



NATCAN

National Cancer Audit
Collaborating Centre

Annual Report 2023





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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, the Royal College of Nursing, and National Voices. 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.

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Introduction

Welcome to the first annual report for the [National Cancer Audit Collaborating Centre \(NATCAN\)](#), the home of the ten national cancer audits in England and Wales. It will support NHS cancer services by providing information on the care and treatment of patients diagnosed with cancer, so they can deliver improvements in the quality of care to patients, from diagnosis to treatment and longer-term survival.

We have brought together multi-disciplinary teams with expertise in cancer care, methodological development, data science, statistics, clinical epidemiology, performance assessment, organisation and logistics. And at the end of our first year, we are delighted to be joined by Ajay Aggarwal as NATCAN's first Clinical Director. We look forward to developing its strategic direction to ensure NATCAN helps raise standards and improves the performance of cancer services across England and Wales.

This report highlights the progress we have made during the first year in building the foundation for NATCAN and 'new audits' in kidney, ovarian, pancreatic, primary and metastatic breast cancer and non-Hodgkin lymphoma. These audits will be produced to the same high standard as the 'existing audits' in bowel, oesophago-gastric, prostate and lung cancer. Bringing them together in one place, with collaboration at its heart, enables us to share best practice and clinical excellence as part of our overall ambition to improve the care and outcomes for patients.

We have collaborated closely with professional groups, data partners, patient charities and patients to ensure we ask the right questions about cancer care and treatment. In this report, we highlight the key learnings from this scoping exercise, which has helped us to identify the quality improvement priorities for each type of cancer. We also highlight where the 'existing audits' have helped to provide a wider understanding of cancer treatments and improve outcomes for patients.



Julie Nossiter
Director of Operations, on behalf of the NATCAN
Executive Team

About NATCAN

The National Cancer Audit Collaborating Centre was established as a new national centre of excellence in October 2022. It has been set up to strengthen NHS cancer services by evaluating the process of diagnosis and treatment, and patient outcomes in England and Wales.

NATCAN has brought all the national cancer audits together under one roof, enabling closer collaboration and better results, sharing learning and best practice. It is part of an overall strategy of improving healthcare.



“The national cancer audits already run by the Clinical Effectiveness Unit have been used around the country to improve cancer care. We have the experience, we know how to do it well, and the standards are very high.”

Neil Mortensen Chair of NATCAN Board

“The way that we look at data in the NHS has evolved a lot over the last few years as we’ve developed more sophisticated systems. NATCAN allows us to get a concentration of expertise, and make the most efficient use of all the data sources we draw on,”

Peter Johnson National Clinical Director for Cancer, NHS England

Each NATCAN audit is developing explicit goals, with the overall aim of:

- Providing cancer services with regular evidence of where and why patterns of care vary
- Supporting NHS services to increase the consistency of access to treatments
- Improving cancer detection, treatment and outcomes for all patients

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.

Who We Are



The National Cancer Audit Collaborating Centre (NATCAN)

x10

national cancer audits



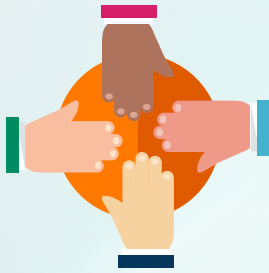
x30
clinicians



x15
academics



x5
managers



x1

NATCAN Board
comprising 18 members



x1

NATCAN
Executive Team



x19

patient charities who we
work closely with



x12

clinical professional organisations
who we collaborate with



15 years +

working on national cancer audits within the Clinical Effectiveness Unit at the Royal College of Surgeons of England

Highlights

During the first year, we:

- ✓ Established our governance structures including our [Executive Team and NATCAN Board](#)
- ✓ Built [new audit teams](#) for ovarian, pancreatic, non-Hodgkin lymphoma, kidney, and primary & metastatic breast cancer centred on strong clinical – methodological partnerships
- ✓ Developed close links with professional and patient stakeholder groups, including patient charities during the set-up of audit Clinical Reference Groups (CRGs)
- ✓ Launched our [website](#)
- ✓ Applied for routine, national cancer data, collaborating closely with the National Disease Registration Service and Wales Cancer Network
- ✓ Welcomed existing audits in prostate, bowel, oesophago-gastric and lung cancer to NATCAN
- ✓ Completed the scoping exercise for each audit, working closely with stakeholders including patients

Our Approach

NATCAN's approach is focused on the three "Rs", ensuring that all its activities are clinically **relevant**, methodologically **robust**, and technically **rigorous**.

