



NATCAN

National Cancer Audit
Collaborating Centre

National Cancer Audit Collaborating Centre

Recommendations – September 2024





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Summary of the Recommendations from the NATCAN audits published in September 2024. More information and the full Reports can be found here:

[NOCA State of the Nation Report 2024](#)

[NNHLA State of the Nation Report 2024](#)

[NAoPri State of the Nation Report 2024](#)

[NAoMe State of the Nation Report 2024](#)

[NKCA State of the Nation Report 2024](#)

[NPaCA State of the Nation Report 2024](#)



Royal College
of Surgeons
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Healthcare Quality
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The National Cancer Audit Collaborating Centre (NATCAN) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). NATCAN delivers national cancer audits in non-Hodgkin lymphoma, bowel, breast (primary and metastatic), oesophago-gastric, ovarian, kidney, lung, pancreatic and prostate cancers. HQIP is led by a consortium of the Academy of Medical Royal Colleges and the Royal College of Nursing. 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. <https://www.hqip.org.uk/national-programmes>

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NKCA Recommendations

The SotN Report can be found [here](#).



Recommendation	Audience	Audit findings	Quality Improvement Goal	National guidance/standards/resources
1. Increase the number of people with a small renal mass who receive a renal mass biopsy to confirm the histological diagnosis, by improving availability of timely diagnostics.**	England ICBs working with trusts Wales Health boards	England: The percentage of people with a small renal mass who have a renal mass biopsy was 20%, with an NHS Trust-level interquartile range of 8-28%.	To increase the use of renal tumour biopsy	The Getting It Right First Time (GIRFT) Academy developed a guide on the management of kidney cancer. They recommend offering renal mass biopsy, where technically feasible, if it will impact patient's choice or clinician's recommendation on treatment for patients with solid small renal masses. NKCA standard that 25% of providers perform better than* 28% (England).
2. Review pathways for higher risk renal cell carcinoma (RCC) to understand system-level delays and ensure providers treat these people within 31 days from decision to treat in England and 21 days in Wales.**	England Cancer Alliances working with trusts Wales Health boards	England: The percentage of people with a T3+ and/or 10cm+ and/or N1 and M0 RCC tumour who have a radical nephrectomy within 31 days of decision to treat was 69% with an NHS Trust-level interquartile range of 61-77%.	To expedite treatment of people with potentially high risk for recurrence localised and locally advanced RCCs (i.e. cT3+, 10cm+, cN1 tumours)	GIRFT recommends fast-tracking the assessment of people with higher risk disease (>10cm, cT3+, cN1 tumours) and expediting their treatment. The benchmark defined for cancer waiting times from decision to treat to treatment is 31 days in England and 21 days in Wales. NHS England's standard set at 96%. NKCA standard that 25% of providers perform better than* 77% (England).

