

Impact of NPCA

NATIONAL

Evidence of national improvements in the quality and outcomes of care

Indicators were reported for a period which included the Covid-19 pandemic (1 Apr 2020-31 Mar 2021) **for England and Wales:**

The proportion of men presenting with **metastatic disease** increased to 17%, compared to 13% last year. The proportion of men **readmitted as an emergency** within 90 days of radical surgery was 12%, compared to 13% last year.

The proportion of patients treated in 2018/19 (compared to 2017/18) with a severe **genitourinary complication** after radical prostatectomy was stable at 7% and for a **gastrointestinal complication** after radiotherapy was slightly reduced at 10%.

The rapid dataset was used again for the annual report for England. The data compare well with fully validated cancer registry data.

The rapid dataset does not allow for the usual risk stratification, so some indicators were reported **for Wales alone:**

The potential **'under-treatment'** of men: 28% of men with high-risk/locally advanced prostate cancer did not receive radical treatment (compared to 40% in 2019-20 – pre pandemic).

The potential **'over-treatment'** of men with low-risk prostate cancer reduced to 9% (compared to 10% in 2019-20).

The effect of the pandemic on prostate cancer diagnosis and treatment was explored for England in 2021 (compared to 2019):

- The diagnosis rates recovered (+/- 1% July-December)
- The radical treatment rates hadn't recovered (down 11-15% July-December)
- Fewer patients started enzalutamide (538 Jan-March to 329 Oct-Dec)
- More patients started docetaxel (218 Jan-March to 277 Oct-Dec)

LOCAL

How the project stimulates quality improvement

[Resources](#) are published on the NPCA website to support local Quality Improvement (QI; action plan templates, provider-level reports and slides sets, case studies).

There has been no outlier process this year due to the use of rapid data. As well as comprehensive results at provider level for England and Wales on the NPCA website, Trusts have been provided with their own data on request to support local Quality Improvement.

Organisational survey completed in Autumn 2022 with 94% response rate:

[Provider-level results](#) published on website highlighting gaps in provision, particularly of allied services.

When asked what services they had *on site* Trusts reported:

- 78% have a **CNS** in all clinics
- 80% provide **continence** services
- 75% have a **sexual function** clinic
- 67% offer **psychological** counselling
- 30% provide **genetic** counselling
- 11% have an **onco-geriatric** service

NPCA Quality Improvement workshop on **10 years of the National Prostate Cancer Audit (NPCA) and future direction**

- Attended by >100 clinicians, patient representatives and commissioners
- Presentations and panel discussions from a range of experts
- Introduction to [NATCAN](#)
- Videos and slides from the event can be found [here](#)

SYSTEM

How the project supports policy development & management of the system

NPCA results are published in peer reviewed publications, and presented at national (BAUS, BUG, BAUN, BAUS Oncology) and international conferences (EAU, ESTRO, AUA).

Key peer reviewed publications since June 2022 include:

- [A low prostate specific antigen predicts a worse outcome in high but not in low/intermediate-grade prostate cancer](#). Dec 2022
- [Interventions for obstructive uropathy in advanced prostate cancer: a population-based study](#). Nov 22
- [Practicalities, challenges and solutions to delivering a national organisational survey of cancer service and processes: Lessons from the National Prostate Cancer Audit](#). June 22

All publications are announced on the [NPCA website](#) and on Twitter.

Individual trust results from the NPCA Annual Reports are available on data.gov.uk.

The NPCA [published a report](#) seeking to identify which factors may increase the risk of patients having metastatic disease when they are first diagnosed. Looking at patients diagnosed in the period 1st Jan 2015 – 31st Dec 2019, it found:

- 16% presented with metastatic disease and 16% had an unknown metastatic status at diagnosis
- There was variation by patient characteristics of age, socio-economic status, ethnicity, performance status, NHS region and co-morbidities
- There was variation by tumour characteristics (PSA and Gleason)

PUBLIC

How the project is used by the public and the demand for it

Information regarding the provision of key diagnostic, treatment and support services by provider in England and Wales are available on the [NPCA website](#). These results are utilised by [Prostate Cancer UK \(PCUK\)](#) and [Tackle Prostate Cancer](#) to inform patients regarding the availability of services.

Results from the NPCA reports receive national media coverage (e.g. [Guardian](#), [Express](#), [Telegraph](#)) and are disseminated within stakeholder networks (e.g. [PCUK](#)).

Members of the NPCA PPI Forum have been invaluable in supporting the work of the Audit:

PPI Forum members attended the NPCA QI event in February 2023 and patient representative Steve Allen, presented his reflections to the attendees. His [presentation](#) is available on the NPCA website. PPI forum members were invited to attend the NPCA Scoping meeting, and Steve Prust gave a presentation on his experience as a PPI forum member as well as what he felt were the priorities for the NPCA in the coming years. These views are central to shaping the priorities for the NPCA.

PPI Forum members guided the development of the [Annual Report 2022 Patient Summary](#) and [accompanying slide set](#) which are available from the NPCA website for use by patient groups.