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| **Local Action Plan for taking on NPCA State of the Nation Report 2025 Recommendations** | |
| **The provider should complete the following details to allow for ease of review** | |
| **Audit title & aim:** | National Prostate Cancer Audit (NPCA)  To assess the process of care and its outcomes in men diagnosed with prostate 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) |

|  | | | **Action activities** | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Recommendation** | **Action required?** | **Responsible individual(s)** | **Agreed deadline** | **Status (Key 1)** | **Priority (Key 2)** |
| **R1** | Investigate why men with high-risk, locally advanced disease are not considered for radical treatment and aim to reduce that proportion, if appropriate. | *Suggested actions:*   * *documenting whether patients eligible for radical treatment are offered standard of care, and if not, documenting reasons for not using combination ADT or receiving radical therapy* * *performing a detailed case-note review to determine if Specialist Multidisciplinary Teams (sMDTs) are recommending radical treatment, and if so, the reasons behind why it was not given* * *assessing fitness for treatment regardless of chronological age and considering referral to oncogeriatric services, if appropriate* * *using the findings of the case-note review, centres should design behavioural change interventions which will increase treatment rates* |  |  |  |  |
| **R2** | Review variation between providers in rates of GU/GI complications and 90-day readmission rates. | *Suggested actions:*   * *ensuring proactive onward referral to specialist services for the management of side effects* * *using the NPCA quarterly report feedback to evaluate quality improvement relating to readmissions* |  |  |  |  |
| **R3** | Decisions regarding diagnosis and treatment should consider life expectancy and co-morbidity, balancing the treatment benefits and risks, to ensure equitable care. | *Suggested actions:*   * *using individualised assessment, such as comprehensive geriatric assessment (CGA) tools, to accurately measure patients’ health status and not deny a patient investigations or treatment based on chronological age alone* * *involving patients and their families in shared decision-making, clearly explaining potential outcomes and aligning treatment decisions with the patient’s preferences, values, and quality of life goals* * *checking that standardised clinical pathways for prostate cancer treatment are shared across the MDT, ensuring that every patient receives evidence-based care regardless of their socio-demographic characteristics* |  |  |  |  |
| **R4** | To better understand why men with newly diagnosed hormone-sensitive metastatic prostate cancer are not being treated with systemic treatment intensification therapy. | *Suggested actions:*   * *documentation of whether patients eligible for treatment intensification using systemic therapy are offered it and if not, to record the reasons for not treating* * *using the NPCA quarterly report feedback to evaluate quality improvement relating to treatment intensification use in newly diagnosed hormone-sensitive metastatic prostate cancer* |  |  |  |  |
| **R5** | Aim to achieve greater completeness of key data items at the point of collection by NHS organisations in England and Wales, particularly tumour, node and metastasis (TNM) staging, PSA and Gleason score variables. | *Suggested actions:*   * *appointing a clinical data lead with protected time for reviewing and checking the team’s data returns and for championing improvements in data completeness* * *integrating routine documentation of staging, PSA and Gleason information into MDT meetings* * *using the NPCA quarterly report feedback to evaluate quality improvement relating to data completeness* |  |  |  |  |

The NPCA welcome your feedback on this quality improvement template to be used in conjunction with the [NPCA State of the Nation Report 2025 provider level results](https://rcs-ceu.shinyapps.io/NPCA/) and quality improvement resources presented on our website. Please contact the NPCA team [npca@rcseng.ac.uk](mailto:npca@rcseng.ac.uk) if you have any questions related to your results, data collection or service improvement.

**References**

1. Individual provider-level results from the NPCA <https://rcs-ceu.shinyapps.io/NPCA/>
2. NICE Quality Standards <https://www.nice.org.uk/guidance/qs91>
3. NICE Prostate Cancer: Diagnosis & Management <https://www.nice.org.uk/guidance/ng131>
4. NPCA Quality Improvement resources <https://www.natcan.org.uk/audits/prostate/quality-improvement/>
5. Radiotherapy target volume definition and peer review, second edition RCR guidance: <https://www.rcr.ac.uk/system/files/publication/field_publication_files/radiotherapy-peer-review-2022.pdf>
6. Pelvic Radiation Disease Association Pelvic Radiation Disease Best Practice Pathway <https://www.prda.org.uk/>
7. How to collect patient-reported outcome measures in routine cancer care: <https://www.ipaac.eu/news-detail/en/58-patient-reported-outcome-measures-cancer-care/>