Local Action Plan: NPaCA State of the Nation Report 2025	
Complete the following details for your organisation	
Audit title & aim:	National Pancreatic Cancer Audit (NPaCA) To assess the processes of care and outcomes for people with pancreatic 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 template is designed to be used in conjunction with the NPaCA State of the Nation Report 2025 data tables and quality improvement resources available on our website, to support local quality improvement.

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

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)

				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)**
1	All NHS pancreatic cancer service providers should map their diagnostic pathways and benchmark their processes in line with hepatopancreatobiliary (HPB) cancer pathway guidance, which sets out recommended sequencing of events for the diagnostic process. Providers should consider performing a case analysis to review exceptional cases to understand and develop mitigation strategies for challenges in their pathways and identify areas of good practice.		*Examples:* • *MDT lead to review local diagnostic services and pathways allowing them to identify how an optimal diagnostic pathway would work in their local centre. Map this against the 21 day timed HPB cancer diagnostic pathway recommended by NHS England* • *Review MDT wait times - consider an audit of diagnostic pathway timings and review key areas for improvement or rate-limiting steps, eg. Obtaining an ERCP slot* • *Estimate how many imaging and endoscopy slots are required per week to get patients through this pathway promptly* • *Monitor turn-around time for radiology and pathology reports and develop local plans to increase radiology and endoscopy capacity* • *Feed back quarterly data reports on waiting times to the wider MDT*				
2	Review pancreatic cancer referral pathways to ensure all patients		*Examples:*				

	are discussed at an appropriate MDT meeting to maximise the opportunity for parents to receive specialist care in line with best practice guidance. Providers should ensure information about MDT discussions is submitted to NDRS.		• *Review local referral pathways to UGI/HPB MDTs and develop protocols to increase rates of referral if needed – eg. At the end of a clinically suspicious scan report, radiology team to state 'ensure patient is referred to HPB MDT'* • *Ensure MDTs are prepared for increased workload related to a higher volume of patients coming through the MDT – consider extending timings of MDT* • *Discuss any concerns or queries regarding MDT records with colleagues who submit information to NDRS*				
3	Ensure a personalised approach is taken to optimise a person's fitness, nutrition and medication to prevent deconditioning prior to starting treatment. This may include the implementation of prehabilitation, oncogeriatric services, dietetic support and early access to enhanced supportive care/supportive oncology services. Providers should review cases of people who survived before three months but did not receive any disease-targeted treatment.		*Examples:* • *Consider early dietetic and physiotherapy review of people with pancreatic cancer prior to starting treatment, to identify areas in which patients could be supported* • *Consider an older patients service review for more frail patients, and undertake a comprehensive medical review of pre-existing conditions to optimise their fitness for treatment* • *Review and optimise current medications at the first patient consultation to ensure medical*				

			conditions are stable prior to starting treatment • *Consider a local audit of all new patients who were noted as performance status 0-2, but did not receive any treatment – note reasons and reflect on these as a department*				
4	Review provision of clinical nurse specialists (CNS) in organisations which have a shortfall of newly diagnosed people being reviewed by a CNS and ensure that everyone diagnosed with pancreatic cancer has access to a specialist CNS, ideally from the point of diagnosis. Providers should ensure contacts with CNS are being recorded and that information is being submitted to NDRS. Providers should review all cases where a person did not have access to a CNS.		*Examples:* • *Review how CNS staffing levels compare to the patient workload* • *Identify clinics where new patients with pancreatic cancer will be reviewed. Allocate a CNS to be present on these clinic days.* • *Discuss any concerns or queries regarding CNS records with data inputters uploading information for NDRS*				
5	Implement protocols to ensure that all people diagnosed with pancreatic cancer are assessed for eligibility for pancreatic enzyme replacement therapy (PERT), and that PERT is offered to eligible patients who are able to manage oral intake.		*Examples:* • *Ensure documentation of whether patients require PERT, or reasons for not offering PERT (or patients declining it)* • *Consider a local audit of PERT prescribing to review if there are any particular patient groups who are not receiving this treatment* • *Early dietitian review of all people with pancreatic cancer with clear*				

			recommendations on whether patients would benefit from PERT, and whether patients have been educated in how to adjust doses • *Raise the profile of PERT prescribing at the specialist and local MDTs*				

References

1. National Pancreatic Cancer Audit - State of the Nation Report 2024: https://www.natcan.org.uk/audits/pancreatic
2. NICE guideline [NG85]: Pancreatic cancer in adults: diagnosis and management - Overview | Pancreatic cancer in adults: diagnosis and management | Guidance | NICE
3. Optimal care pathway for pancreatic cancer, Pancreatic Cancer UK: Optimal Care Pathway for pancreatic cancer - Pancreatic Cancer UK