



NATCAN

National Cancer Audit
Collaborating Centre

Annual Report 2024





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HQIP

Healthcare Quality
Improvement Partnership

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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Contents

Foreword	4
Highlights from 2023/24	6
Overview of NATCAN	7
NATCAN team and stakeholders	9
Recruiting Clinical Fellows	9
Working with our stakeholder groups	9
Patient and public involvement	10
Quality improvement	11
Quality Improvement Plans	11
First NATCAN QI event	12
Building QI expertise and capacity	12
Data	13
Routine data used by NATCAN	13
National datasets used by NATCAN	13
Addressing data challenges	14
Reporting	15
Quarterly Data Quality Reports	15
Quarterly Performance Indicator Reports	15
Interactive data dashboards	15
State of the Nation reports	15
Communication and dissemination	16
National Bowel Cancer Audit	17
National Audit of Metastatic Breast Cancer	18
National Audit of Primary Breast Cancer	19
National Kidney Cancer Audit	20
National Lung Cancer Audit	21
National Non-Hodgkin Lymphoma Audit	22
National Oesophago-Gastric Cancer Audit	23
National Ovarian Cancer Audit	24
National Pancreatic Cancer Audit	25
National Prostate Cancer Audit	26
Future direction	27

I was delighted to start my role as Clinical Director of the National Cancer Audit Collaborating Centre (NATCAN) in October last year, overseeing the ten national cancer audits that assess and assure the quality of National Health Service cancer care in England and Wales. NATCAN has made remarkable progress and achieved several major milestones in the last 12 months. In particular, the six 'new' audits in breast (primary and metastatic), kidney, ovarian, and pancreatic cancer and non-Hodgkin lymphoma published their first State of the Nation reports in September ([see page 15](#)). This work reflects substantial collaborations between clinical, academic, professional, and civil society organisations and puts in place a blueprint for appraising and improving the quality of care in England and Wales for people with these cancers. In addition, the four existing national audits in bowel, lung, oesophago-gastric, and prostate cancer also published their reports, which included new hospital quality indicators, leaving us with a lot to reflect upon as a cancer community.

First is the sheer complexity of cancer pathways, reflected in the different priority areas for quality improvement for each audit, the performance indicators used, and the unique challenges faced by patients diagnosed with these cancers. A one-size-fits-all approach does not work, and from a policy perspective, understanding each disease and its pathways is critical to improving patient outcomes and experience.

Second, across all the audits, there remains a major challenge with fidelity of care. Despite the billions spent on cancer research, up to 50% of patients are not receiving evidence-based care, with wide variation across NHS hospitals.

Third, a common theme in both media and political discussion is the long waits many patients face for both diagnosis and treatment. The audit results reflect the delays that exist across the pathways, and we expect the results will help to benchmark areas of good practice and enable hospitals introducing new care processes to monitor the impact of these interventions.

Fourth, outcomes for many of the cancers remain poor. It is sobering to find that three out of four patients with pancreatic cancer die within 12 months, with variation across the country. We need to aim to do better, particularly as only 55% of people diagnosed with stage I-III pancreatic cancer in England and 41% in Wales receive any active oncological treatment. This would suggest we have substantial room for improvement in the care we provide.

A major component of NATCAN's approach is to work collaboratively across the audits, and to define and manage emerging themes. A consistent feature across all ten audits is the variation in care for older patients with cancer. While most patients under 70 receive care consistent with guidelines, there is a substantial drop-off over the age of 70 that is not related to fitness or disease stage. Our ability to manage people with these cancers, where cancer hits hardest, effectively and compassionately will be vital in the years ahead to reduce the unwarranted variation that persists. This goes hand in hand with other national initiatives focused on tackling multiple health conditions and complex social challenges in the community, and on building the evidence base so older men and women are represented better in cancer research.

A further theme emerging is that data quality needs to continue to improve. This is the responsibility of all involved in NHS care. It is no longer something we can just hand over for someone else to manage, as patient care ultimately suffers. NATCAN will be working closely with NHS England to ensure the relevant guidance and resources are offered through Cancer Alliances and Integrated Care Boards to support data collection, as recommended across the audits. Equally, our data provider in England, the National Disease Registration Service, is working towards enhancing the speed and completeness of data so the audits can better support improvements in care quality.

With respect to driving improvement in care quality, this requires as much a cultural shift as it does the provision of high-quality data and resources. We have deeply engrained expectations that new technologies and innovations will provide the gateway to reducing inequalities and improving outcomes. This may be possible in the longer term, but the audits demonstrate that if all centres achieved the outcomes of the best-performing hospitals and regions, substantial improvements in survival and quality of life could be expected at the population level in the short term.

In this regard, NATCAN will work closely with the clinical and professional societies and bodies to drive quality improvement as a key area of development for all staff involved in cancer care. This includes better training in improvement science methods and also improving transparency across the NHS, so we can start to learn more effectively from our peers rather than retain the silos that emerge over time. NATCAN will contribute through the development

and implementation of our own national quality improvement initiative for each audit by the fourth quarter of 2025, focusing on a key performance deficit, the impact of which will be monitored through our unique three-monthly reporting interfaces.

We certainly have an exciting 12 months ahead. Our continued work is only possible through the hard work and dedication of the national audit teams and our partners, including the patient and carer voices who inform all our work, to whom we are very grateful.



Ajay Aggarwal,
Clinical Director, NATCAN

“This year has seen the first outputs from the six new cancer audits, highlighting key areas of focus for the next year, as well as continued analysis in the older four. The NATCAN team is providing invaluable data on the processes and outcomes of cancer treatment, and NHS England will continue to work closely with the team to drive improvements for patients.”

Peter Johnson, National Clinical Director for Cancer, NHS England

“Macmillan is calling for a revolution in cancer care so that people can get the care they need, at every step of the way. The data being produced by NATCAN can play a huge role in helping to achieve this revolution by identifying what is working well, and also what improvements are required, to help deliver better care and outcomes for everyone diagnosed with cancer.”

Richard Simcock, Chief Medical Officer, Macmillan Cancer Support

Highlights from 2023/24

Welcome to the second annual progress report for NATCAN, home of the ten national cancer audits in England and Wales. I am delighted to share our 2023/24 highlights and the progress we have made in providing regular and timely information on cancer care in England and Wales, and identifying areas where improvements are needed. Key achievements for each of the audits can be found on pages 17–26.

People

- Each audit team has now recruited a **Clinical Fellow**, providing vital day-to-day input into audit activities and outputs.
- Our **stakeholder groups** have continued to play a pivotal role, ensuring the priorities of all stakeholders are guiding audit design and delivery.
- We have established **Patient and Public Involvement Forums** for each audit, placing the voice of people with lived experience of cancer at the heart of our work.

For more information, [see page 9](#).

Quality improvement

- Each audit has published a Quality Improvement (QI) Plan, underpinned by extensive engagement to ensure our QI goals address the needs of the whole cancer care community.
- We held our first QI event to share learning and best practice from the audits.
- We have established a Quality Improvement Advisory Group to provide audit teams with expert guidance on the design, delivery, and evaluation of their QI initiatives.

For more information, [see page 11](#).

Data and indicators

- We have established **routine flows** of rich, linked, routine, national cancer data.
- We have worked with stakeholders to develop **performance indicators** to ensure each audit asks the right questions and can make fair and accurate comparisons between NHS providers.

