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| Local Action Plan for adoption of NAoPri 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 Primary Breast Cancer - *An audit of care received by people diagnosed with primary 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 that people with breast cancer have access to Triple Diagnostic Assessment (TDA) in a single visit and, if required, identify methods to increase the provision of this service. | *Suggested actions:*   * *Review the TDA provision for your organisation in the corresponding tab on the data dashboard.* * *Review the availability, frequency, capacity and organisation of dedicated one-stop clinics, including adequate access to trained staff and radiological resources* * *Conduct a local audit of TDA provision to identify areas for improvement and to increase access to TDA for all patients presenting symptomatically to the breast clinic.* |  |  |  |  |
| **2** | Review the use of neo-adjuvant  chemotherapy for people with triple negative and HER2+ early invasive breast cancer. Reduce the levels of unexplained regional variation, with particular emphasis in increasing use among those showing low rates and ensuring neo-adjuvant chemotherapy is offered to eligible patients in line with guideline recommendations. | *Suggested actions:*   * *Review the use of NACT in your organisation in the corresponding tab on the data dashboard.* * *Using national and international guidelines, identify sub-groups of patients within your organisation who may benefit from improved utilisation of NACT.* |  |  |  |  |
| **3** | Review rates of immediate breast  reconstruction (IBR) and, where rates are lower than expected, act to improve access by ensuring it is offered to all women as part of a balanced shared decision-making process, unless precluded by comorbidity or adjuvant therapies. | *Suggested actions:*   * *Review the immediate reconstruction rates in your organisation using the corresponding tab on data dashboard.* * *Review and standardise processes for how reconstruction options are discussed with patients (e.g., adequate clinic slots, experienced surgeon), consider what additional support is provided to help patients with their decision-making (e.g., CNS support, lectures), or improve access to oncoplastic surgery (e.g., local Plastics referral pathways, theatre availabilities).* * *Identify barriers to immediate reconstruction in your organisation.* |  |  |  |  |
| **4** | Review rates of re-operation following breast conserving surgery (BCS) and, where rates are higher than expected, units should review local protocols with the view to complying with best practice. | *Suggested actions:*   * *Review your organisations re-operations rates within 12 months of BCS using the corresponding tab on data dashboard.* * *Review your organisation pre-operative work-up (e.g., imaging and localisation techniques), initial mastectomy rates, intra-operative practice (e.g., use of specimen x-rays and cavity shaves), histopathology practices (e.g., specimen orientation) and practices relating to discussion and offer of re-operation.* * *Develop local action plans to reduce re-operation rates by addressing the identified contributing factors.* |  |  |  |  |
| **Data Quality Recommendations** | | | | | | |
| **5** | Confirm breast multidisciplinary teams (MDT) have a data lead responsible for ensuring the quality of national data submissions. Reviews of data completeness should include full tumour characterisation, ER and HER2status (for invasive breast cancer), performance status, the [NABCOP fitness assessment](https://www.nabcop.org.uk/resources/fitness-assessment-tool/) (aged 70+ years), Triple Diagnostic Assessment (TDA) and contact with Clinical Nurse Specialists (CNS).  *(Recommendation aligned with the* [*report for the National Audit of Metastatic Breast Cancer*](https://www.natcan.org.uk/audits/metastatic-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 NAoPri welcome your feedback on this quality improvement template to be used in conjunction with the NAoPri State of the Nation Report 2025 provider level results and quality improvement resources presented on our [website](https://www.natcan.org.uk/audits/primary-breast/).

Please contact the NAoPri 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. NAoPri State of the Nation Report 2025. Available from: <https://www.natcan.org.uk/audits/primary-breast/reports-2/>

2. NICE Guidelines – Early and locally advanced breast cancer: diagnosis and management (2024) NICE guideline [NG101]. Available from: <https://www.nice.org.uk/guidance/ng101>

3. NICE Quality Standard 12 – Breast Cancer (2016). Available from: <https://www.nice.org.uk/guidance/qs12>

4. Association of Breast Surgery – Neoadjuvant Chemotherapy: Multidisciplinary Guidance. Available from: <https://associationofbreastsurgery.org.uk/media/515633/neaoadjuvant-chemotherapy-manual-v1.pdf>