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| Local Action Plan for adoption of NAoMe State of the Nation Report 2025 Recommendations | |
| The provider should complete the following details to allow for ease of review | |
| Audit title & aim: | National Audit of Metastatic Breast Cancer - *An audit of care received by people diagnosed with metastatic breast cancer*  *in England and Wales* |
| NHS organisation: |  |
| Audit lead: |  |
| Action plan lead: |  |

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

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

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| **Key 2 (for the action priority)** |
| High: requires urgent attention (local audit)  Medium: requires prompt action (consider local audit)  Low: requires no immediate action (or local audit) |

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|  | | | **Action activities** | | | |
| **No.** | **Recommendation** | **Action required?** | **Responsible individual(s)** | **Agreed deadline** | **Status (Key 1)** | **Priority (Key 2)** |
| **Clinical Recommendations** | | | | | | |
| **1** | Ensure the care for all people newly diagnosed with metastatic breast cancer (either de-novo or recurrent) is discussed within a breast multidisciplinary team (MDT) meeting. | *Suggested actions:*   * *Review your organisations performance of discussing patients with de-novo metastatic breast cancer (MBC) at MDT using the corresponding tab on the data dashboard.* * *Identify the pathways by which patients with de-novo or recurrent MBC present and implement protocols to ensure each patient is listed for discussion at MDT.* * *Integrate data collection into MDT meetings, ensuring the MDT discussion is recorded by an assigned individual in COSD during the meeting.* |  |  |  |  |
| **2** | Examine rates of treatment with CDK4/6 inhibitors within 12 months of diagnosis in people with ER+ HER2- MBC. Consider variation in care - especially in low-use centres – to try to identify underlying causes and opportunities for improved quality of care. | *Suggested actions:*   * *Review your organisation’s use of CDK4/6 inhibitors using the corresponding tab on data dashboard.* * *Review your organisation’s policy regarding patient eligibility for CDK4/6 inhibitors (e.g., processes for identification and discussion of eligible patients, resources for monitoring of use).).* * *Improve access to CDK4/6 inhibitors for eligible patients wherever possible.* |  |  |  |  |
| **3** | Assess 30-day mortality rates following chemotherapy and, in trusts with rates outside the 95% control limits of the national average, conduct outcome reviews and evaluations of local prescribing practices to ensure appropriate consideration of chemotherapy risks and benefits. | *Suggested actions:*   * *Review your organisation’s 30-day mortality rates following chemotherapy using the corresponding tab on data dashboard.* * *Review your organisation’s palliative chemotherapy practices (e.g., assessment and selection of patients, monitoring and early detection of acute toxicity)* |  |  |  |  |
| **Clinical Recommendations** | | | | | | |
| **4** | Ensure accurate recording of date and type of breast cancer recurrence by:  (a) Education, sharing the “[NAoMe Guide to collecting COSD data for breast cancer recurrence](https://www.natcan.org.uk/library/guide-to-collecting-cosd-data-for-breast-cancer-recurrence/)” with NHS organisations in England;  (b) Review and optimise the process of capturing and uploading to COSD (England) and the Cancer Data Form (CDF, Wales). | *Suggested actions:*   * *Review the “*[*NAoMe Guide to collecting COSD data for breast cancer recurrence*](https://www.natcan.org.uk/library/guide-to-collecting-cosd-data-for-breast-cancer-recurrence/)*” and use this as a tool to educate your multidisciplinary team (MDT).* * *Assign a timepoint and individual responsible for recording recurrence in the core dataset of COSD. This may be best recorded at the diagnostic MDT where clinicians should make pragmatic decisions to ensure the relevant sections are completed with emphasis on completing date of recurrence.* * *Appoint a data lead within the MDT with protected time for reviewing and checking the team’s data returns and for championing improvements in the completeness of recurrence records.* |  |  |  |  |
| **5** | Confirm breast MDTs have a data lead responsible for ensuring the quality of national data submissions. Reviews of data completeness should include full tumour characterisation (i.e., stage, grade, histology), ER and HER2, performance status, the [NABCOP fitness assessment](https://www.nabcop.org.uk/resources/fitness-assessment-tool/) data items (for people aged 70+ years) and contact with clinical nurse specialists (CNS).  *(Recommendation aligned with the* [*report for the National Audit of Primary Breast Cancer*](https://www.natcan.org.uk/audits/primary-breast/reports-2/)*.)* | *Suggested actions:*   * *Breast care teams should agree and implement a standardised process of capturing data items.* * *Appoint a data lead within the multidisciplinary team (MDT) with protected time for reviewing and checking the team’s data returns and for championing improvements in the completeness of key data items.* * *Ensure the designated individual(s) for managing the submission of data to the National Cancer Registration and Analysis Service (NCRAS) in England or the Wales Cancer Network (WCN) in Wales checks the completeness of:*   1. *full tumour characterisation*   2. *ER and HER2 status (for patients with invasive breast cancer)*   3. *performance status*   4. *whether or not a triple diagnostic assessment (TDA) was completed*   5. *CNS contact*   6. *the NABCOP fitness assessment indicators (for patients aged 70+ years)* * *Raise the profile of data completeness across the wider MDT at governance meetings or by sharing data.* * *Feedback quarterly data quality reports to the wider MDT.* * *Integrate data collection into MDT meetings with the aim of achieving 90% completeness of key data items.* |  |  |  |  |

**Notes:** \*ER status = oestrogen receptor status, \*\*HER2 status = human epidermal growth factor receptor 2 status.

The NAoMe welcome your feedback on this quality improvement template to be used in conjunction with the NAoMe State of the Nation Report 2025 provider level results and quality improvement resources presented on our [website](https://www.natcan.org.uk/audits/metastatic-breast/).

Please contact the NAoMe team [breastcanceraudits@rcseng.ac.uk](mailto:breastcanceraudits@rcseng.ac.uk) if you have any questions related to your results, data collection, or service improvement.

**References**

1. NAoMe State of the Nation Report 2025. Available from: <https://www.natcan.org.uk/audits/metastatic-breast/reports-2/>
2. NICE Guidelines – Advanced Breast Cancer: diagnosis and treatment (2017) NICE guideline [CG81]. Available from: <https://www.nice.org.uk/guidance/CG81>
3. NICE Quality Standard 12 – Breast Cancer (2016). Available from: <https://www.nice.org.uk/guidance/qs12>
4. 5th ESO-ESMO international consensus guidelines for advanced breast cancer (ABC 5). Available from: <https://pubmed.ncbi.nlm.nih.gov/32979513/>
5. NICE Technology Appraisal Guidance (TA563). Available from <https://www.nice.org.uk/guidance/ta563>