For more information, [see page 13](#).

Reporting

In a key milestone for NATCAN, we began reporting results publicly in 2024, including:

- Quarterly **Data Quality Reports**, based on data available 3–4 months after diagnosis in England.
- Quarterly **Performance Indicator Reports**, reporting on the indicators outlined in each audit's Quality Improvement Plan.
- The first **data dashboards**, with interactive functionality to support local QI initiatives.
- **State of the Nation reports**, including the first results from the six 'new' audits.

For more information, [see page 15](#).

Thank you to:

- Our multidisciplinary project teams of clinicians, clinical epidemiologists, data scientists, statisticians, health service researchers, and managers, whose dedication and expertise made these achievements possible.
- Our funders, NHS England and the Welsh Government, and our commissioners, HQIP, for their support during NATCAN's second year.
- All the professional groups, data providers, patient charities, and people with lived experience of cancer for their equally invaluable contributions.
- All clinical and non-clinical teams at NHS Trusts in England and Health Boards in Wales for their support for and engagement with the audits.

We look forward to building on our collective successes in 2024/25!



Julie Nossiter, Director of Operations, NATCAN

"As NATCAN passes its second year, I am delighted with the progress being made. There is an excellent team, and the foundations for reliable, high-quality cancer data are in place. We look forward to seeing the NATCAN output improving outcomes and informing cancer strategy."

Neil Mortensen, Chair, NATCAN Board



Overview of NATCAN

NATCAN was established in October 2022 as a new national centre of excellence. It aims to provide regular and timely evidence to NHS services about where and why patterns of care vary and to support local quality improvement.

NATCAN is home to the ten national cancer audits, six of which – in breast (primary and metastatic), ovarian, pancreatic, and kidney cancer and non-Hodgkin lymphoma – are ‘new’ audits, set up for the first time by NATCAN. The four pre-existing ‘established’ cancer audits – in bowel, lung, oesophago-gastric, and prostate cancer – have now moved to sit under the NATCAN umbrella.

Our multidisciplinary audit teams bring together a broad range of expertise in cancer care, methodological development, data science, statistics, clinical epidemiology, performance assessment, organisation, and logistics.

By bringing together all ten national cancer audits in one centre of excellence, NATCAN is able to enhance and expand the information available to the cancer care community. Learning from one cancer audit can be shared across all other projects; there is increased opportunity for wider collaboration across the cancer care community; and all audits benefit from the increased expertise available within the Centre.

NATCAN’s focus on developing a better understanding of the science of improvement, and sharing this expertise from a central hub to all audits, is vital for increasing the equity and quality of cancer care in England and Wales.

NATCAN is part of the Clinical Effectiveness Unit (CEU), an academic partnership between the Royal College of Surgeons of England and the London School of Hygiene and Tropical Medicine. The CEU was established in 1998 and has successfully delivered a number of national cancer audits.

NATCAN’s guiding principles are:

- Use of routine national data assets to avoid the burden of bespoke data collection by NHS staff
- Timely, public reporting of the process and outcomes of care at both NHS provider and regional level
- Research and development to ensure fair and accurate comparisons are made between providers, and to identify reasons behind any variation in care to guide local and national QI initiatives



Overview of NATCAN

Issues with quality of NHS cancer care

- Deficits and inequalities in receipt of evidence-based care
- Cancer outcomes and experience vary between hospitals
 - UK lags other countries in cancer outcomes
 - Increasing waiting times



National Cancer Audit Collaborating Centre

- National centre of excellence since 2022
 - Delivers ten cancer audits
 - Clinical–methodological partnerships
- Stakeholder input (professional groups, patients, and civil society)

- AIMS:**
1. Identify variations in care
 2. Increase consistency of access to evidence-based treatments
 3. Stimulate improvements in care and outcomes

NATCAN features

- Using rich, timely, existing national data
- Covering all treatment modalities
- Describing care with accurate, fair, precise indicators
- Quality improvement initiatives

NATCAN outputs

- Timely interactive hospital dashboards
- Annual State of the Nation reports
- Outlier process involving regulators
- Published research for audit development

What next?

- Include more cancer types
 - Coverage of all the UK
- Use alternative types of data to develop new performance indicators
 - Test and apply different mechanisms of feedback
 - Systems approach to driving improvement



NATCAN team and stakeholders

The work of NATCAN and the individual audits would not be possible without contributions from a diverse group of stakeholders. Key achievements this year include recruiting and supporting project team members who are at the start of their clinical careers, engaging with individuals and organisations from across the cancer care community, and establishing Patient and Public Involvement (PPI) Forums for each new audit.

Recruiting Clinical Fellows

Our Clinical Fellow positions provide unique opportunities for resident doctors to join the multidisciplinary audit teams, bringing clinical expertise to the work of each audit as well as gaining methodological and research skills in the analysis of 'big data'. In 2023/24, we continued to recruit Clinical Fellows, ensuring this key role is filled in each audit team.

In addition to developing methods to promote QI initiatives and understand the underlying reasons behind variation in care and outcomes, Clinical Fellows take a lead role in writing high-impact journal articles and presenting at conferences, supported by leading academics and clinicians. This work often leads to further academic research: in 2023/24, we were delighted that 10 members of our audit teams were enrolled on a PhD or MD, demonstrating our commitment to supporting the development of early-career clinicians and researchers.

"Working as part of the National Ovarian Cancer Audit project team has been a fantastic way to contribute to improving patient care while also learning new skills and techniques that will enhance my career in years to come. The opportunity to work with academics and clinicians at the forefront of their fields has enabled me to develop my understanding of research and analysis methodologies, which has inspired me to pursue further work in this field."

Georgia Zachou, Clinical Fellow

Working with our stakeholder groups

Our stakeholders play an invaluable role in the design and delivery of each audit, guiding the selection of performance indicators, the development of audit recommendations, and the identification of QI priorities. Each audit has a Clinical Reference/Advisory Group that brings together clinical experts, professional bodies, NHS policymakers, cancer data providers, and patient charities to perform this important work.

"Our work this year highlights the strength of working with a diverse range of stakeholders, from clinical and academic experts to our patient groups and charities. This collaborative approach has enabled us to produce meaningful reports and outputs that drive better care for patients."

Verity Walker, Project Manager, NATCAN

"As chair of the Clinical Reference Group for the National Non-Hodgkin Lymphoma Audit, it's been impressive to see so many people from different disciplines and from many different organisations come together, all with the goal of trying to improve treatment and care for people with NHL. My role has been to ensure everyone feels they can contribute meaningfully in the meetings to steer the project forward. The meetings give members the opportunity to receive helpful progress updates and discuss key outputs such as the State of the Nation report. The group's remit includes making sure that the focus is on quality and the right aspects of what the data is telling us."

Ropinder Gill, NNHLA CRG Chair and Chief Executive, Lymphoma Action

Patient and public involvement

Each audit now has its own PPI Forum, ensuring our work is guided by people with lived experience of cancer, either as a patient or as a family member. We worked closely with our charity partners to recruit members and ensure each forum represents the diversity of patients affected by each cancer type, across stage/type of cancer, treatment received, geographical location, age, gender, and ethnicity. Charities tapped into their existing patient networks, and in some cases used channels such as social media to reach an even wider audience, with the audit teams providing a range of materials to support these recruitment efforts.