NATCAN is committed to working closely with professional groups and patient charities – delivering results for patients and their families, as well as for healthcare professionals and the health service.

Each individual cancer audit is delivered by a multi-disciplinary team led by two or three clinical leads and senior academics with a track record in health services research, statistics, data science and clinical epidemiology. These academics are based at the London School of Hygiene and Tropical Medicine.

In addition, each audit has a clinical fellow who adds another dimension to the team, and an experienced audit manager who focuses on delivery.

The collaborative approach NATCAN employs means scientists with experience in data management and statistics, and methodologists with experience in performance assessment and quality improvement, are able to work across all its audits.

"Working with such a diverse team, everybody has such different experiences and skills. It's been exciting, everyone's enthusiastic & it's been a really collaborative year"

Verity Walker
NATCAN Project Manager



"NATCAN's team of methodologists and clinicians will work together with patients and charities to improve cancer services, armed with the richest ever national cancer data"

Kate Walker
Senior Statistician and part of the NATCAN Executive Team





National Kidney Cancer Audit

The [National Kidney Cancer Audit \(NKCA\)](#) will look at diagnosis and treatment, and how patients with the seventh most common type of cancer in the UK are managed.

[The audit aims to improve patient care in a number of ways:](#) reducing inequity in the access patients have to evidence-based cancer services, for example. Among a series of specific measures, priority will be given to increasing the use of renal tumour biopsy, and improving patient experience of care including availability of specialist cancer nurses.

The audit will also help to identify significant gaps in the support and expertise needed in order to provide the best possible care.

“One thing I’m particularly keen on,” adds Senior Methodologist Tom Cowling, **“is making sure that we are using modern, efficient approaches to data science to enhance the capabilities of the NKCA and all other NATCAN audits.”**

“There have been significant advances in kidney cancer care, but we know that improving the treatment pathway and ensuring that there is efficiency across the board will result in better outcomes which should be replicated across the country. And this audit will generate the data to support that.”

Dr Amit Bahl
Clinical Lead (oncology)



Grant Stewart, Clinical Lead (urology), gave an overview of the audit during the British Association of Urological Surgeons conference in June.



National Non-Hodgkin Lymphoma Audit

“The NNHLA is critical in informing us which patients suffer from these often deadly diseases, highlighting regional and socio-economic inequality, their relationships with treatments and survival and ultimately allowing improved targeting of future resources.”

Mark Bishton
Clinical Reference Group



More than 14,000 people are diagnosed with non-Hodgkin lymphoma (NHL) in the UK every year, but it is a hard cancer to study, partly because there are more than 200 different types. That’s why one of the aims of the audit is to focus not just on the most common lymphomas but also on rarer ones like T-cell lymphomas, which are difficult to diagnose and treat.

“A great advantage of this first national audit of NHL is that it will have the scale to allow us to ask questions across this broad range of NHL diagnoses,” explains David Cutter, Clinical Lead for oncology, “which will benefit all NHL patients, not just those with the more common types.”

[The five healthcare improvement goals](#) for the [National Non-Hodgkin Lymphoma Audit \(NNHLA\)](#) are:

- Improving timely diagnosis and treatment
- Treatment appropriate to the subtype of NHL
- Improving safety and reducing toxicity of NHL therapy
- Improving overall survival
- Reducing variation in NHL management among NHS providers



Cathy Burton, Clinical Lead (haematology), joined Kathryn Riley, Clinical Nurse Specialist for CAR-T therapy based at St James’s University Hospital Leeds, to deliver a webinar for Lymphoma Action in August

New Audits



National Ovarian
Cancer Audit

“Ovarian cancer is still known as the “silent killer” and it is essential that we deliver the highest quality care that is equally effective and accessible in all cancer centres, so every patient who is diagnosed with this condition has access to the best treatment available.”

Agnieszka Michael
Clinical Lead for medical
oncology



Outcomes for women diagnosed with ovarian cancer vary considerably across the country. This new audit will produce detailed information on diagnosis, treatment and surgery which will help identify problems and produce better results.

The [National Ovarian Cancer Audit \(NOCA\)](#) has established [five quality improvement goals](#) across the patient pathway that are its main priorities in the short term. These are aimed at improving timely treatment decisions and the use of molecular diagnostics; increasing the proportion of patients receiving first-line treatment with surgery and chemotherapy; and improving survival rates while also reducing variation in survival.

