

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

*This guide is intended to be read whilst navigating the National Audit of Primary Breast Cancer (NAoPri) Quarterly Reports, found [here](#). For more information about the NAOpri, please visit our [audit page](#).*

### 1. What is the Quarterly Data Dashboard?

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

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

### 2. Who prepares the reports?

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

### 3. Who is the report aimed at?

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

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

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

### 4. What information is presented?

For NAOpri, as of January 2025, we report on [three performance indicators](#)

#### 1. [Percent of people receiving breast cancer surgery within 12 months of diagnosis](#)

This indicator was chosen to support the goal of the NAOpri audit, to improve and reduce variation in primary breast cancer surgery. Clinical guidelines state that surgery is the choice of primary treatment for non-invasive and early invasive breast cancer in most patients.

#### 2. [Percent of people recorded as having an immediate reconstruction following a mastectomy](#)

This indicator was chosen to support the goal of the NAOpri audit, to improve access to breast reconstruction after mastectomy. Clinical guidelines state that all patients undergoing mastectomy for breast cancer should be offered breast reconstruction. Immediate reconstruction is just one option; many patients choose delayed reconstruction or decline it altogether. Analysing immediate reconstruction rates provides insight into an organization's reconstructive capacity and performance using reliable comparative data.

### 3. Percent of people who have a record of having contact with a Clinical Nurse Specialist (CNS)

This indicator was selected because CNS support is crucial for breast cancer patients and aligns with the NAOpri audit's goal of improving the movement of patients through the primary breast cancer care pathway. Clinical guidelines recommend all patients with breast cancer should have a named Clinical Nurse Specialist to support them through diagnosis, treatment, and follow-up.

We also report on five indicators of data quality.

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

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

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

### 5. How are targets set? For which indicators?

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

### 6. Where can I learn more?

The Quarterly Clinical Performance Indicator Reports can be found [here](#).

The Methods Information tab for each indicator provides more information on who is included in each indicator.

The 2024 NAOpri State of the Nation Patient and Public Annual Report can be found [here](#).

For any queries relating to this please contact [breastcancer audits@rcseng.ac.uk](mailto:breastcancer audits@rcseng.ac.uk)