A key activity of the PPI Forums is ensuring resources aimed at patients – such as patient and public information, patient summaries of reports, infographics, and website content – are accessible to a lay audience. Members have also been involved in QI events and co-authored peer-reviewed publications.

“We are pleased to have had the opportunity to continue collaborating closely with the NPaCA project team, provide support in recruiting for the NPaCA’s PPI Forum, and provide feedback on the development of the State of the Nation report. We’re also thrilled that members of the NPaCA project team presented at our Optimal Care Pathway meeting in October 2024.”

Alfie Bailey-Bearfield, Head of Campaigns,
Pancreatic Cancer UK



The overarching aim of NATCAN is to improve the quality and outcomes of care for people diagnosed with cancer in England and Wales. This year, we have laid the foundation for how the national cancer audits will support quality improvement (QI) initiatives, focusing on how we can use tools and methods in a systematic way to improve the quality of care for patients on a continuous basis, thereby creating better outcomes.

Quality Improvement Plans

Building on the scoping exercises carried out in 2023, which defined the scope, care pathway, and five key QI goals for each audit, in September 2024 we published Quality Improvement Plans for all ten audits. These were developed in close collaboration with our diverse stakeholder groups, bringing together clinical and methodological expertise alongside the voices of people with lived experience of cancer.

Each Quality Improvement Plan defines ten key performance indicators, mapped to the five priority QI goals as well as to national guidelines and standards.

The development process ensured the indicators are **measurable** (the available data allow for a fair and accurate assessment of each organisation's performance); **actionable** (the indicators must be important and linked to a specific part of the care pathway); and **improvable** (there must be clear scope to improve patient care).

The plans describe the process taken to establish the indicators and set out the methods and activities that will be used to support implementation, including how results will be reported and progress evaluated. *You will find links to each audit's Quality Improvement Plan on the audit highlight pages (17–26).*



First NATCAN QI event

In March, we held a full-day QI event at the Royal College of Surgeons of England, at which members of the audit teams and PPI Forums shared learning and best practice from across NATCAN. Attendees included Peter Johnson (NHS England’s National Clinical Director for Cancer), members of the NATCAN Board, and representatives from the NHS England Cancer Programme and the Healthcare Quality Improvement Partnership (HQIP).

The aim was to inspire the development of QI activities targeted at reducing variation in the care, treatment, and outcomes of patients diagnosed with cancer via presentations, panel discussions, and interactive sessions. Key themes were NATCAN’s clinical epidemiological approach to supporting QI; what works and what doesn’t in terms of QI interventions; outcome reporting and the role of positive deviance in driving improvements in care and outcomes; and the clinical reality of designing and implementing QI initiatives.

More information about the event, including presentation slides, can be found [here](#)

Building QI expertise and capacity

We have also established a Quality Improvement Advisory Group, which will guide the audit teams in the design, delivery, and evaluation of individual QI initiatives. In addition, we have appointed the first NATCAN QI Clinical Fellow, a dedicated QI role supporting all ten audits. The focus of the role is strategic mapping of current QI initiatives in the UK related to NATCAN’s activities; evaluating and developing QI methodologies that can be incorporated across the Centre; and supporting each audit team to develop and implement their individual QI plans.

“I am delighted to be involved in driving transformational change across cancer care in England and Wales. The rich, timely data NATCAN is now receiving, combined with our expertise in data science, provides us with a unique opportunity to demonstrate the value of the audits in improving outcomes for patients.”

Sugeeta Sukumar, NATCAN QI Clinical Fellow



Presentations and panel discussions from the first NATCAN QI event at the Royal College of Surgeons on 27 March 2024.

A key achievement this year was the establishment of regular flows of routine national cancer data in England and Wales under a single data-sharing agreement in each country. We are grateful for the contributions and support received from the National Disease Registration Service, the Data Access Request Service, NHS England, and the Wales Cancer Network, Public Health Wales.

Routine data used by NATCAN

NATCAN is committed to using only routinely collected data to remove the need for bespoke, manual data entry by clinicians and data managers solely for the purpose of clinical audit. Since joining NATCAN, the oesophago-gastric and bowel cancer audits – which previously used a bespoke data collection platform – have aligned with this principle.

National data on patients with cancer is the richest it has ever been, and NATCAN receives clinical information for every person diagnosed with cancer across England and Wales for the ten cancers we audit.

These cancer data are linked to selected items from other national datasets to provide information on the diagnosis, management, treatment, and outcomes of all patients newly diagnosed with each cancer type. This includes staging, mode of admission, comorbidities, surgical procedure or intervention, and oncological treatments including systemic anticancer therapy and radiotherapy.

These rich data allow the audits to understand the complexity of the cancers that patients have, as well as their pre-existing medical conditions and fitness. Taking these characteristics into account when producing indicator values enables fair comparisons between hospitals.

National datasets used by NATCAN

England datasets

National Cancer Registration (rapid and gold-standard)
Cancer Outcomes and Services Dataset (COSD)
Hospital Episode Statistics (HES)*
Systemic Anti-Cancer Therapy (SACT) dataset
National Radiotherapy Dataset (RTDS)
Mortality data – Office for National Statistics (ONS)
Medicines Dispensed in Primary Care (NHSBSA)
Somatic Molecular Testing Dataset
Cancer Waiting Times (CWT)
Diagnostic Imaging Dataset (DIDS)
National Cancer Patient Experience Survey

Wales datasets

CaNISC or Cancer Information System
Patient Episode Database for Wales (PEDW)
Radiotherapy Data available in Canisc
Mortality data – Office for National Statistics (ONS)

*Includes, inpatient and outpatient data and Emergency Care Dataset (ECDS)

“Moving from ‘gold standard’ data to the RCRD is a great benefit for clinicians and patients, speeding up the time from a person’s diagnosis to the audit teams being able to include those data in their analysis. As chair of the Data Working Group, it has been fascinating to understand the differences in the two data sets and to identify how we can support those responsible for submitting data to improve the quality of the information we receive, combining the benefits of the ‘gold standard’ with the timeliness of the rapid datasets.”

Andrew Hutchings, Chair of the NATCAN Data Working Group

Addressing data challenges

Timeliness of data

Gold-standard cancer registry data is available on an annual basis, with a considerable delay (currently two years) between the last recorded episode and the data being made available for analysis. A recent innovation in England, in response to the COVID pandemic, is the availability of rapid cancer registry data (RCRD), with a time lag of only three to four months between patients being diagnosed with cancer and their data being available for analysis. Our experience of using these data has demonstrated a number of advantages, not least the ability to provide timely updates on the performance of NHS providers to support local QI initiatives, despite a slightly lower case-ascertainment rate and less complete staging information.

NATCAN receives annual data only from Wales. NHS Wales is implementing a new cancer informatics system and it is anticipated that more frequent data, with a shorter time lag following diagnosis, will be available from this new system in 2027.

Data quality

NATCAN depends on good-quality data to produce reliable and robust information. In January, members of the audit teams took part in the Cancer Outcomes Services Dataset (COSD) roadshows, organised by the National Disease Registration Service (NDRS), to support people who are responsible for collecting, curating, and reporting cancer data. This was an excellent opportunity to meet NHS Trust teams across England and publicise the data requirements for each audit.