“This will help patients, carers, charities, and the clinical community understand how we can best drive standards of ovarian cancer care forwards across both surgery and chemotherapy,” says Sudha Sundar, NOCA’s Clinical Lead for surgery.



Sudha Sundar, NOCA Clinical Lead, highlighted the upcoming work of the audit at the British Gynaecological Cancer Society (BGCS) Annual Scientific meeting in June



National Pancreatic Cancer Audit

Each year in England Wales, around 10,000 patients are diagnosed with pancreatic cancer. It is very difficult to diagnose and treat, but there is real confidence that this audit can play a huge role in accelerating national efforts to improve the care and outcomes of patients.

“Extensive analysis of data from across the country, along with consultation with patient-focused, pancreatic cancer charities, representatives from clinical practice, and professional bodies, will show us in great detail how care is being delivered to pancreatic cancer patients,” says Ganesh Radhakrishna, one of the audit’s Clinical Leads.

The [National Pancreatic Cancer Audit \(NPaCA\)](#) has identified the following [potential areas for quality improvement](#):

- reducing time between referral and diagnosis and/or the start of treatment
- reducing variation in diagnostic procedures
- reducing variation in access to palliative/non-surgical treatment
- promoting consistency in the supportive care which is provided

Lynne McCallum, a pancreatic cancer nurse specialist and a member of the NPaCA Clinical Reference Group, says the audit is about improving the experience patients have and the outcomes that are achieved.

It will “help to steer an improvement within the area of equality in accessing treatment; by helping to ensure that people can expect the same level of care regardless of whereabouts they live and where they are treated.”

- **June 2023:** Tom Crosby, Medical Director for the Wales Cancer Network, and David Cromwell, CEU Director and Senior Methodologist for NPaCA, gave a high-level overview of the audit at the Royal College of Radiologists Clinical Oncology Quality Improvement Audit Forum
- **June 2023:** Andrew Smith presented the work of NPaCA at the Royal College of Surgeons of England’s Pancreas Research Symposium, to an audience including trainee surgeons.
- **October 2023:** Min Hae Park gave an update about the audit during the Pancreatic Cancer UK ‘Improving Pancreatic Cancer Care’ launch event 19 October.



NATCAN at the Pancreatic Cancer UK launch event in October. L to R: Julie Nossiter, Ganesh Radhakrishna (Clinical Lead for medical oncology), Andrew Smith (Clinical Lead for surgery), Min Hae Park (Methodologist), Vikki Hart (Senior Project Manager), Verity Walker, Amanda McDonnell (Data Scientist)



National Audit of Primary Breast Cancer

“All of us look forward to working with breast cancer teams, patients and other stakeholders to ensure we make the most of the opportunity to conduct a national clinical audit focused on agreed areas of need identified in a scoping survey”

Mark Verrill, Clinical Lead for medical oncology



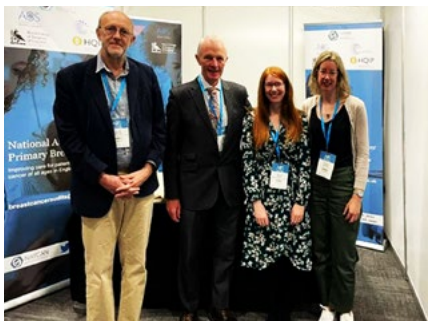
More than 55,000 people are diagnosed with a new primary breast cancer every year in the UK. With data on patients diagnosed with cancer in an NHS setting routinely collected as part of their care and treatment, the [National Audit of Primary Breast Cancer \(NAoPri\)](#) will bring together the information available for patients with primary breast cancer.

“There are now many national datasets available which contain a wealth of relevant information,” says Kieran Horgan, the Clinical Lead for surgery, “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.”

The key areas identified as [quality improvement priorities for NAoPri](#) include the identification of unwarranted variation and/or deviation from recommended guidance for: surgical care, oncological care, the movement of patients through the care pathway, and breast cancer outcomes.

The scoping work identified some specific patient groups for the quality improvement work to focus on including: older and frail patients, younger patients, male patients, and patients with triple receptor negative disease.



Members of the NaoPri and NaoMe teams at the Association of Breast Surgery (ABS) Conference in May. L to R: David Dodwell (Clinical Lead, oncology), Kieran Horgan (Clinical Lead, surgery), Jemma Boyle (Senior Clinical Fellow), Melissa Gannon (Methodologist)

- **January 2023:** “National Audit of Breast Cancer in Older Patients and the Future of Breast Cancer Audit in the UK” presentation, ‘Current Breast Cancer Research in the UK’ event, 13 January, University of Liverpool
- **February 2023:** Mammary Fold Academic Committee / iBRANet Academic Day, 6 February
- **May 2023:** Members of the team gave 5 presentations during the Association of Breast Surgery (ABS) Conference, 15-16 May, Belfast including an introduction to the new breast audits.