Recommendation	Audience	Audit findings	Quality Improvement Goal	National guidance/standards/resources
3. Identify and address reasons why people with kidney cancer, stage T1b-3Nx RCC are not considered for surgical treatment and increase the number of eligible people.	England Cancer Alliances working with trusts Wales Health boards	England: The percentage of people with T1b-3NxM0 RCC who have surgery was 76%. This is with an NHS Trust-level interquartile range of 69-83%. Wales: The percentage of people with T2-3NxM0 RCC who have surgery was 80% with a health board interquartile range of 69-85%.	To increase use of surgery, if medically appropriate, for initially localised RCC at risk of progression	Kidney Cancer UK (KCUK) Accord Report 2022 measured the quality of kidney cancer services in England between 2017 to 2018 and emphasised the importance of prioritising curative surgery for T1b-3NxM0 RCC if medically appropriate (QPI2). NKCA standard that 25% of providers perform better than* 83% (England). NKCA standard that 25% of providers perform better than* 85% (Wales).
4. Ensure that people with kidney cancer, stage T1aN0M0 RCC are discussed in specialist multidisciplinary team meetings and offered nephron sparing treatment.**	England Cancer Alliances working with trusts Wales Health boards	England: The percentage of people with T1aN0M0 RCC who undergo nephron sparing treatment was 67% with an NHS Trust-level interquartile range of 52-78%.	To reduce the use of unnecessary extensive surgery for low-risk RCC	Better Cancer Ambition and Action (2016) recognised the need for national cancer QPIs to support a culture of continuous quality improvement. Scottish QPI7 aims to improve the percentage of people with T1a renal cancer receiving nephron sparing treatment to preserve renal function and reduce frequency of cardiovascular events. NKCA standard that 25% of providers perform better than* 78% (England).
5. Ensure people diagnosed with metastatic RCC are evaluated by a medical/clinical oncologist with expertise in renal cancer management and receive systemic anti-cancer therapy (SACT).	England Cancer Alliances working with trusts Wales	England: The percentage of people with metastatic RCC receiving initial SACT within 12 months of diagnosis was 48%. This is with an NHS Trust-level interquartile range of 40-57%.	To increase use of evidence based SACT treatment in eligible people with kidney cancer without severe toxicity	KCUK Accord QPI4 and Scottish QPI9 aim to increase the number of people with metastatic RCC receiving SACT as clinical trials show it can improve quality of life and extend survival.

Recommendation	Audience	Audit findings	Quality Improvement Goal	National guidance/standards/resources
	Health boards	Wales: The percentage of people with metastatic RCC receiving initial SACT within 12 months of diagnosis was 57%. This is with a health board interquartile range of 50-78%.		<p>NKCA standard that 25% of providers perform better than* 57% (England).</p> <p>NKCA standard that 25% of providers perform better than* 78% (Wales).</p>

*Upper quartile of performance indicator values at the NHS trust or Health Board (in Wales) level. These figures were calculated without risk-adjustment and may be revised in future iterations of this report once risk-adjustment has been applied to understand appropriate target levels.

**Measured in England only due to the availability of relevant data for Wales.

NAoMe Recommendations

The SotN Report can be found [here](#).

Recommendation	Audience	Audit Findings	Quality Improvement Goal	National guidance / standards / resources
1. Ensure the care for people newly diagnosed with MBC (either de-novo or recurrent) is discussed within a breast multidisciplinary team (MDT) meeting.	<p>England:</p> <p>Breast care teams and clinical management in English NHS trusts</p> <p>Wales:</p> <p>Breast care teams and clinical management in Welsh NHS Health Boards.</p>	Widespread variation (6% for Wales and 61% for England) in the recording of MDT discussions for those with de-novo MBC.	Goal #1 – Improve the movement of patients through the care pathway.	<p>NICE Quality Standard 12 - Quality Statement 5.</p> <p>Breast cancer outcomes are improved when care is directed by a MDT.</p>
2. Examine biopsy rates for MBC and aim to increase this where feasible if the results may have therapeutic implications.	<p>England:</p> <p>Cancer Alliances working with breast care teams and clinical management (incl. oncology teams) in English NHS trusts</p> <p>Wales:</p> <p>Breast care teams and clinical management (incl. oncology teams) in Welsh NHS Health Boards.</p>	In England 34% of people with recurrent MBC had a record of a biopsy for a metastatic lesion. This indicator could not be derived for Welsh patients from the data items available.	Goal #1 – Improve the movement of patients through the care pathway.	<p>NICE Quality Standard 12 - Quality Statement 4, NICE CG81 recommendation 1.1</p> <p>Confirmation of a diagnosis of MBC may be required. If feasible, it should be reassessed in recurrent MBC if receptor status has therapeutic indications.</p>
3. Confirm breast multidisciplinary teams (MDT) have a data lead responsible for ensuring the quality of national data submissions. Reviews of data completeness within breast MDTs should include full tumour characterisation, ER* and HER2** status, performance status, the	<p>England:</p> <p>Integrated Care Boards (ICB) working with breast care teams and clinical management in English NHS trusts</p>	Completeness for individual COSD data item “patient seen by a CNS at diagnosis” was low (67% overall) across all English NHS organisations. Completeness of data on ER, HER2 status and	Applies to all QI goals as will facilitate the identification of the correct cohort for each performance indicator, as well as aiding interpretation of wider results.	<p>The Cancer Outcome and Services Data set (COSD) has been the national standard for reporting cancer in the NHS in England since January 2013. Feedback reports for the data submitted are available through the CancerStats website. COSD is the main source for the rapid cancer registration dataset. Improved</p>