To further support data quality, each audit publishes quarterly Data Quality Reports highlighting where improvements are needed (*for more information, see page 15*).



Kate Walker, Senior Statistician, NATCAN presenting at the COSD Roadshows 2024.

Data availability

The pathology data in the RCRD, including crucial details such as TNM staging and audit-specific requirements such as Gleason grade for prostate cancer, are currently poorly completed. Working in collaboration with NDRS, we have created two honorary roles for members of the NATCAN team to support improvements in this area.

“The National Disease Registration Service in England is one of the largest and most complex disease registers in the world. Our work with NATCAN provides an example of how this curated dataset, and the insight gained from it, is central to high-quality care and improving patient outcomes.”

Sarah Stevens, Deputy Director, NDRS, NHS England

“The formation of NATCAN has already yielded some improvements and efficiencies across the audits. NHS Wales remains committed to participating in all clinical cancer audits and will focus on improving the Welsh data quality while we undergo changes to our cancer data and digital infrastructure.”

Richard Morris, Cancer Information Manager, Wales Cancer Network

We reached a significant milestone in 2024 as we began public reporting of results across all ten audits. We have made the data and analysis available in a range of outputs, allowing our stakeholders to choose the most appropriate format for their needs.

Quarterly Data Quality Reports

We published the first Data Quality Report for prostate cancer in February, for breast (primary and metastatic), ovarian, pancreatic, and kidney cancer and non-Hodgkin lymphoma (the six 'new' audits) in April, and for oesophago-gastric and bowel cancer in July. We are now updating the reports every three months.

These reports provide NHS Trusts in England with an analysis of data quality within the Rapid Cancer Registration Dataset (RCRD), focusing on data items chosen in collaboration with each audit's clinical and methodological experts. The purpose is to provide a local perspective on data completeness within individual NHS organisations and identify where improvements in data collection are needed. Ultimately, this will improve the audits' ability to provide accurate and timely analysis of cancer care.

Quarterly Performance Indicator Reports

Also in February, we published the quarterly Performance Indicator Report for prostate cancer, followed in October by the six 'new' audits. Reporting for oesophago-gastric and bowel cancer will begin in January 2025. Again, these reports will be updated every three months.

The aim of these reports is to provide NHS Trusts with timely reporting of the performance indicators outlined in each audit's Quality Improvement Plan, allowing providers to track the progress of local QI activities.

Quarterly reporting in Wales is on hold until the data flows are available to accommodate more frequent reporting.

Interactive data dashboards

Having started quarterly reporting of performance indicators in 2023, in April 2024 the National Lung Cancer Audit achieved a major milestone: moving from quarterly reports to an [interactive data dashboard](#). This innovation has been very well-received by lung cancer clinical teams.

"The new dashboard is brilliant. I can now review how my Trust is performing far more contemporaneously than previously, with data updated quarterly so that I don't have to wait for annual reports. I can also track trends over time both within my Trust and also comparing with other Trusts, both within my Cancer Alliance and more widely, allowing us to target areas for improvement."

Will Ricketts, Lung Cancer Lead, Barts Health NHS Trust and North East London Cancer Alliance

In October, we launched a similar dashboard for non-Hodgkin lymphoma, incorporating the feedback received about the lung cancer resource. We look forward to rolling out the next dashboards, for breast (primary and metastatic), kidney, ovarian, and pancreatic cancer, in January 2025, with bowel, oesophago-gastric, and prostate cancer to follow, sharing learning from across NATCAN to ensure these rich tools meet the needs of both clinical and non-clinical audiences.

State of the Nation reports

Each audit's annual State of the Nation report provides a concise overview of the care received by cancer patients across England and Wales. They describe national patterns of cancer care outcomes against measurable standards and provide five key recommendations for action. Accompanying provider-level results help NHS organisations benchmark their results and identify unwarranted variation in care and outcomes.

The first State of the Nation style reports for oesophago-gastric and prostate cancer were published in January, and for bowel cancer in February; the second report for lung cancer was published in April. Then, in September, we reached a significant landmark with the publication of the first results for the six 'new' cancer audits.

Each report is accompanied by a lay summary (produced in collaboration with the PPI Forums), individual NHS provider results, an action plan template to support local QI projects, and a detailed description of the audit methodology.

You will find links to each audit's State of the Nation report on the audit highlight pages 17–26.

Communication and dissemination

In September, we held a webinar to share the results of the first State of the Nation reports. Over 350 people registered for the event, including members of clinical teams, key stakeholders, and people with lived experience of cancer, with around 250 attendees in each audit session. Members of the audit teams have also presented key highlights, including top-level results and recommendations, at medical professional conferences, webinars, quality improvement events, and more.

To find out more about the work of the audit teams to disseminate their findings, please see the audit highlights on pages 17–26.



You can watch the full recording of the NATCAN webinar [here](#).

“Congratulations to NATCAN. Really good set of reports and presentations. To have this set of results so early in its existence is excellent.”

Danny Keenan, HQIP Medical Director

“The national clinical audits shine an important spotlight on NHS cancer care across England and Wales, helping NHS hospitals to improve and strengthen their services for patients.”

Tim Mitchell, President of the Royal College of Surgeons of England

“The online dashboards will make the information produced by the cancer audits easier to find and use. The people who want to use it will come with different questions, interests and familiarity with the types of numerical information that will be available. A challenge for us in the coming year will be to understand these different needs and cater for them as we develop the dashboards.”

David Cromwell, Director of the Clinical Effectiveness Unit



NBOCA

National Bowel
Cancer Audit

About NBOCA

The National Bowel Cancer Audit (NBOCA) reports on the care of people diagnosed with bowel cancer in NHS hospitals in England and Wales, from diagnosis to end-of-life care. The Audit focuses on improving:

- the diagnostic pathway
- perioperative care
- oncological care
- management of stage IV disease
- end-of-life care

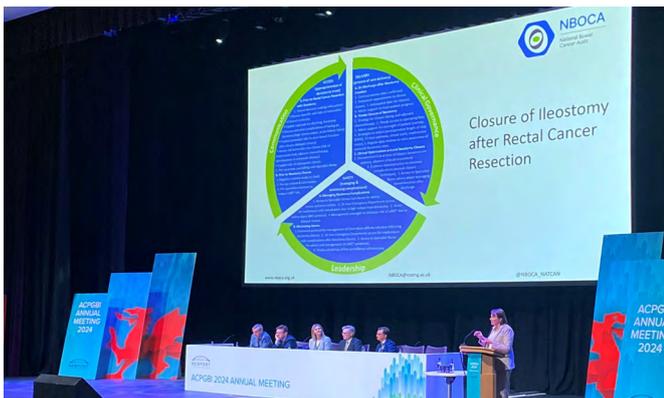
2023/24 highlights

Global collaboration

NBOCA is a founding member of the International Colorectal Cancer Outcomes Registry (ICORC), which aims to use data from international cancer registries to improve colorectal cancer care globally. In January, ICORC published a [paper](#) in the *International Journal of Colorectal Disease* comparing trends in the surgical approach to rectal cancer across different countries over the last decade, highlighting that “speed of implementation of minimally invasive surgery varied between countries, but each registry demonstrated a significant increase over time.”

