

Statement of Administrative Sources

Annex B: Supporting metadata

Clinical Indicators Team
07/04/2016

Statement of Administrative Sources

Organisation	The Health and Social Care Information Centre http://www.hscic.gov.uk/	
Enquiries	Please contact the Health and Social Care Information Centre Contact centre Telephone: 0845 300 6016 and email: enquiries@hscic.gov.uk	
Responsible Statistician	Name: Chris Dew Section: Clinical Indicators	
Section 1: Statistical End Product	CCG Outcome Indicator Set indicator; 1.19. This indicator from the CCG Outcome Indicator Set reports the percentages of lung cancer for which a valid stage at the time of decision to treat is recorded.	
Section 2: Original Administrative/Management Source/System	Name	National Lung Cancer Audit
	Name of the organisation responsible	Royal College of Physicians / Healthcare Quality Improvement Partnership (HQIP)
	Purpose of the administrative source	The NLCA was developed in response to the finding in the late 1990s that outcomes for lung cancer patients in the UK lagged behind those in other westernised countries, and varied considerably between organisations within the UK.
	Unit of Inquiry	All patients with a diagnosis of lung cancer within the audit time frame.
	Intended Coverage	All patients with lung cancer attending English NHS hospitals, registered in England
	Actual Coverage	All episodes submitted by the NHS for patients registered in England.
	Geographical Coverage	England

Statement of Administrative Sources

	Lowest level of Geographical Coverage	Clinical Commissioning Groups
	Extent to which statistical end-producers can influence system?	Little to none.
	Data definitions used	n/a
	Classification systems used	ICD-10 codes are used. Specifically codes C33-C38 and C45.
	Data Collection Process	1)Periodicity/Timing 2)Validation process
	Access Arrangements	1) Data is published annually. 2) Unknown
	Dissemination Procedures	Data is available publically
	Publication procedure	n/a
	Timing/Periodicity of public release	n/a
	Nature of changes to system that could impact on statistics	n/a
	Nature of changes to system that could impact on statistics	Any changes to coding, or data collected could affect the values and comparisons across the time series.
Section 3: Change Process	The NLCA is produced by the RCP in partnership with the National Cancer Registration Service (NHS England), the University of Nottingham, Roy Castle Lung Cancer Foundation, Welsh Lung Cancer Special Advisory Group, National Lung Cancer Forum for Lung Cancer Nurses and the British Thoracic Oncology Group. Clinical Leadership is provided by lung cancer experts recruited through the Clinical Effectiveness and Evaluation Unit at the RCP.	

Statement of Administrative Sources

Section 4: The subsequent statistical production process	Validation procedures	<ol style="list-style-type: none"> 1. Indicator Calculation <ul style="list-style-type: none"> • Extraction and calculation, according to the indicator specification. 2. Calculation Validation <ul style="list-style-type: none"> • Peer review calculations built in SAS EG according to the indicator methodology specification document. 3. Data publishing (indicator portal) <ul style="list-style-type: none"> • Validation of overall numbers
	Quality assessment	The statistical output is published with an accompanying data quality statement which highlights any underlying issues discovered with the data
	Periodicity of release	Currently these indicators are published annually.
	Potential impact of changes to the source on the statistics produced	Substantial changes to source data will result in breaks in time series data e.g. changes in geographical boundaries
	Procedures for mitigating such discontinuities	Discontinuities are assessed on an individual basis and are explained and footnoted in publications