NPaCA
National Pancreatic Cancer Audit

| Local Action Plan: NPaCA State of the Nation Report 2026 | |
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| **Complete the following details for your organisation** | |
| **Audit title & aim:** | National Pancreatic Cancer Audit (NPaCA)<br>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 2026 data dashboards and quality improvement resources available on our webpages, 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)** |
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| 1. Awaiting plan of action<br>2. Action in progress<br>3. Action fully implemented / resolved<br>4. No local action planned<br>**5.** Other (provide information) |

| | | | | Action details | | | |
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| **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** | Review the pathways of people who waited longer than three months from referral to receive treatment, to identify potential bottlenecks in pancreatic cancer pathways.<br>a) Compare diagnostic processes against the recommended sequencing of diagnostic events set out in hepatopancreatobiliary (HPB) cancer pathway guidance.<br>b) Review treatment pathways in line with best practice guidelines to improve people's access to timely treatment, including pathways to expert HPB oncology review. | | *Examples:*<br>• *MDT coordinator to identify patients who waited >3 months from referral to receive treatment over the last two years (or other period as appropriate); review their pathways, identify where delays occurred and determine whether these could have been avoided or reduced.*<br>• *MDT lead to review local diagnostic and treatment pathways against recommendations in national pathway guidance and consider how elements of these optimal pathways could be implemented locally.*<br>• *MDT lead to review patients' access / pathways to expert HPB oncology review. Where access to expert HPB oncology is identified as an issue, discuss with Cancer Alliance leads whether there are opportunities to improve access within the network.* | | | | |
| **2** | Conduct a local audit of people who were not recorded as being discussed by a multidisciplinary team (MDT) to identify the | | *Examples:*<br>• *Review local referral pathways to UGI/HPB MDTs and develop protocols to increase rates of referral if needed –* | | | | |

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| | reasons. Where issues are identified, develop a local action plan to increase the percentage of people who are discussed at an appropriate MDT meeting. | | *e.g. consider ways to automatically refer to an appropriate MDT.*<br>• *Streamline specialist MDT meetings to ensure a higher volume of patients can be discussed, with discussions focused on appropriate patients.*<br>• *Discuss any concerns or queries regarding MDT records with colleagues who submit information to NDRS.* | | | | |
| **3** | Conduct a review of people who had good performance status (0/1) at diagnosis but did not receive any disease-targeted treatment to understand the reasons for decisions not to treat. Where deconditioning prior to treatment is identified as an issue, improving access to early enhanced supportive care and supportive oncology services, prehabilitation, oncogeriatric services and dietetic support should be prioritised. | | *Examples:*<br>• *Consider a local audit of all new patients who were noted as performance status 0/1 but did not receive any treatment – note reasons and reflect on these as a department.*<br>• *Where relevant, consider early review of people with pancreatic cancer prior to starting treatment, to identify areas in which patients could be supported.* | | | | |
| **4** | Conduct a review of people who were not recorded as being seen by a Clinical Nurse Specialist (CNS) to identify potential barriers to timely CNS support and data recording. Ensure that everyone diagnosed with pancreatic cancer has access to a | | *Examples:*<br>• *Review how CNS staffing levels compare to the patient workload and identify gaps in CNS provision along the patient pathway.*<br>• *Identify clinics where new patients with pancreatic cancer will be* | | | | |

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| | specialist CNS from the point of diagnosis. | | *reviewed. Allocate a CNS to be present on these clinic days.*<br>• *Improve early identification of patients who may have less opportunity to be seen by a CNS, e.g. those diagnosed as inpatients.*<br>• *Discuss any concerns or queries regarding CNS records with colleagues uploading information for NDRS.* | | | | |
| **5** | Implement protocols to ensure that all people diagnosed with pancreatic cancer, including those who do not undergo any treatment, have access to enhanced supportive care including assessment for eligibility for pancreatic enzyme replacement therapy (PERT) at the first clinical review. PERT should be offered to all eligible patients. | | *Examples:*<br>• *Ensure documentation of whether patients require PERT, or reasons for not offering PERT (or patients declining it).*<br>• *Consider a local audit of PERT prescribing to review if there are any particular patient groups who are not receiving this treatment.*<br>• *Early dietitian review of all people with pancreatic cancer with clear recommendations on whether patients would benefit from PERT.* | | | | |

**References**


1. National Pancreatic Cancer Audit - State of the Nation Report 2026: https://www.natcan.org.uk/reports/npaca-state-of-the-nation-report-2026/
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
4. NPaCA Optimal Care Guidance - National Cancer Audit Collaborating Centre