Working with Cancer Alliances

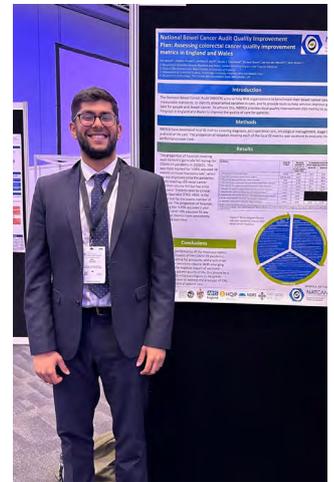
In May, prompted by NBOCA’s recommendation that variation in the use of adjuvant chemotherapy for stage III colon cancer should be reduced, NHS England hosted a workshop for Cancer Alliances. A key outcome saw the Cancer Alliances scrutinising the use of adjuvant chemotherapy across providers.



Nicola Fearnhead, NBOCA Clinical Lead (Surgery), gave an update on the NBOCA QI strategy and plans during the Association of Coloproctology of Great Britain & Ireland Annual Meeting in July 2024.

Engaging the clinical community

In July, members of the NBOCA team presented work from the Audit at the Association of Coloproctology of Great Britain & Ireland Annual Meeting. Nicola Fearnhead, Clinical Lead (Surgery), promoted the NBOCA QI strategy to clinical stakeholders, while Kate Walker (Senior Methodologist), Orouba Almilaji (Research Fellow), and Adil Rashid (Clinical Fellow) presented work on colorectal cancer metastasis, emergency surgery, and palliative chemotherapy.



“With NBOCA’s move into NATCAN, there is an increased focus on quality improvement activities, targeting areas of variation in the treatment and care of people with bowel cancer. NBOCA’s strengths lie in its collaborative team approach, encompassing academics, multidisciplinary clinicians, and the NBOCA PPI Forum.”

Adil Rashid, Clinical Fellow, NBOCA

Find out more about NBOCA

- 2024 State of the Nation report available [here](#)
- Quality Improvement Plan and information on the Performance Indicators available [here](#)
- Website: www.nboca.org.uk/

Meet the NBOCA team

Information about the NBOCA project team and Clinical Advisory Group members is available [here](#).



NAoMe

National Audit of
Metastatic Breast Cancer

About NAOme

The National Audit of Metastatic Breast Cancer (NAoMe) evaluates metastatic breast cancer care delivered to women and men aged 18 or over in NHS hospitals across England and Wales. NAOme covers the care pathway from first diagnosis of metastatic disease, whether from recurrent disease or a de novo diagnosis, and assesses short- and long-term outcomes following treatment. Key areas of focus are:

- improving the movement of patients through the care pathway
- reducing unwarranted variation in access to and timeliness of systemic anti-cancer treatment
- reducing unwarranted variation in access to and timeliness of palliative treatments
- improving access to nursing support
- improving and reducing variation in metastatic breast cancer outcomes

2023/24 highlights

Feasibility assessment

In recognition of the difficulties in accessing reliable data on metastatic breast cancer, NAOme set up a working group to investigate the feasibility of assessing symptomatic, supportive, social, and psychological care within the Audit. The findings (available [here](#)) were published in February and used to direct the ongoing work of NAOme.

Improving data quality

A key finding of the first NAOme State of the Nation report was the need to improve data quality for patients with metastatic breast cancer, especially in relation to breast cancer recurrence. The Audit therefore worked with the National Disease Registration Service (NDRS) to produce a guide for clinicians on how to record Cancer Outcomes and Services Data set (COSD) data for breast cancer recurrence (available [here](#)).

Engaging with policy-makers

In April, NAOme took part in a parliamentary roundtable on breast cancer recurrence, organised by Novartis Pharmaceuticals. Attendees, who included MPs, policy-makers, clinicians, and data professionals, heard from people with first-hand experience of this devastating diagnosis. The lack of data on the date of diagnosis with recurrent disease was discussed, and the need for this to be addressed will be included in a letter to the Secretary of State for Health and Social Care.

“In NAOme, we have the challenge of quantifying the number of patients with metastatic breast cancer in England and Wales, but will work to achieve this and go on to address shortcomings and variations in care to improve the experience and outcomes of patients with this common and difficult disease.”

David Dodwell, NAOme Clinical Lead (Oncology)



NAoMe team at the Association of Breast Surgery (ABS) Conference, 13–14 May, Bournemouth.

Find out more about NAOme

- 2024 State of the Nation report available [here](#)
- Quality Improvement Plan and information on the Performance Indicators available [here](#)
- NAOme website: www.natcan.org.uk/audits/metastatic-breast/

Meet the NAOme team

Information about the NAOme project team is available [here](#), and the Audit Advisory Committee members are listed [here](#).



NAoPri

National Audit of
Primary Breast Cancer

About NAOpri

The National Audit of Primary Breast Cancer (NAoPri) analyses primary breast cancer care delivered to women and men aged 18 or over in NHS hospitals across England and Wales. It covers the care pathway from first diagnosis of primary breast cancer to the end of the sequence of planned primary treatments subsequently received by these patients. NAOpri's key priorities are:

- improving the movement of patients through the care pathway
- reducing unwarranted variation for patients undergoing surgery
- reducing unwarranted variation for patients having non-surgical oncological treatments
- improving access to breast reconstruction after mastectomy
- reducing unwarranted variation in primary breast cancer outcomes

2023/24 highlights

Incorporating patient voices

A key focus in 2024 has been ensuring the voice of patients is reflected in the direction and delivery of NAOpri. The project team has facilitated ongoing close engagement with key breast cancer charities, including Breast Cancer Now and Independent Cancer Patients' Voice. The Audit has also established a Patient and Public Involvement Forum, with key outputs including a patient summary of the NAOpri Scoping Document (published in March) and a patient summary of the State of the Nation report (published in October).

Engaging with clinicians and those working with data

Throughout the year, the audit has engaged with clinicians and data professionals at a national level through a number of presentations, including the Cancer Outcomes and Services Dataset (COSD) roadshows and the Association of Breast Surgery (ABS), ABS Nursing, and United Kingdom Breast Cancer Group (UKBCG) conferences.



Kieran Horgan presenting on behalf of the NAOpri project team, Association of Breast Surgery (ABS) Conference, 13–14 May, Bournemouth.

Breast Cancer Masterclass

In June, Mark Verrill, Clinical Lead (Medical Oncology), presented an update on both NAOpri and NAOme at the Novartis Breast Cancer Masterclass. This provided an opportunity to share progress and key findings from the audits with clinical colleagues and industry representatives.

"There are now many national datasets available which contain a wealth of relevant information, and the audit team have proven success in cross-linking these assets at individual patient level. This facilitates meaningful analyses and greater understanding to empower patients, clinicians, and all stakeholders to introduce beneficial change."

Kieran Horgan, NAOpri Clinical Lead (Surgery)

Find out more about NAOpri

- 2024 State of the Nation report available [here](#)
- Quality Improvement Plan and information on the Performance Indicators available [here](#)
- NAOpri website: www.natcan.org.uk/audits/primary-breast/

Meet the NAOpri team

Information about the NAOpri project team is available [here](#), and the Audit Advisory Committee members are listed [here](#).