Recommendation	Audience	Audit Findings	Quality Improvement Goal	National guidance / standards / resources
NAB COP fitness assessment data items (for people aged 70+ years) and contact with clinical nurse specialists (CNS). <i>(Recommendation aligned with the report for the National Audit of Primary Breast Cancer.)</i>	Wales: Breast care teams and clinical management in Welsh NHS Health Boards.	performance status was low (<75%) and requires improvement. Although these items were better reported in Welsh data, both nations would benefit from improved data completeness.		completeness of this dataset is required to ensure quarterly reporting. The Welsh Cancer Intelligence and Surveillance Unit collects, analyses and releases information about cancer in Wales. The Welsh Health Circular mandates high quality data submissions.
4. Ensure the recording of date and type of breast cancer recurrence in cancer datasets by: (a) Education on the recording of recurrence, sharing the NAoMe Guide to collecting COSD data for breast cancer recurrence with NHS organisation. (b) reviewing the process of capturing these data within a breast multidisciplinary team (MDT), and ensuring these data are uploaded to cancer datasets. <i>(Recommendation aligned with the report for the National Audit of Primary Breast Cancer.)</i>	England: Breast care teams and clinical management in English NHS trusts Wales: Breast care teams and clinical management in Welsh NHS Health Boards.	The NAOme recurrent Metastatic Breast Cancer (MBC) cohort is considerably smaller than expected. Expert advice suggests the recurrent MBC cohort should be significantly larger than the de-novo MBC cohort. Additionally, a high proportion of individuals diagnosed with primary breast cancer whose death certificates recorded them to have died from their cancer did not have a record of recurrent MBC.	Applies to all Quality Improvement (QI) goals as will facilitate identification of the correct cohort of patients for NAOme.	The Cancer Outcome and Services Data set (COSD) has been the national standard for reporting cancer in the NHS in England since January 2013. Feedback reports for the data submitted are available through the CancerStats website. COSD is the main source for the rapid cancer registration dataset. Improved completeness of this dataset is required to ensure quarterly reporting. The Welsh Cancer Intelligence and Surveillance Unit collects, analyses and releases information about cancer in Wales. The Welsh Health Circular mandates high quality data submissions.

* ER status = oestrogen receptor status, ** HER2 status = human epidermal growth factor receptor 2 status

NNHLA Recommendations

The SotN Report can be found [here](#).



