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| Local Action Plan: NOGCA State of the Nation Report, September 2025 |
| Complete the following details for your organisation |
| Audit title & aim:  | National Oesophago-Gastric Cancer Audit (NOGCA)An audit of the care received by people diagnosed with oesophageal and gastric cancer in England and Wales |
| NHS organisation: |  |
| Audit lead: |  |
| Action plan lead: |  |

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

This local action plan template is designed to be used in conjunction with the NOGCA State of the Nation Report (September 2025), data tables, quarterly data dashboards, and quality improvement resources available on our [website](https://www.natcan.org.uk/audits/oesophago-gastric/).

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| **Key 1 (for the action status)**  |
| 1. Awaiting plan of action
2. Action in progress
3. Action fully implemented / resolved
4. No local action planned
5. Other (provide information)
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|  | **Action details** |
| **No.** | **Recommendation** | **Is local action required? (Y/N)** | **Planned action (or reason for no planned action)** | **Responsible individual(s)** | **Agreed deadline** | **Priority (High / Medium / Low)** | **Status and date of review****(Key 1)**  |
| ***Clinical Recommendations*** |
| **1** | Expand the use of approaches to improve early diagnosis in community settings, including:- Explore strategies to improve engagement with their local populations and address identified hotspots of emergency cancer presentation.- Case reviews of emergency presentation or late-stage diagnosis by referring hospitals to identify potential missed opportunities and share learning with primary care partners to support earlier diagnosis in the future. |  | *Examples:** *Conduct individual patient root cause analysis for people diagnosed as an emergency with stage 4 cancer, to identify opportunities for earlier diagnosis that may have been missed.*
* *Determine the number of people who were diagnosed as emergencies whilst waiting for a suspected cancer referral; review local referral and diagnostic pathways to identify causes of delays.*
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| **2** | Explore opportunities to streamline diagnostic and decision-making pathways. This includes considering implementation of new models of care that reduce delays and support timely initiation of treatment for people with OG cancer. |  | *Examples:** *MDT lead to review local diagnostic services and pathway to identify priority areas for change; identify how elements of* [*best practice*](https://www.england.nhs.uk/long-read/implementing-a-timed-oesophago-gastric-cancer-diagnostic-pathway/#28-day-best-practice-timed-pathway)*/*[*optimal*](https://executive.nhs.wales/functions/networks-and-planning/cancer/wcn-documents/clinician-hub/csg-pathways-and-associated-documents/gastric/) *pathways could be implemented.*
* *Consider an audit of diagnostic pathway timings and review key areas for improvement or rate-limiting steps.*
* *Review treatment wait times and identify rate-limiting steps.*
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| **3** | Carry out thorough assessment and counselling for all people being considered for palliative systemic anti-cancer therapy (SACT) to ensure treatment decisions are based on a clear understanding of potential risks and benefits. In older populations, use formalised fitness assessments, such as the Clinical Frailty Scale. Where there is a high risk of early mortality (within 90 days), best supportive care to be discussed as an alternative. To support continuous improvement in decision-making, all people who die within 30-days of receiving palliative SACT to be reviewed through local morbidity and mortality processes. |  | *Examples:** *Review the records of patients who died within 30 days of starting palliative chemotherapy in a local mortality or clinical governance meeting; consider whether patient selection for treatment was appropriate in these cases.*
* *Review use of formalised fitness assessments prior to initiation of SACT*
* *Consider joint oncology-palliative care and/or geriatric care clinics*
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| **4** | All people diagnosed with OG cancer to have timely access to a Clinical Nurse Specialist (CNS) ideally within 72 hours of diagnosis. NHS organisations to review CNS provision where data show low levels of CNS contact and take steps to address workforce or service gaps. Accurate recording of CNS involvement to be prioritised in clinical data systems to support ongoing monitoring and improvement. |  | *Examples:** *Review how contact with CNS is recorded in COSD files to ensure the data are submitted to the National Disease Registration Service (NDRS)*
* *Conduct individual patient root cause analysis for people who were not contacted by CNS within 72 hours of diagnosis to identify opportunities for earlier contact.*
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| ***Data Quality Recommendation*** |
| **5** | Ensure there is a national and local level focus on improving the capture and availability of pathology data in routine datasets in England, to enable reporting of key cancer outcomes. |  | *Examples:** *Pathology labs to review data submissions to COSD-pathology to ensure they are meeting the guidance.*
* *Review pathology report structure to facilitate extraction of key data items such as staging information, lymph node yield and margin status by NDRS.*
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