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| Local Action Plan for taking on NOCA State of the Nation Report 2025 Recommendations |
| The provider should complete the following details to allow for ease of review |
| Audit title & aim:  | National Ovarian Cancer Audit (NOCA)To evaluate the patterns of care and outcomes for women with ovarian cancer in England and Wales, and to support services to improve the quality of care for these women. |
| 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)**  |
| **1** | 1. Reduce the current rate of emergency admissions:
* NHS England and the Wales Cancer Network to continue working with gynaecological cancer systems, Cancer Alliances, health boards, and primary care organisations to explore the use of innovative approaches to early diagnosis in community settings, and including:
* Gynaecological cancer systems, Cancer Alliances, health boards to continue engaging with their local populations alongside ovarian cancer charities to improve recognition of ovarian cancer symptoms, particularly among older adults and those living in more deprived areas.
* Referring hospitals to review cases of emergency admissions to identify potential missed opportunities and share learning with primary care partners to support earlier diagnosis in the future.
 | *Suggested actions:** *Review the proportion of women diagnosed with ovarian cancer following an emergency admission in your own Cancer Alliance/gynaecological cancer system/NHS trust or health board using the data dashboard.*
* *Identify potential missed opportunities and share learning with primary care partners to support earlier diagnosis in the future.*
* *Identify barriers to timely diagnosis.*
* *Review local diagnostic pathways including local diagnosis rates and referral processes and explore the use of innovative approaches to early diagnosis in community settings.*
* *Liaise with affiliated cancer alliance to promote awareness of symptoms among women and primary care professionals.*
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| **2** | 1. Investigate why women diagnosed with ovarian cancer within 28 days following an emergency admission did not receive any treatment (surgery and/or chemotherapy) and aim to reduce that proportion by:
* engaging with NOCA’s Quality Improvement Intervention/Initiative.
* performing a detailed case-note review to identify the reasons why women did not receive treatment.
* assessing eligibility for treatment based on the women’s pre-admission fitness and consider timely involvement of prehabilitation service.
* ensuring close collaboration between the centre and the units within a gynaecological cancer system.
 | *Suggested actions:** *Review the provision of treatment (any type) among women with an emergency admission prior to their diagnosis in your own Cancer Alliance/gynaecological cancer system/NHS trust or health board using the data dashboard.*
* *Identify barriers to the timely provision of surgery and/or chemotherapy to women with an emergency admission prior to their diagnosis.*
* *Review examples of good practice and consider incorporating them in your own practice.*
* *Develop local pathways to improve timely provision of treatment for these women.*
* *Engage with NOCA’s Quality* *Improvement Intervention/Initiative.*
* *Perform a detailed case-note review to identify the reasons why women did not receive treatment.*
* *Assess eligibility for treatment based on the women’s pre-admission fitness and consider timely involvement of prehabilitation service.*
* *Ensure close collaboration between the centre and the units within a gynaecological cancer system.*
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| **3** | 1. Review the percentage of women with stage 2 to 4, or unstaged ovarian cancer who receive treatment (any type), explore and address some of the reasons behind the variation across gynaecological cancer systems by:
* performing a detailed case-note review to identify why women did not receive any treatment.
* documenting whether women eligible for treatment were offered it and the reasons for not treating, if appropriate
 | *Suggested actions:** *Review the provision of treatment (any type) in your own Cancer Alliance/gynaecological cancer system/NHS trust or health board using the data dashboard.*
* *Identify barriers to the timely provision of surgery and/or chemotherapy to women with stage 2 to 4, or unstaged ovarian cancer.*
* *Review examples of good practice and consider incorporating them in your own practice.*
* *Develop local pathways to improve timely provision of treatment for these women.*
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| **4** | 1. Identify opportunities to increase the utilisation of platinum-based chemotherapy in women with epithelial ovarian cancer (stage 2 to 4, or unstaged), explore and address some of the reasons behind the variation across gynaecological cancer systems by:
* performing a detailed case-note review to identify why women did not receive any chemotherapy.
* documenting whether women eligible for treatment were offered it and the reasons for not treating, if appropriate.
* assessing eligibility for treatment based on the women’s pre-admission fitness and consider timely involvement of prehabilitation service.
 | *Suggested actions:** *Review the provision of platinum-based chemotherapy in your own Cancer Alliance/gynaecological cancer system/NHS trust or health board using the data dashboard.*
* *Identify barriers to the timely provision of platinum-based chemotherapy to women with epithelial ovarian cancer (stage 2 to 4, or unstaged).*
* *Review examples of good practice and consider incorporating them in your own practice.*
* *Develop local pathways to improve timely provision of platinum-based chemotherapy for these women.*
* *Perform a detailed case-note review to identify why women did not receive any chemotherapy.*
* *Document whether women eligible for treatment were offered it and the reasons for not treating, if appropriate.*
* *Assess eligibility for treatment based on the women’s pre-admission fitness and consider timely involvement of prehabilitation service.*
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| **5** | 1. Review one-year survival in women diagnosed with ovarian cancer, explore and address some of the reasons behind the variation across gynaecological cancer systems by:
* taking into account the performance of gynaecological cancer systems across the previous indicators.
* identifying key pressure points in the ovarian cancer care pathway.
 | *Suggested actions:** *Review one-year crude survival in your own Cancer Alliance/gynaecological cancer system/NHS trust or health board using the data dashboard.*
* *Review one-year adjusted survival in your own Cancer Alliance/gynaecological cancer system/NHS trust or health board using the data dashboard.*
* *Identify potential reasons behind variation across gynaecological cancer systems.*
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The NOCA welcome your feedback on this quality improvement template to be used in conjunction with the NOCA State of the Nation Report 2024 provider level results and quality improvement resources presented on our website.

Please contact the NOCA team ovariancanceraudit@rcseng.ac.uk if you have any questions related to your results, data collection or service improvement.

**References**

1. National Ovarian Cancer Audit (NOCA) State of the Nation Report 2025. London: National Cancer Audit Collaborating Centre, Royal College of Surgeons of England, 2025.
2. NICE Guideline - Suspected cancer: recognition and referral (2023) NICE guideline [[NG12](https://www.nice.org.uk/guidance/ng12/chapter/Recommendations-organised-by-site-of-cancer#gynaecological-cancers)]
3. NICE Guidance - Ovarian cancer: recognition and initial management (2023) Clinical guideline [[CG122](https://www.nice.org.uk/Guidance/CG122)]
4. Ledermann J A, Matias-Guiu X, Amant F, Concin N, Davidson B, Fotopoulou C, et al. [ESGO–ESMO–ESP consensus conference recommendations on ovarian cancer: pathology and molecular biology and early, advanced and recurrent disease.](https://www.annalsofoncology.org/article/S0923-7534%2823%2905103-7/fulltext) Ann Oncol. 2024 Mar;35(3):248-266.
5. Moss E, Taylor A, Andreou A, Ang C, Arora R, Attygalle A, et al. [British Gynaecological Cancer Society (BGCS) ovarian, tubal and primary peritoneal cancer guidelines: Recommendations for practice update 2024.](https://www.ejog.org/article/S0301-2115%2824%2900314-2/fulltext) European Journal of Obstetrics & Gynecology and Reproductive Biology. 10.1016/j.ejogrb.2024.06.025.