Recommendation	Audience	Audit Findings	Quality Improvement Goal	National guidance/standards/resources
1. Identify and address factors delaying people with NHL being discussed at a haematology or lymphoma MDT including referral pathways, staging investigations and record keeping.	England Cancer Alliances working with trusts Wales Health boards	Proportion of people with NHL discussed at a haematology or lymphoma an MDT within 4 weeks of diagnosis (%) (and % amongst high-grade cases): Data completeness: 73.0% England 2020: 69.0% discussed in 4 weeks (74.5% amongst high-grade) England 2021: 63.5% discussed in 4 weeks (68.6% amongst high-grade) Wales 2022: Not available	Improving timely diagnosis and treatment	BSH guidelines for DLBCL and Follicular Lymphoma and NICE guideline for improving the outcomes of haematological cancers (NG47): recommendation 1.3.4
2. Identify pathway factors contributing to delays in people with high-grade NHL starting chemotherapy within 62 days of referral to develop strategies for process improvement	England Cancer Alliances working with trusts Wales Health boards	Proportion of people with NHL starting chemotherapy within the 62 day target: England 2020: 66.1% England 2021: 62.0% Wales 2022: 51.2%	Improving timely diagnosis and treatment	NHS England (2023) Changes to cancer waiting times standards from 1 Oct 2023.
3. Identify patient and hospital factors contributing to delays in radiotherapy delivery since last administered dose of chemotherapy	England Cancer Alliances and ICBs working with trusts Wales Health boards	Proportion of people with NHL receiving radiotherapy within 8 weeks of last administered dose of chemotherapy: England 2020 and 2021: 43.3-44.2% Wales 2022: Not available	Improving timely diagnosis and treatment	No national guidance set. Recommendation agreed by the NNHLA Clinical Reference Group

<p>4. Ensure adequate resource allocation for data provision. They should support hospitals/trusts/health boards in England and Wales with coding, data entry, and quality assurance to improve quality and completeness of data submitted. Data items of focus include:</p> <ul style="list-style-type: none"> • Cancer staging (Ann Arbor and Binet) • Prognostic indices for NHL 	<p>England</p> <p>Integrated Care Boards (ICBs) working with trusts</p> <p>Wales</p> <p>Health boards</p>	<p>Completeness of data for staging as follows (Binet – CLL, Ann Arbor – All other NHL):</p> <p>England 2020: 76.0% (Ann Arbor), 32.4% (Binet)</p> <p>England 2021: 70.3% (Ann Arbor), 25.9% (Binet)</p> <p>Wales 2022: 60.0% (Ann Arbor), 10.2% (Binet)</p> <p>Completeness of data for International Prognostic Indices (IPI) and FLIPI (follicular lymphoma IPI):</p> <p>England 2020-2021: 9.2-11.4%</p> <p>Wales 2022: Not available</p>	N/A	<p>NHS organisations have an obligation to submit accurate and timely data to the English National Disease Registration Service (NDRS) and Wales Cancer Network (WCN).</p> <p>The Cancer Outcome and Services Data set (COSD) has been the national standard for reporting cancer in the NHS in England since January 2013. Feedback reports for the data submitted are available through the CancerStats website. COSD is the main source for the rapid cancer registration dataset. Improved completeness of this dataset is required to ensure quarterly reporting.</p> <p>The Welsh Health Circular (NHS Wales) mandates high quality data submissions for the national cancer audits.</p>
<p>5. Deliver more comprehensive cancer data in Wales, with particular focus on:</p> <ul style="list-style-type: none"> • Chemotherapy regimens and delivery • Radiotherapy regimes and delivery <p>This is in the process of being developed with introduction of National Data Resource (NDR) as part of the newly established Digital Health and Care Wales (DHCW) as part of the “Digital Strategy for Wales”</p>	<p>Wales</p> <p>Health boards working with DHCW</p>	<p>Detailed chemotherapy and radiotherapy information is not currently available for Wales</p>	N/A	<p>NHS organisations have an obligation to submit accurate and timely data to the Wales Cancer Network (WCN).</p> <p>The Welsh Health Circular (NHS Wales) mandates high quality data submissions for the national cancer audits.</p> <p>The Digital and Data Strategy for Health and Social Care in Wales aims to enhance modern health and care services through technology and data utilisation. The availability of more comprehensive data is anticipated with the introduction of the National Data Resource (NDR) as part of the newly established Digital Health and Care Wales (DHCW)</p>

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NOCA Recommendations



The SotN Report can be found [here](#).

