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| Local Action Plan for taking on NKCA State of the Nation Report 2025 recommendations | |
| The provider should complete the following details to allow for ease of review | |
| Audit title & aim: | National Kidney Cancer Audit (NKCA)  To assess the process of care and its outcomes in patients with kidney cancer |
| 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** | **Suggested Actions** | **Responsible individual(s)** | **Agreed deadline** | **Status (Key 1)** | **Priority (Key 2)** |
| **1** | NHS hospitals should increase the number of people with a small kidney cancer who receive a renal biopsy to confirm the histological diagnosis, by improving availability of timely diagnostics. | * *Review local implementation of renal biopsy, including local rates and referral processes.* * *Estimate the number of interventional radiology slots required per week to get patients through this pathway promptly.* * *Monitor turn-around time for radiology and histology reports and develop plans to increase their capacity.* * *Raise awareness of the advantages of renal biopsies to the wider MDT.* |  |  |  |  |
| **2** | Clinical management in organisations need to review pathways for higher risk renal cell carcinoma (RCC) to understand system-level delays and ensure providers treat these people within 31 days. | * *Network lead to review and check the pathways for renal cell carcinoma with clinical management to understand system level delays.* * *The lead can also play a key role in advocating improvements and ensuring that individuals with higher risk renal cell carcinoma are treated within 31 days from decision to treat.* * *Provide a streamlined process for regular feedback on quality improvement initiatives for cancer waiting times to the wider MDT.* |  |  |  |  |
| **3** | NHS hospitals need to identify and address reasons why people with kidney cancer, stage T1b-3NX RCC are not considered for surgical treatment. | * *Ensure documentation of whether patients eligible for radical treatment are offered it and reasons for not allocating, if appropriate.* * *Assess fitness for treatment regardless of chronological age and consider referral to oncogeriatric services or anaesthetic assessment clinics, if appropriate and available.* |  |  |  |  |
| **4** | Providers should ensure that people with kidney cancer, stage T1aN0M0 RCC are discussed in specialist multidisciplinary team meetings and offered nephron sparing treatment where appropriate. | * *Where a service is not available, e.g. thermal ablation or robotic partial nephrectomy, ensure clear pathways of referral within or across sMDTs. Ensure information on these services is made available to patients.* |  |  |  |  |
| **5** | People diagnosed with metastatic RCC should be evaluated by a medical/clinical oncologist with expertise in renal cancer management and be considered for receipt of systemic anti-cancer therapy (SACT). | * *Oncologist with specialist interest in renal cancer to oversee management of metastatic RCC pathways, working with the clinical teams to identify barriers to consideration for SACT.* * *Ensure documentation of a comprehensive geriatric assessment and whether patients eligible for SACT are offered it and reasons for not allocating, if appropriate.* * *Offer appropriate supportive services for people with metastatic kidney cancer including counselling and management for those experiencing treatment-related complications, such as immune oncology toxicity.* * *Assess fitness for treatment regardless of chronological age and consider referral to oncogeriatric services, if appropriate and available.* |  |  |  |  |

The NKCA welcome your feedback on this quality improvement template to be used in conjunction with the NKCA State of the Nation Report 2025 provider level results and quality improvement resources presented on our website.

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