National Audit of Metastatic Breast Cancer

“Concerns about access to treatment and support for patients with metastatic breast cancer are frequently expressed. In NAOme we have the additional 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, Clinical Lead
for oncology



The [National Audit of Metastatic Breast Cancer \(NAOme\)](#) aims to report on all patients diagnosed with metastatic breast cancer (MBC; also known as secondary, advanced or stage 4 breast cancer) in NHS hospitals in England and Wales.

The NAOme builds on the work of the National Audit of Breast Cancer in Older Patients (NABCOP) and for the first time will include women and men of all ages with metastatic disease diagnosed at presentation, as well as those with recurrent metastatic disease.

[Initial priorities](#) will be establishing the baseline from which change in practice and outcomes can be measured, and defining outcomes that are important for patients, and feasible to measure using national routine data.

Focus firstly will be on improving the completeness of key data items, including recording of cancer recurrence, to ensure all patients living with metastatic breast cancer are counted. From this the audit can look to reduce variation in practice and improve aspects of care and outcomes, highlighted as important within the scoping work, and understanding access to new treatments within a changing landscape.

- **November 2022:** ABS Nursing Conference, 18 November
- **June 2023:** (a) Royal College of Radiologists, 13 June, London.
(b) UK Oncology Forum meeting, 15-16 June, Birmingham
- **October 2023:** The Metastatic Breast Cancer Conference in Wales, 23 October, Newport

Existing Audits

NOGCA | National Oesophago-Gastric Cancer Audit

The [National Oesophago-Gastric Cancer Audit](#) was first established in 2006. It [evaluates the quality and outcomes of care for patients diagnosed with oesophageal or gastric cancer \(OG\)](#) in NHS hospitals in England and Wales.

The audit provides information that helps cancer units to improve the quality of the care received by patients, and some notable progress has been made:

- the use of enhanced recovery after surgery (ERAS) protocols among patients undergoing curative surgery for OG cancer has increased, from 50% in 2016/17 to 68% in 2019/20. This has shortened the length of hospital stay among patients who had surgery for OG cancer.
- 90-day postoperative mortality among patients undergoing curative surgery for OG cancer has decreased from 4.7% in 2012/13 to 2.7% in 2019/20. More recent data is available, but it has been affected by the Covid-19 pandemic.

In fact, survival rates after surgery have improved year on year, and it is important that this progress continues. The more patients the audit has information about, the more accurate its results are likely to be.

“Our OG patient panel supports the audit because we passionately believe it plays a vital role in improving treatments and care for patients across the country. We recognise and welcome the benefits of merging NOGCA into NATCAN. By sharing experience across these audits and between the various patient panels, hospital services will be better guided and supported towards improving their cancer services, and public facing reports will become the gold standard they deserve to be.”

Matt Carter, lead on the patient panel.

Based on the findings of the NOGCA [2022 Short Report](#), the team hosted a quality improvement workshop on the topic of postoperative nutritional management at the [AUGIS 2022 Annual Scientific Meeting](#).

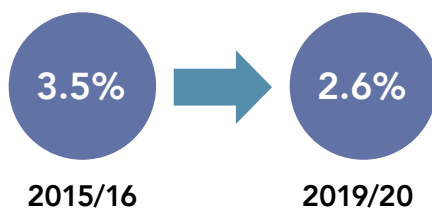


Existing Audits

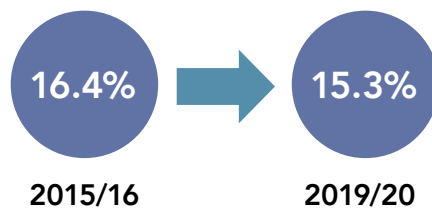
NBOCA | National Bowel Cancer Audit

Short and long-term postoperative mortality have improved over time:

90-day post operative mortality



2-year mortality after major resection



The [National Bowel Cancer Audit](#) has been a mandatory national audit since 2010. It aims to measure the quality and outcomes of care for patients diagnosed for the first time with bowel cancer in NHS hospitals in England and Wales, and support colorectal units in the UK to improve the quality of the care received by patients.

Since 2015 [the scope of the audit has been broadening](#), in particular to patients not undergoing surgery, and also earlier and later in the patient pathway. As part of NATCAN, it is now formally linked to all the other national cancer audits for the first time.