Recommendation	Audience	Audit findings	Quality Improvement Goal	National guidance/standards/resources
1. Reduce the current rate of emergency admissions by: (i) Improving efforts to increase symptom awareness amongst women and primary care professionals. (ii) Reviewing diagnostic pathways to improve timely testing.	England: NHS England, Cancer Alliances working with integrated gynaecological cancer systems ¹ and trusts. Wales: Health Boards working with integrated gynaecological cancer systems.	Performance indicator 1: 41.4% of women diagnosed in England in 2021 and 40.6% diagnosed in Wales in 2022 had an emergency admission within 28 days prior to diagnosis.	Goal #1: Increase the proportion of patients receiving timely diagnosis and treatment decisions.	Women can be diagnosed late with advanced disease due to delays in presenting for medical care, difficulties in access to care, delays in primary care, or delays in secondary care . The short-term mortality report from the Ovarian Cancer Audit Feasibility Pilot (OCAFP) showed that women diagnosed via an emergency presentation were four times more likely to die within two months of diagnosis than those diagnosed via the urgent suspected cancer referral system. Our data show that approximately 40% of women with ovarian cancer have an emergency admission 28 days prior to diagnosis which implies that there is considerable scope to improve outcomes by enhancing symptom awareness, increasing access to primary care and increasing the number of women diagnosed through rapid access pathways. Symptom triggered testing and fast track pathways are associated with low volume disease and early-stage diagnosis . Promoting awareness amongst women and health care professionals in primary care through collaboration with cancer alliances and cancer charities will facilitate this.
2. Review the percentage of women with stage 2 to 4, or unstaged ovarian cancer who receive treatment (any type), explore and address some of the reasons behind the variation across integrated gynaecological cancer systems.	England: Cancer Alliances working with integrated gynaecological cancer systems. Wales: Health Boards working with integrated gynaecological cancer systems.	Performance indicator 2: 72.7% of women diagnosed in England in 2021 and 76.7% in Wales in 2022 had any treatment (i.e., surgery and/or chemotherapy) recorded between one month prior and nine months following diagnosis.	Goal #3: Increase the proportion of patients receiving surgery. Goal #4: Increase the proportion of patients receiving chemotherapy.	Surgery and platinum-based chemotherapy is the standard of care for these women. The short-term mortality report from the OCAFP showed that 22.2% of all women with ovarian cancer, regardless of stage, did not have any treatment recorded between one month prior and nine months following diagnosis. Those women were also more likely to die within 2 months following diagnosis (56.9%) than women who received treatment.

¹ The main organisational unit for audit reporting is the integrated gynaecological cancer system. This was recommended as a level for reporting performance indicators in the British Gynaecological Cancer Society's recommendations for evidence-based, population data derived quality performance indicators for ovarian cancer. This choice of unit acknowledges that decisions about ovarian cancer care are not always attributable to an individual NHS Trust such as the trust or hospital where a woman is diagnosed. It also avoids the problem of reporting indicators for individual trusts or hospitals that may diagnose a small number of patients each year.