NKCA

National Kidney
Cancer Audit

About NKCA

The National Kidney Cancer Audit (NKCA) assesses kidney cancer care delivered in NHS hospitals across England and Wales, where the patient had a recorded diagnosis of malignant neoplasm of kidney (except renal pelvis) and was 18 or over at diagnosis. The Audit focuses on:

- increasing regional equity in timely access to evidence-based care
- increasing the use of renal tumour biopsy
- expediting treatment for patients with localised renal cell cancer (RCC) at high risk of recurrence
- increasing use of surgery, if medically appropriate, for patients with RCC at high risk of progression
- increasing use of evidence-based systemic anti-cancer therapy (SACT) in eligible patients

2023/24 highlights

Involving patients and the public

In September, the first meeting of the NKCA Patient and Public Involvement (PPI) Forum took place, with seven of the eleven members having an association with leading charities Kidney Cancer UK and/or Action Kidney Cancer. The project team shared a preview of the findings from the 2024 State of the Nation report and received feedback on PPI Forum members' preferences for the accompanying patient report.

Disseminating findings to clinical colleagues

Also in September, Raghav Varma, NKCA Clinical Fellow, presented a preview of the State of the Nation report at the Annual Conference of the British Uro-oncology Group in Belfast. This was an opportunity for the clinical community to have early sight of the key results and recommendations.

Stakeholder engagement

In February, NKCA held its first Clinical Reference Group meeting. Members provided valuable input into the collaborative process of refining the Audit's performance indicators, ensuring those selected were available, valid, reliable, fair, and specific.



The NKCA project team at the NATCAN QI event, March 2024.

"As Patient Trustee for Kidney Cancer UK, I was delighted to have the opportunity to join the NKCA PPI Forum and help recruit fellow patients to the Forum. In September, we had our first meeting and learned about the Audit's aims, how it was hoping to drive improvement, where the data came from, and the results from the first State of the Nation report. We also had the opportunity to help configure the patient version of the report. I and the other patients taking part in the PPI Forum very much look forward to working closely with the audit project team to drive change and improve patient experience."

Geraldine Fox, Patient Trustee, Kidney Cancer UK

Find out more about NKCA

- 2024 State of the Nation report available [here](#)
- Quality Improvement Plan and information on the Performance Indicators available [here](#)
- Website: www.natcan.org.uk/audits/kidney/

Meet the NKCA team

Information about the NKCA project team is available [here](#), and the Clinical Reference Group members are listed [here](#).

About NLCA

The National Lung Cancer Audit (NLCA) evaluates the process of care, treatment delivered, and outcomes for lung cancer patients treated in secondary and tertiary care hospitals in England and Wales. The Audit's priorities are:

- increasing the proportion of patients who receive treatment with curative intent
- increasing the proportion of patients assessed by a lung cancer nurse specialist
- reducing the number of patients diagnosed after an emergency presentation
- improving compliance with the timeframes set out in the National Optimal Lung Cancer Pathway
- reducing variation in quality and improving timeliness for patients undergoing predictive molecular marker analysis

2023/24 highlights

Communication and dissemination of results

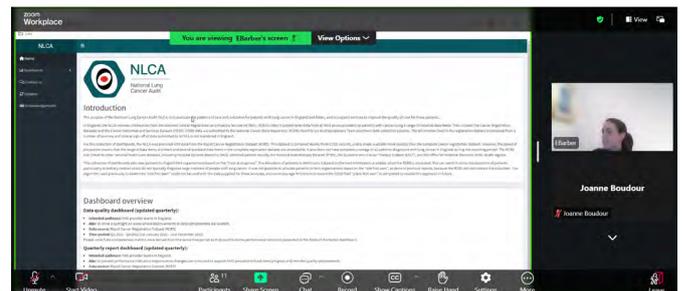
In April, Neal Navani, Senior Clinical Lead, presented at the British Thoracic Oncology Group (BTOG) Annual Conference. He shared the findings of the 2024 State of the Nation report and also promoted the interactive dashboard ([see page 15](#)), encouraging clinical colleagues to use new resources to support improvements in patient care.



Neal Navani, NLCA Senior Clinical Lead, presenting at BTOG 2024

Supporting local QI projects

Also in April, the NLCA and BTOG co-hosted a webinar to showcase the new dashboards and how to use them to identify areas for future focus. Ella Barber, NLCA data scientist, demonstrated the various dashboard functionalities and how the information provided can support local QI projects.



Ella Barber, NLCA Data Scientist, presenting at the NLCA/BTOG webinar.

From audit to impact

During Clinical Audit Awareness Week in June, the NLCA had a further opportunity to demonstrate the value of its interactive dashboards in supporting QI initiatives. Ella Barber presented at a HQIP event titled 'From Audit to Impact (A case study: Cancer)', where clinical effectiveness teams, clinicians, NHS managers, and others involved in clinical audit were shown the dashboard functionality and took part in a live Q&A about the future direction of the audit.

"We take an iterative approach to the development of the dashboard and actively incorporate user feedback; this ensures it adapts to the evolving needs of healthcare providers, continues to provide actionable insights, and empowers them to make informed, data-driven decisions that enhance standards of patient care and outcomes."

Ella Barber, Data Scientist

Find out more about NLCA

- 2024 State of the Nation report available [here](#)
- Quality Improvement Plan and information about Performance Indicators available [here](#)
- NLCA website: www.lungcanceraudit.org.uk

Meet the NLCA team

Information about the NLCA project team and Clinical Reference Group is available [here](#).



NNHLA

National Non-Hodgkin
Lymphoma Audit

About NNHLA

The National Non-Hodgkin Lymphoma Audit (NNHLA) reports on non-Hodgkin lymphoma (NHL) care delivered in NHS hospitals across England and Wales. The nature of NHL means the care pathway is personalised for each patient depending on the diagnosed subtype. Key priorities for the Audit are:

- improving timely diagnosis and treatment
- ensuring treatment is appropriate to the subtype of NHL
- improving the safety and reducing the toxicity of NHL therapy
- improving overall survival for people with NHL
- reducing variation in NHL management among NHS providers



Frank Burroughs, NNHLA PPI Chair.

2023/24 highlights

Representing the patient voice

Central to the work of NNHLA is collaboration with patients and the public, particularly with the Audit's two charity partners: Lymphoma Action and Blood Cancer UK. Both organisations provided vital support in establishing the NNHLA's Patient and Public Involvement (PPI) Forum, and in ensuring members are representative of a range of lymphoma types, stage of illness, gender, age, and geographical location.

Reaching patients and the public

Lymphoma Action have provided important input and feedback on a number of activities, including chairing the Clinical Reference Group and discussing key outputs such as the State of the Nation report. They have also played a key role in sharing the Audit's findings with patients and the wider public through blog posts on their website, articles in their magazine, *Lymphoma Matters*, and on social media.

Marking Blood Cancer Awareness Month

The national Blood Cancer Awareness Month in September provided an opportunity to promote the work of the NNHLA to a range of audiences. Frank Burroughs, chair of the PPI Forum, wrote a blog for the NATCAN website on the power of data to improve care for people with NHL (available [here](#)), and also created videos for the Audit's social media channels.

