Understanding the NAoMe Quarterly Report: a guide for patients, carers and the public

This guide is intended to be read whilst navigating the National Audit of Metastatic Breast Cancer (NAoMe) Quarterly Reports, found here. For more information about the NAoMe, please visit our audit page.

1. What is the Quarterly Clinical Performance Indicator Report?

The Quarterly Reports – also referred to as Quarterly Data Dashboards or Quarterly Clinical Performance Indicator Reports – are published for English NHS trusts and cancer alliances, to help them track their progress on important measures of data quality and performance over time. These dashboards also allow trusts and alliances to compare their performance with other trusts and alliances and against the national average. (Note: work is underway to include information for Welsh Health Boards).

The reports are published by the NAoMe, whose purpose is to assess the patterns of care and outcomes for people diagnosed with metastatic breast cancer in England and Wales, providing information that aims to helps improve the quality of care for these people.

The NAoMe quarterly reports include data on 'de-novo' metastatic breast cancer patients only, (where the spread of disease to other parts of the body was identified at the time of the initial breast cancer diagnosis). Data is not available, at this time, to report these indicators for the larger proportion of metastatic breast cancer patients where the spread of disease to other parts of the body is found after the initial diagnosis and treatment of a primary breast cancer. Since the numbers of patients at a trust in a given quarter can be low, some indicators are reported at the alliance level only.

2. Who prepares the reports?

The NAoMe is run by the Clinical Effectiveness Unit (CEU) within the Royal College of Surgeons of England.

3. Who is the report aimed at?

The intended audience for the Quarterly Clinical Performance Indicator Reports are:

- NHS trusts in England providing breast cancer care, and cancer alliances;
- the people responsible for entering cancer information into central databases at the trust-level; and
- people responsible for data quality at trust, cancer-alliance and national levels.

While these reports are not specifically designed for patients, carers and the public, this guide aims to make the information more accessible to them.

4. What information is presented?

For NAoMe, as of January 2025, we report on two performance indicators.

1. Percent of people who were discussed at a multi-disciplinary team meeting (MDT)

This indicator was chosen to support the goal of the NAoMe audit, to improve the movement of patients through the care pathway. Many standards and guidelines state that breast cancer outcomes are improved when care is directed by an MDT. MDT discussion ensures optimal treatment is considered for each patient based on guidelines and patient related factors, for example their age and medical history. A higher percentage of people discussed at an MDT meeting is better.

2. Percent of people dying within 30 days of a cycle of systemic anti-cancer therapy (usually chemotherapy)

This indicator was chosen to support the goal of the NAoMe audit, to improve and reduce variation in metastatic breast cancer outcomes. Information on death following chemotherapy can be used to better understand risks associated with treatment and identify ineffective treatment. This is a recognised outcome measure for NHS England. A lower percentage of people dying within 30 days of a cycle of SACT is better.

We also report on five indicators of data quality.

1. Percent of people with breast cancer stage recorded as stage 4 (metastatic breast cancer)
2. Percent of people with data recorded for having contact with a Clinical Nurse Specialist (CNS)
3. Percent of people with WHO Performance Status recorded.
   WHO Performance status in a simple scale used by doctors to assess how well a person with a serious illness, such as cancer, is able to carry out daily activities. It ranges from 0 (fully active) to 4 (completely unable to care for oneself) and helps to guide treatment decisions.
4. Percent of people with ER status recorded
5. Percent of people with HER2 status recorded

These items should all have high levels of data completeness. A higher percentage is better. Lower percentages may be caused by issues inputting data, compatibility between databases, or other reasons.

These data quality and performance indicators, among others, are reported in the NAoMe State of the Nation Report. They were chosen for the Quarterly Reports because the necessary information is available from the more timely data we use to produce these reports. We are developing ways to include more indicators in the Quarterly Reports.

5. How are targets set? For which indicators?

We have shown targets on the dashboard graphs for the data quality indicators. The targets for these have been set at 90% in the expectation they are achievable in the majority of cases. These targets have been decided in agreement with the NAoMe project team.

6. Where can I learn more?

The Quarterly Clinical Performance Indicator Reports can be found here.
The Methods Information tab for each indicator provides more information on who is included in each indicator.
The 2024 NAoMe State of the Nation Patient and Public Annual Report can be found here.

For any queries relating to this please contact breastcanceraudits@rcseng.ac.uk