/quality-improvement-resources/
5.20 National report publication date (within calendar year 01/01 - 31/12/2023)*	12/01/2023
5.21 Published/planned national report publication date (within calendar year 01/01 - 31/12/2024)*	11/01/2024
5.22 Planned national report publication date (within calendar year 01/01 - 31/12/2025)*	09/01/2025 and 11/09/2025
5.23 Planned national report publication date (within calendar year 01/01 - 31/12/2026)*	10/09/2025
6.0 Please add the most recent date that you have reviewed and updated an online version of UPCARE Workstream section(s) on your project's website (click into the response to see pop-up guidance).	18/11/2025
6.1 Please add a hyperlink to UPCARE Workstream section(s) on your website (click into	https://www.natcan.org.uk/library/nogca-understanding-practice-in-clinical-audit-and-registries-tool-upcare-tool-12/

the response to see pop-up guidance).*