3. Review the use of platinum-based chemotherapy in women with epithelial ovarian cancer (stage 2 to 4, or unstaged), explore and address some of the reasons behind the variation across integrated gynaecological cancer systems.	England: Cancer Alliances working with integrated gynaecological cancer systems.	Performance indicator 3: 65.7% of women diagnosed in England in 2021 with epithelial ovarian cancer were recorded as receiving platinum-based chemotherapy one month prior to three months following diagnosis (IQR across integrated gynaecological cancer systems 60.5% to 70.4%) ² .	Goal #4: Increase the proportion of patients receiving chemotherapy.	First-line chemotherapy treatment in ovarian cancer should include a platinum-based compound either in combination or as a single agent.
4. Review one-year survival in women diagnosed with ovarian cancer, explore and address some of the reasons behind the variation across integrated gynaecological cancer systems.	England: Cancer Alliances working with integrated gynaecological cancer systems. Wales: Health Boards working with integrated gynaecological cancer systems.	Performance indicator 4: 69.4% of women diagnosed in England in 2021 and 74.4% in Wales in 2022 were alive one year after diagnosis (IQR across integrated gynaecological cancer systems 64.2% to 72.5% in England; minimum 63.0% and maximum 85.6% across three integrated gynaecological cancer systems in Wales).	Goal #5: Improve rates of survival and reduce variation in survival.	One-year net survival according to the profile and treatment report from the OCAFP in women diagnosed between 2015 and 2019 in England was 68.4%. An international study has demonstrated similar results and has reported that one-year net survival in women diagnosed between 2010 and 2014 in the UK was 70.3% which lags behind countries with similar health systems ³ , i.e., Australia 78.5%, Canada 72.6%, Denmark 77.4%, New Zealand 71.5%, and Norway 77.5%.
5. Improve the completeness and quality of data items recorded in the national cancer datasets (e.g. percentage of women with recorded diagnosis based on histology or cytology in the national cancer registration data and percentage of women with recorded staging information).	England: Integrated gynaecological cancer systems and trusts. Wales: Integrated gynaecological cancer systems and Health Boards.	Data completeness: 12.0% of women with ovarian cancer in England in 2021 and 11.0% in Wales in 2022 did not have histology or cytology recorded in the national cancer registration data and 28.5% women in England and 12.3% in Wales did not have staging information recorded.	Goal #1-5	NHS organisations have an obligation to submit accurate and timely data to the English National Disease Registration Service (NDRS) and Wales Cancer Network (WCN). The Cancer Outcome and Services Data set (COSD) has been the national standard for reporting cancer in the NHS in England since January 2013. Feedback reports for the data submitted are available through the CancerStats website. COSD is the main source for the rapid cancer registration dataset. Improved completeness of this dataset is required to ensure quarterly reporting.

² This performance indicator was not available for Wales due to absence of data for chemotherapy regimens.

				<p>The Welsh Health Circular (NHS Wales) mandates high quality data submissions for the national cancer audits.</p>
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NPaCA Recommendations

The SotN Report can be found [here](#).



Recommendation	Audience	Audit Findings	Quality Improvement Goal	National guidance/standards/resources
1. Review referral pathways in centres which diagnose pancreatic cancer to ensure that all people who receive a diagnosis of pancreatic cancer, including those with non-resectable disease, are discussed by a multidisciplinary team (MDT).	England: Cancer Alliances working with trusts Wales: Health boards	England: 76% of people diagnosed during 2020-21 had a record of being discussed at an MDT meeting.	Increase the percentage of people who have diagnostic procedures and a process of diagnosis consistent with national recommendations for pancreatic cancer	NICE 2018 : <i>A specialist pancreatic cancer multidisciplinary team should decide what care is needed, and involve the person with suspected or confirmed pancreatic cancer in the decision. Care should be delivered in partnership with local cancer units.</i>
2. Ensure that all NHS pancreatic cancer service providers review their diagnostic pathways and implement hepatopancreatobiliary (HPB) cancer pathway guidance, which sets out recommended sequencing of events for the diagnostic process.	England: ICBs working with trusts Wales: Health boards	England: 56% of people diagnosed following an urgent suspected cancer GP referral were diagnosed within 21 days of referral; 35% were treated within 62 days of referral. Wales: 65% of people with pancreatic cancer were diagnosed within 21 days of referral; 25% were treated within 62 days of referral.	Optimise diagnostic and treatment pathways to reduce the time between referral and start of disease-targeted treatment	NHSE 2024 : HPB best practice timed diagnostic pathway NHS Wales National Optimal Pathway for pancreatic cancer PCUK Optimal Care Pathway report
3. Ensure a personalised approach is taken to optimise a person's fitness, nutrition and medication to prevent deconditioning prior to starting treatment. This may include the implementation of prehabilitation, oncogeriatric services and dietetic support.	England: ICBs working with trusts Wales: Health boards	England: 55% of people diagnosed with non-metastatic cancer and 25% of those with metastatic disease received any form of disease-targeted treatment. Rates of treatment amongst people with non-metastatic disease were strongly related to performance status (PS): 80% of those with PS 0 received treatment, compared to 59% and 26% for PS 1 and PS 2, respectively. Wales: 41% of people diagnosed with non-metastatic cancer and 16% of those with	Increase the percentage of people with pancreatic cancer (who are fit enough for treatment) who receive disease targeted treatment (surgery, chemotherapy, radiotherapy - both curative and palliative)	NHS England HPB cancer service spec – awaiting publication NHS Wales Cancer Network Service Specification for HPB surgery services PCUK Optimal Care Pathway report