As one of the quarter of a million people in England living with non-Hodgkin lymphoma (NHL), I jumped at the chance to be involved in the first ever national audit of NHL. It presents a significant opportunity to make a lasting difference for people diagnosed with this condition. I am hugely excited to be involved in this groundbreaking project, helping to ensure people with lived experience of NHL (patients, families, and carers) can inform the audit's quality improvement priorities."

Frank Burroughs, Chair of the NNHLA PPI Forum

Find out more about NNHLA

- 2024 State of the Nation report available [here](#)
- Quality Improvement Plan and information on Performance Indicators available [here](#)
- NNHLA website: www.natcan.org.uk/audits/non-hodgkin-lymphoma/

Meet the NNHLA team

Information about the NNHLA project team is available [here](#), and the Clinical Reference Group members are listed [here](#).



NOGCA

National Oesophago-Gastric
Cancer Audit

About NOGCA

The National Oesophago-Gastric Cancer Audit (NOGCA) assesses the care of patients with a histologically confirmed diagnosis of invasive epithelial cancer of the oesophagus, gastro-oesophageal junction, or stomach in England and Wales. NOGCA evaluates the care of these patients from diagnosis to the completion of primary treatment delivered in hospital settings. The Audit's QI priorities are:

- reducing rates of emergency and late-stage diagnosis of OG cancer
- reducing the percentage of people with OG cancer waiting for more than 62 days from referral to first treatment
- increasing the percentage of people with OG cancer who have access to a clinical nurse specialist
- improving outcomes of potentially curative treatment for people with OG cancer
- improving completion and reducing complications of palliative chemotherapy for people with OG cancer

2023/24 highlights

Sharing findings with the OG cancer community

In March, James Gossage, Clinical Lead (Surgery), and Min Hae Park, Methodologist, presented data and analysis from NOGCA at the UK & Ireland Oesophago-gastric Cancer Group Meeting. Their presentation focused on key findings on routes to diagnosis and on care pathways.

NOGCA National Oesophago-Gastric Cancer Audit

National Oesophago-Gastric Cancer Audit

Key findings on routes to diagnosis and pathways

25 March 2024

Mr James Gossage
Consultant Surgeon
Surgical Representative, NOGCA

Dr Min Hae Park
Methodologist, NOGCA

Logos: HQIP, Royal College of Surgeons of England, bsg BRITISH SOCIETY OF GASTROENTEROLOGY, AUGIS, The College of Anaesthetists, NATCAN National Cancer Audit Collaborating Centre

Supporting stakeholders in the transition to routine data collection

As part of NOGCA's move into NATCAN, the audit stopped undertaking bespoke data collection to instead use routine data, as part of the Centre's commitment to reducing the burden on NHS staff. The NOGCA project team presented at the COSD roadshows in January 2024 to support providers through this change, and also produced written guidance, FAQs, and signposting to NDRS resources.

Driving quality improvement

Nigel Trudgill, NOGCA Clinical Lead (Gastroenterology), and Min Hae Park, NOGCA Methodologist, took part in a panel discussion at the NATCAN QI event in March (see page 6). The question of how data can be used to drive QI was debated, and key NOGCA activities designed to support this process were highlighted, including producing local action plan templates, data viewers, and slide sets for organisations to use locally.

"This year has been a period of transition for NOGCA. We have moved from an audit designed around our own core dataset to an audit design that uses the national cancer datasets, a model that is used by all NATCAN audits. Moving to the new source of data created a range of choices for the NOGCA team, and we have worked closely with our Clinical Reference Group, Patient and Public Involvement Forum, and other key stakeholders to ensure NOGCA continues to reflect the priorities of the OG cancer community and to produce valuable information."

Min Hae Park, NOGCA Methodologist

Find out more about NOGCA

- 2024 State of the Nation report available [here](#)
- Quality Improvement Plan and information on Performance Indicators available [here](#)
- NOGCA website: www.nogca.org.uk/

Meet the NOGCA team

Information about the NOGCA project team and Clinical Reference Group is available [here](#).

About NOCA

The National Ovarian Cancer Audit (NOCA) evaluates the diagnostic care pathway, treatments received, and clinical outcomes for patients diagnosed in NHS Trusts with ovarian cancer. Key priorities for the Audit are:

- increasing the proportion of patients with ovarian cancer receiving:
 - timely diagnosis and treatment decisions
 - molecular diagnostics
 - surgery
 - chemotherapy
- improving rates of and variation in survival for patients with ovarian cancer

2023/24 highlights

Patient and public involvement

In 2024, NOCA set up its Patient and Public Involvement Forum, with help from Ovarian Cancer Action and Target Ovarian Cancer. Sbba Siddique joined as Chair of the Forum, which is providing valuable insights into the patient experience.

Sharing data and analysis

In July 2024, members of the NOCA team presented on the Audit's work at the British Gynaecological Cancer Society (BGCS) Annual Scientific Meeting. Sudha Sundar, Clinical Lead (Surgery), shared the findings from the first State of the Nation report, while Georgia Zachou, Clinical Fellow, presented the Audit's analysis of the organisation of ovarian cancer care in England.



Sudha Sundar, NOCA Clinical Lead (Surgery) presenting at the BGCS.



Georgia Zachou, NOCA Clinical Fellow, presenting at the BGCS.

Collaborating with the ovarian cancer community

NOCA also hosted a webinar alongside the BGCS to highlight the Audit's first quarterly data completeness report. This provided an opportunity to take an in-depth look at the data that informed this report and discuss future plans for NOCA with clinical colleagues.

"The input of the PPI Forum to the Audit is invaluable. The Audit benefits from new perspectives from those with lived experience, who bring the human element to something that is clinical, and the Forum will improve the quality and relevance of reporting. PPI also aids in focusing on areas that patients consider to be important, resulting in better engagement. The work of the PPI Forum thus far has been collaborative and impactful, with the NOCA team genuinely engaging and valuing patients' input."

Sbba Siddique, Chair of the NOCA PPI Forum

Find out more about NOCA

- 2024 State of the Nation report available [here](#)
- Quality Improvement Plan and information on Performance Indicators available [here](#)
- NOCA website: www.natcan.org.uk/audits/ovarian/

Meet the NOCA team

Information about the NOCA project team is available [here](#), and the Clinical Reference Group members are listed [here](#).



NPaCA

National Pancreatic
Cancer Audit

About NPaCA

The National Pancreatic Cancer Audit (NPaCA) evaluates the care of adults diagnosed with exocrine pancreatic cancer and tumours of the extrahepatic bile duct and ampulla of Vater in NHS hospitals in England and Wales. NPaCA assesses pancreatic cancer care from first diagnosis to the end of primary treatment (including treatments with and without curative intent). The Audit focuses on:

- increasing the percentage of people who have diagnostic procedures and a process of diagnosis consistent with national recommendations for pancreatic cancer
- optimising diagnostic and treatment pathways to reduce the time between referral and the start of disease-targeted treatment
- increasing the percentage of people with pancreatic cancer (who are fit enough for treatment) who receive disease-targeted treatment
- increasing the percentage of people with pancreatic cancer who receive supportive care in line with national recommendations
- improving outcomes for people diagnosed with pancreatic cancer

2023/24 highlights

Marking Pancreatic Cancer Awareness Month

In November 2023, NPaCA contributed to the national Pancreatic Cancer Awareness Month on social media. Highlights included posts sharing a blog titled 'There is cause for hope', written by Clinical Lead (Medical Oncology) Ganesh Radhakrishna, and quotes from patient representatives, and other supporters, as well as sharing posts from patient charities – all of which helped engage new and existing stakeholders.