“NATCAN offers unique opportunities for shared learning between audits concentrating on a variety of cancers,” say Nicola Fearnhead and Mike Braun, Clinical Leads, in a joint statement.

“There are even greater opportunities to impact patient outcomes through highlighting variation in practice, showcasing clinical exemplars, driving quality improvement (QI) initiatives at national and local level, and engaging with funding bodies and commissioners.”



NBOCA QI workshop during ACPGBI 2023

- **May 2023:** Association of Coloproctology of Great Britain and Ireland (ACPGBI) Clinical Governance Board Webinar – Update on NBOCA.
- **July 2023:** Launch of the NBOCA-RCSEng ileostomy closure QI intervention at a workshop held during ACPGBI 2023. Jemma Boyle, NBOCA's Clinical Fellow, also presented her work developing a metric of severe acute toxicity after chemotherapy in routine data in the British Journal of Surgery Prize Session.
- NBOCA's paper on the impact of on COVID-19 pandemic on Colorectal Cancer Services received enough citations to be a top cited article in Colorectal Disease.

NPCA National Prostate Cancer Audit

The audit was launched in 2013, and awareness of its output, and engagement with its findings, is now embedded in the prostate cancer clinical care community.

But there are still significant challenges: while prostate cancer is one of the commonest solid cancers, concerns remain about late diagnoses and optimal treatments, as well as variation between providers, during a time of major change in clinical practice.

“I am proud to work on the [National Prostate Cancer Audit](#) as we constantly strive to strengthen the methodological rigour of our work whilst ensuring clinical relevance is at the heart of our thinking,” says NPCA data scientist, Emily Mayne. “Working with a diverse range of equally invested stakeholders creates a supportive and productive environment which ensures we produce our best work for patients.”

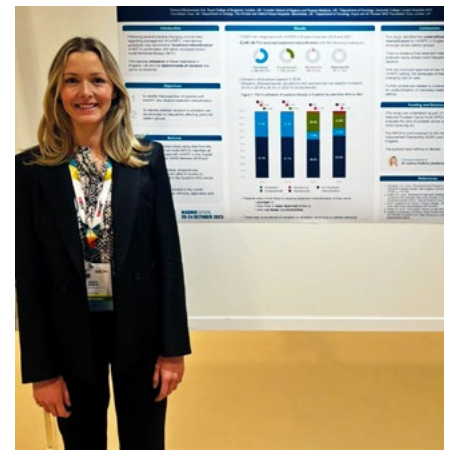
[The audit has some key quality improvement goals:](#)

- reducing potential over-treatment and under-treatment
- improving safety and reducing toxicity of therapies
- reducing variation in prostate cancer management
- improving experience of care for patients

The NPCA also tracks cancer treatment outcomes and survival rates by geography, ethnicity and socio-economic status, which are all important measures for determining how care varies across the country.

“The audit plays a crucial role in improving outcomes for patients with prostate cancer, and my research focus on the treatment of patients with metastatic disease in particular,” says Joanna Dodkins, NPCA Clinical Fellow.

- **February 2023.** NPCA QI workshop 10 years of the National Prostate Cancer Audit (NPCA) and future direction: NPCA Quality Improvement Event 2023
- **June 2023:** Systematic review ‘Clinical Trials in Metastatic Hormone-sensitive Prostate Cancer Treatment Translate into Access to Treatments for Patients in the “Real World”?’ was published in European Urology Oncology
- **September 2023:** Presentation of the latest results from the NPCA during the British Uro-Oncology Group annual conference. These results will be published in the first State of the Nation report in January



Joanna Dodkins, presenting results from the NPCA demonstrating underutilisation of treatment intensification in metastatic hormone-sensitive prostate cancer during the European Society of Medical Oncology Conference in October 2023

Existing Audits

NLCA | National Lung Cancer Audit



Neal Navani, Senior Clinical Lead, presenting results from the audit at BTOG 2023

The [NLCA](#) was developed in response to the findings that outcomes for lung cancer patients in the UK lagged behind those in other high-income countries, and varied considerably across the country. We want to make sure that patients with lung cancer receive the best care throughout England and Wales.

[The audit's specific objectives](#) are to investigate:

- Service delivery and organisation of care in England and Wales
- The characteristics of patients newly-diagnosed with lung cancer
- The diagnostic and staging process and initial treatment planning
- The initial treatments that patients receive
- The experiences of patients receiving care and their outcomes following treatment
- Overall and disease-free survival

The first NCLA State of the Nation report in 2023 showed improvements or post-Covid recovery in a number of areas, including 1 year survival rates, and the number of patients having early-stage surgery and chemotherapy.