		metastatic disease received any form of disease-targeted treatment.		
4. Review provision of clinical nurse specialists (CNS) in organisations which have a shortfall of newly diagnosed people being reviewed by a CNS, and ensure that everyone diagnosed with pancreatic cancer has access to a specialist CNS, ideally from the point of diagnosis.	England: ICBs working with trusts Wales: Health boards	England: Information about CNS involvement was missing for 54% of people diagnosed with pancreatic cancer during 2020-21. Of those with complete data, 86% were reported to have been seen by a CNS.	Increase the percentage of people with pancreatic cancer who receive supportive care (care that helps the person to live as well as possible with their cancer and its treatment) in line with national recommendations	NHSE 2024 : HPB best practice timed diagnostic pathway PCUK Optimal Care Pathway report : NHS systems should ensure that everyone with pancreatic cancer, regardless of where they are treated or cared for, has an HPB or upper gastrointestinal CNS as their lead point of contact to oversee their care.
5. Consider implementing protocols to ensure that all people diagnosed with pancreatic cancer are assessed for eligibility for pancreatic enzyme replacement therapy (PERT), and that PERT is offered as recommended in national guidance.	England: Cancer Alliances working with trusts Wales: Health boards	England: 51% of people diagnosed during 2020-21 were prescribed PERT. A higher proportion of people diagnosed at HPB specialist centres had a PERT prescription (59%) compared to those diagnosed at other trusts (47%).	Increase the percentage of people with pancreatic cancer who receive supportive care (care that helps the person to live as well as possible with their cancer and its treatment) in line with national recommendations	NHSE 2024 HPB best practice timed diagnostic pathway: Cancer Alliances and local stakeholders should take action to improve local healthcare professional awareness of PERT. NHS England HPB cancer service spec NHS Wales Cancer Network Service Specification for HPB surgery services

NAoPri Recommendations

The SotN Report can be found [here](#).

Recommendation	Audience	Audit Findings	Quality Improvement Goal	National guidance/standards/resources
1. Ensure that people with breast cancer have access to Triple Diagnostic Assessment (TDA) in a single visit and, if required, identify methods to increase the provision of this service.	England: Integrated Care Boards (ICB) working with breast care teams and clinical management in English NHS trusts Wales: Breast care teams and clinical management in Welsh NHS Health Boards.	55% (England) and 57% (Wales) of people were recorded as having TDA in a single visit.	Goal #1 – Improve the movement of patients through the care pathway.	NICE Quality Standard 12 - Quality Statement 1 : Timely diagnosis. People with suspected breast cancer referred to specialist services are offered the triple diagnostic assessment in a single hospital visit.
2. Review the use of neo-adjuvant chemotherapy for all patients with early invasive breast cancer in order to reduce the levels of unexplained regional variation.	England: Cancer Alliances working with breast care teams and clinical management in English NHS trusts Wales: Breast care teams and clinical management in Welsh NHS Health Boards.	Rates of neo-adjuvant chemotherapy were under 10% for 35 NHS breast units and above 20% for 12 NHS breast units.	Goal #3 – Reduce unwarranted variation for patients having non-surgical oncological treatments.	NICE NG101 summary of recommendations . Offer neo-adjuvant chemotherapy to people with invasive breast cancer as an option to reduce tumour size ABS Neo-adjuvant Chemotherapy: Multidisciplinary Guidance .
3. Confirm breast multidisciplinary teams (MDT) have a data lead responsible for ensuring the quality of national data submissions. Reviews of data completeness within breast MDTs should include full tumour characterisation, ER* and HER2** status (for invasive breast cancer), performance status, the NABCOP fitness assessment data items (for people aged 70+ years) as well as data on Triple Diagnostic	England: Integrated Care Boards (ICB) working with breast care teams and clinical management in English NHS trusts Wales:	Completeness of data on ER and HER2 status, and performance status items was less than 85%. Cancer Outcomes and Services Dataset (COSD) data items had recorded whether there was “contact with Clinical Nurse Specialist” for 77% of people. Triple	Goal #1 –5	The Cancer Outcome and Services Data set (COSD) has been the national standard for reporting cancer in the NHS in England since January 2013. Feedback reports for the data submitted are available through the CancerStats website. <i>COSD</i> is the main source for the rapid cancer registration dataset. Improved completeness of this dataset is required to ensure quarterly reporting. The Welsh Cancer Intelligence and Surveillance Unit collects, analyses and releases information about cancer in Wales.

