



NNHLA

National Non-Hodgkin
Lymphoma Audit

Local Action Plan for taking on NNHLA State of the Nation Report 2024 Recommendations

The provider should complete the following details to allow for ease of review

Audit title & aim:	National Non-Hodgkin Lymphoma Audit To assess the process of care and its outcomes in patients with non-Hodgkin Lymphoma
NHS organisation:	
Audit lead:	
Action plan lead:	

When making your action plan, make sure to keep the objectives SMART – Specific, Measurable, Assignable, Realistic, Time-related

Key 1 (for the action status)

1. Awaiting plan of action
2. Action in progress
3. Action fully implemented
4. No plan to action recommendation (state reason)
5. Other (provide information)

Key 2 (for the action priority)

- High: requires urgent attention (local audit)
 Medium: requires prompt action (consider local audit)
 Low: requires no immediate action (or local audit)

No.	Recommendation	Action required?	Action activities			
			Responsible individual(s)	Agreed deadline	Status (Key 1)	Priority (Key 2)
1	Identify and address factors delaying people with NHL being discussed at a	<i>Suggested actions:</i> <ul style="list-style-type: none"> • <i>Providers/Commissioners/Cancer Alliances: to work with and review referral pathways from</i> 				



	<p>haematology or lymphoma MDT including referral pathways, staging investigations and record keeping of MDT discussion.</p>	<p><i>diagnosis to MDT discussion and audit time to discussion at a trust/health board/hospital level with particular focus on:</i></p> <ul style="list-style-type: none"> ○ <i>Number of secondary care teams involved</i> ○ <i>Inter-department/speciality referral processes</i> ○ <i>Delays in staging investigations including bone marrow or imaging provision</i> ○ <i>Record keeping for MDT</i> ○ <i>Access to speciality MDT either locally or at a tertiary referral centre</i> ○ <i>Staffing provision for members of the MDT including pathologists, radiologists, CNSs, haematologists and oncologists</i> <p><i>Audit above and integrate data collection into departmental meetings or MDTs to identify factors contributing to delays to guide improvement.</i></p>				
<p>2</p>	<p>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</p>	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> ● <i>Integrated Care Systems/Cancer Alliances: to work with and review the following at a trust/health board/hospital level</i> <ul style="list-style-type: none"> ○ <i>Delays in delivery of chemotherapy within 62 days</i> ● <i>Access to chemotherapy units and provision of chemotherapy delivery appointments</i> 				



		<ul style="list-style-type: none"> • <i>Staffing provision for members of the team needed to delivery chemotherapy including chemotherapy pharmacists, trained chemotherapy administrators, chemotherapy prescribers (doctors) and administration staff</i> • <i>Access to any specialist pre-chemotherapy investigations like nuclear medicine renal tests or cardiac tests in a timely manner</i> <p><i>Audit above and integrate data collection into departmental meetings or MDTs to identify factors contributing to delays to guide improvement.</i></p>				
3	Identify patient and hospital factors contributing to delays in radiotherapy delivery since last administered dose of chemotherapy	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> • <i>Integrated Care Systems/Cancer Alliances: to work with and review the following at a trust/hospital level:</i> <ul style="list-style-type: none"> ○ <i>Delivery of radiotherapy following chemotherapy with consolidative intent within 8 weeks of last administered dose of chemotherapy</i> ○ <i>Access to radiotherapy units and provision of radiotherapy delivery appointments</i> ○ <i>Staffing provision for members of the team needed to deliver radiotherapy including radiographers, oncologists, physicists and administration staff</i> 				



		<ul style="list-style-type: none"> ○ <i>Timely review of patients during/ following chemotherapy by relevant clinician to ensure suitability for radiotherapy including any pre-radiotherapy investigations that may be needed.</i> <p><i>Audit above and integrate data collection into departmental meetings or MDTs to identify factors contributing to delays to guide improvement.</i></p>				
4	<p>Ensure adequate resource allocation for data provision. National Disease Registration Service (NDRS) Data Liaison Managers should support hospitals/trusts in England with coding, data entry, and quality assurance for the Cancer Outcomes and Services Data set (COSD) 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><i>Suggested actions:</i></p> <ul style="list-style-type: none"> ● <i>Local: Review local data entry processes at a trust/health board level to improve data quality and completeness</i> ● <i>National (NHS England/NDR/DHCW): Ensure there is appropriate provision by providers and commissioners to support quality assurance locally and audit quality of data entry</i> ● <i>Raise the profile of data completeness across the wider multidisciplinary team (MDT) at governance meetings or by sharing data.</i> ● <i>Feedback quarterly data quality reports to the wider MDT.</i> 				
5	<p>Deliver more comprehensive cancer data in Wales, with particular focus on:</p>	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> ● <i>Local (Health Boards): Develop local plans to increase provision for treatment related data</i> 				



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	<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 NDR as part of the newly established DHCW as part of the “Digital Strategy for Wales”</p>	<p><i>entry as databases are updated as part of the Digital Strategy for Wales</i></p> <ul style="list-style-type: none">• <i>National (Wales Cancer Network): Ensure that chemotherapy and radiotherapy data capture is a priority as part of the overhaul of the digital databases for Wales to better understand patterns of delivery of cancer care.</i>• <i>Raise the profile of data completeness across the wider multidisciplinary team (MDT) at governance meetings or by sharing data.</i>• <i>Feedback quarterly data quality reports to the wider MDT.</i>				
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The NNHLA welcome your feedback on this quality improvement template to be used in conjunction with the NNHLA State of the Nation Report 2024 provider level results and quality improvement resources presented on our website.

Please contact the NNHLA if you have any questions related to your results, data collection or service improvement.

References

1. NNHLA State of the Nation Report 2024