Working in partnership with Pancreatic Cancer UK

This year, NPaCA has continued to work closely with Pancreatic Cancer UK (PCUK) to make sure those with lived experience can contribute to the work and outputs of the Audit. PCUK provided vital support in establishing the Patient and Public Involvement Forum and contributing to the State of the Nation report.



Andrew Smith, NPaCA Clinical Lead (Surgery), PCUK Conference 2023.

Sharing key findings with stakeholders

In October 2024, the NPaCA team presented at PCUK's Optimal Care Pathway Steering Committee Meeting, where the discussion focused on identifying areas of the pathway where information to steer decision-making is still lacking. The Audit team shared key findings from the first State of the Nation report, ensuring the latest evidence in pancreatic cancer care is being used to inform this work.

"We were very pleased to be able to report on all ten of our performance indicators in our first State of the Nation report – a real achievement given the volume of data and early stage of the Audit. In particular, we were able to utilise information from the Diagnostic Imaging Dataset and Medicines Prescribed in Primary Care dataset, neither of which are widely used within NATCAN but were essential to producing two of NPaCA's performance indicators."

Amanda McDonnell, Data Scientist

Find out more about NPaCA

- 2024 State of the Nation report available [here](#)
- Quality Improvement Plan and information on Performance Indicators available [here](#)
- NPaCA website: www.natcan.org.uk/audits/pancreatic/

Meet the NPaCA team

Information about the NPaCA project team is available [here](#), and the Clinical Reference Group members are listed [here](#).



About NPCA

The National Prostate Cancer Audit (NPCA) assesses prostate cancer care delivered to patients in NHS hospitals across England and Wales, considering both personal and tumour factors across the care pathway. The Audit's core QI priorities are:

- improving timely diagnosis and treatment of patients with high-risk prostate cancer
- reducing potential over-treatment
- reducing potential under-treatment
- reducing short-term complications after radical prostate cancer surgery
- reducing medium-term complications after radical prostate cancer surgery and radiotherapy

2023/24 highlights

Supporting quality improvement

In March, NPCA hosted an online quality improvement workshop focusing on the science of performance in prostate radiotherapy and building capacity for the assessment of patients and delivery of care in prostate cancer. Over 100 clinicians attended from surgical and radiotherapy centres across England and Wales, along with policy makers and people working in academia and the charity sector.

NPCA
National Prostate Cancer Audit

NPCA Quality Improvement workshop Speakers

The science of performance in prostate radiotherapy and building capacity in prostate cancer care

Chaired by Professor Noel Clarke, NPCA Clinical Lead for Surgery and Urological Cancer Surgeon

Dr Alison Tree	Dr Jo Dodkins	Dr Julia Murray
Georgia Malesi	Dr Tania Kalsi	Professor Isabel Syndikus

21st March 2024, 3.00pm to 5.00pm

REGISTER NOW AT
<https://bit.ly/3wCFNha>

NPCA QI Event 21.03.24 'The science of performance in prostate radiotherapy and building capacity for the assessment of patients and delivery of care in prostate cancer'.



Panel discussion during the NPCA QI workshop chaired by Noel Clarke, NPCA Clinical Lead (Surgery).

Working with Prostate Cancer UK

In March, members of the NPCA team presented at the Prostate Cancer UK 'From Ideas to Innovation' conference. Noel Clark, Clinical Lead, and Jan van der Meulen, Methodology Lead, shared information about and findings from the work of the Audit.

Engaging with professional networks

In September, Alison Tree, Clinical Lead (Oncology), presented at the British Uro-oncology Group Annual Conference in Belfast, sharing a preview of the results for England from the 2024 State of the Nation report.

"NPCA recognises the importance of sharing its findings with the clinical community, exemplified by our annual quality improvement workshop. This year's workshop featured speakers from various clinical specialties and attracted over 100 attendees from surgical and radiotherapy centres across England and Wales, along with charity representatives and policymakers. This demonstrates how working with the NPCA team offers valuable opportunities to improve patient care by collaborating with leading clinicians and academics to share knowledge and insights nationwide."

Joanna Dodkins, NPCA Clinical Fellow

Find out more about NPCA

- 2024 State of the Nation report available [here](#)
- Quality Improvement Plan and information on Performance Indicators available [here](#)
- NPCA website: www.npca.org.uk/

Meet the NPCA team

Information about the NPCA project team and Clinical Advisory Group is available [here](#).

Future direction

There is much to look forward to as NATCAN moves into its third year, with key areas of focus being the further roll-out of interactive reporting tools and new national QI initiatives to increase the impact of our audit activities.

Innovations in reporting

As discussed on page 15 of this report, one of NATCAN's landmark achievements this year was the launch of our first two interactive online dashboards, for lung cancer and non-Hodgkin lymphoma. From January 2025, each of our 'new' audits will publish data dashboards that will be refreshed on a quarterly basis, with bowel, oesophago-gastric, and prostate cancer to follow.

This new style of reporting will allow providers to monitor their performance over time and against other organisations, providing more timely support for local QI initiatives. This work is made possible by the more regular and timely updates of data in the Rapid Cancer Registration Dataset.

Importantly, the development of the interactive data dashboards has taken into account the needs and preferences of patients as well as clinicians, and they are publicly available. People diagnosed with cancer, and their families, will therefore also be able to explore the data underlying their local provider's performance in much more detail – and in a much more user-friendly format – than ever before.

Further development work in 2025 will expand the features of the dashboards, such as providing downloadable reports and slide packs, cross-audit reporting, and bespoke designs responding to the needs of each type of end-user.

New QI initiatives

Building on this year's investment in QI expertise and capacity across NATCAN, as explored on page 11 of this report, from 2025 there will be further emphasis on this important area of activity. Supported by the new QI Advisory Group and the QI Clinical Fellow, each of the ten audits will design and launch a QI initiative aiming to 'close the audit cycle' for the first time at a national level in UK cancer services. Working closely with experts in improvement science we will ensure our QI work truly achieves our goal of improving care and outcomes for patients with cancer across England and Wales.

Beyond year 3?

Looking beyond 2025, there are several exciting ways in which the work of NATCAN could expand in both scale and influence. One consideration is whether other cancer types should be added to the audit portfolio; another is whether the audits could expand beyond England and Wales. There is also potential to further develop the methodology used within the audits, for example by including patient-reported outcomes and experiences measures (PROMS and PREMs, respectively) and by linking with primary care data about care delivered by general physicians in the community; this would likely provide a better understanding of the impact of cancer on a person's long-term function and quality of life. Finally, there is scope to explore additional ways in which NATCAN's findings can drive QI initiatives to ensure patient care continues to improve.

In memoriam: Bob Arnold, NBOCA PPI Forum Chair

All of us at NATCAN were deeply saddened to hear of the death of Bob Arnold in August 2024. Bob played an instrumental role as Chair of the PPI Forum for the National Bowel Cancer Audit (NBOCA) over many years, and we are grateful for his many contributions.



NATCAN teams and stakeholders at the first NATCAN Quality Improvement event at the Royal College of Surgeons on 27 March 2024.