Recommendation	Audience	Audit Findings	Quality Improvement Goal	National guidance/standards/resources
Assessment (TDA) and contact with Clinical Nurse Specialists (CNS). (Recommendation aligned with the report for the National Audit of Metastatic Breast Cancer .)	Breast care teams and clinical management in Welsh NHS Health Boards.	Diagnostic Assessment had to be estimated from the dates of two of the three elements.		The Welsh Health Circular mandates high quality data submissions.
4. Ensure the recording of date and type of breast cancer recurrence in cancer datasets by: a) Education on the recording of recurrence, sharing the NAoMe Guide to collecting COSD data for breast cancer recurrence with NHS organisations. b) Reviewing the process of capturing these data within a breast multidisciplinary team (MDT), and ensuring these data are uploaded to cancer datasets. (Recommendation aligned with the report for the National Audit of Metastatic Breast Cancer)	England: Breast care teams and clinical management in English NHS trusts Wales: Breast care teams and clinical management in Welsh NHS Health Boards.	Levels of data completeness for recurrence are low. Recurrence information was available for less than 1% of people diagnosed with breast cancer (2015-21) although 6.3% of people died from breast cancer in this cohort.	Goal #5 – Improve and reduce unwarranted variation in primary breast cancer outcomes.	The Cancer Outcome and Services Data set (COSD) has been the national standard for reporting cancer in the NHS in England since January 2013. Feedback reports for the data submitted are available through the CancerStats website. COSD is the main source for the rapid cancer registration dataset. Improved completeness of this dataset is required to ensure quarterly reporting. The Welsh Cancer Intelligence and Surveillance Unit collects, analyses and releases information about cancer in Wales. The Welsh Health Circular mandates high quality data submissions ⁴ .
5. Review rates of immediate reconstruction and, where rates are identified as below the mean, act to improve access to immediate reconstruction by ensuring it is offered to all women, unless precluded by comorbidity or adjuvant therapies.	England: Cancer Alliances working with breast care teams and clinical management in English NHS trusts Wales: Breast care teams and clinical management in Welsh NHS Health Boards.	Rates of mastectomy with immediate reconstruction, reported against unit of diagnosis, were under 10% for 16 NHS breast units and above 40% for 10 NHS breast units. The overall mean for England and Wales was 23%.	Goal #4 – Improve access to breast reconstruction after mastectomy.	NICE NG101 recommendation 1.5 Breast Reconstruction . Offer immediate breast reconstruction to women who have been advised to have a mastectomy, including those who need radiotherapy, unless they have comorbidities that rule out reconstructive surgery.

* ER status = oestrogen receptor status, ** HER2 status = human epidermal growth factor receptor 2 status