“The NCLA has been at the vanguard of cancer audit since its inception in 2005,” says Senior Clinical Lead, Neal Navani. “It has been influential in improving care for patients with lung cancer and reducing variation as well as influencing national and international lung cancer guidelines.”

“The transition into NATCAN is an exciting new phase with opportunities to share knowledge, streamline governance and gain insights from other cancer audits.”

- **March 2023:** Doug West, Clinical Lead (surgery) presented the results from the first State of the Nation report during the annual meeting of the Society of Cardiothoracic Surgeons in Great Britain and Ireland (SCTS)
- **April 2023:** Neal Navani, Senior Clinical Lead (respiratory medicine) presented these results during the British Thoracic Oncology Group (BTOG) 2023
- **September 2023:** Lauren Dixon, NLCA Clinical Fellow, presented the latest results from the NLCA during the East of England Cancer Alliance Lung Cancer MDT Away Day

Future Direction



Ajay Aggarwal, NATCAN Clinical Director

Over the next 12 months NATCAN will build upon the foundation created in the first year, with each audit developing key performance indicators that will measure progress towards the quality improvement goals.

Starting in 2024, NATCAN audits will begin to provide regular feedback to hospitals on where treatments and outcomes vary, and publish concise 'State of the Nation' reports that describe key findings and national recommendations for improvements in cancer care.

Cancer treatment is complex. There are multiple treatment options, and a patient's treatment plan needs to take into account the stage of their cancer, how they will respond to treatment and their preferences for care.

A key aim for each audit will be to ensure the information produced for cancer services recognises these differences and supports hospitals to focus on specific parts of the care pathway, in order to identify ways to improve care and outcomes for patients.

Ajay Aggarwal, the new Clinical Director for NATCAN, is optimistic that bringing all ten audits together under one roof will make a big difference.

"As a clinical oncologist I come with the experience of ten years of knowing that will happen. Each year there has been significant learning, the data improves, and I think we're responsive," he says.

"And we still understand fundamentally that this is about patient care and experience and we're all working towards that. So, I'm very positive about it."

NATCAN will complete national quality improvement initiatives in the first three years using rapid cancer registration data, available 3 months after diagnosis. These initiatives will aim "to close the audit cycle" following an approach commonly referred to as the "plan-do-study-act" method.

David Cromwell, the Director of the Clinical Effectiveness Unit, shares Ajay's positive outlook "A key feature of how we conduct national cancer audits is the strong 'clinical methodological partnerships' within the audit teams. These make it possible for the audits to respond to new developments in cancer care, keeping our methods up to date and targeting our quality improvement initiatives to where they are most needed."



David Cromwell, Director of the Clinical Effectiveness Unit and member of the NATCAN Executive Team

Conclusion

Putting the needs of patients, carers and relatives at the heart of the work we do is key. To put this into practice, each audit is working with patient charities to establish patient and public forums to provide insight from their perspective on strategic aims and priorities.

This will include shaping the development of each audit's quality improvement initiatives, by ensuring this work is relevant for patients.

"The key is that we have a resource ensconced within the NHS that seeks to provide the transparency for patients to make decisions, or inform them, but equally for clinicians and providers and the policy sector to improve the care we deliver," says Ajay Aggarwal.

Jan van der Meulen, Senior Clinical Epidemiologist, NATCAN Executive Team highlights that **"NATCAN will build on our longstanding experience in targeting and designing QI implementation approaches, ensuring that the audit feedback information and recommendations truly reach the clinicians who can act on it, also incorporating specific action plans"**.

We are thankful to everyone who has helped make the launch of NATCAN a success, and look forward to developing further in the coming years.

Thanks...

- to our funders, NHS England and the Welsh Government, and
- our commissioners, HQIP, for their support during NATCAN's development
- to the professional organisations, patient charities and patients for their guidance and for raising awareness
- to our data providers, NDRS, DARS and WCN for supporting the data application process and providing data to the 'existing' audits
- to all clinical and non-clinical teams at NHS Trusts in England and Health Boards in Wales for the ongoing collection and submission of routine data

and to all members of the NATCAN teams who are working together to help make the centre and the audits a success.



Jan van der Meulen, Senior Clinical Epidemiologist and member of the NATCAN Executive Team



Members of the NATCAN team at the Royal College of Surgeons of England