

Local Action Plan for taking on NPCA 2021 Annual Report Recommendations	
The provider should complete the following details to allow for ease of review	
<b>Audit title &amp; aim:</b>	National Prostate Cancer Audit (NPCA) To assess the process of care and its outcomes in men diagnosed with prostate cancer.
<b>NHS organisation:</b>	
<b>Audit lead:</b>	
<b>Action plan lead:</b>	

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

Key 1 (for the action status)
<ol style="list-style-type: none"> <li>1. Awaiting plan of action</li> <li>2. Action in progress</li> <li>3. Action fully implemented</li> <li>4. No plan to action recommendation (state reason)</li> <li>5. Other (provide information)</li> </ol>

Key 2 (for the action priority)
<p>High: requires urgent attention (local audit)</p> <p>Medium: requires prompt action (consider local audit)</p> <p>Low: requires no immediate action (or local audit)</p>

No.	Recommendation	Action required?	Action activities			
			Responsible individual(s)	Agreed deadline	Status (Key 1)	Priority (Key 2)
<b>Data Quality</b>						
R1	Aim to achieve high completeness of key data items captured by NHS organisations in England, including	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> <li>• <i>Appoint a clinical data lead with protected time for reviewing and checking the team's data returns and for</i></li> </ul>				

	<p>TNM staging variables and performance status.</p>	<p><i>championing improvements in the completeness of key data items</i></p> <ul style="list-style-type: none"> <li>• <i>Review the completeness of key data items including TNM staging information, PSA, Gleason and Performance status submitted to the National Cancer Registration and Analysis Service (NB: the CancerStats website can be used to review the quality data quality in real time).</i></li> <li>• <i>Raise the profile of data completeness across the wider multidisciplinary team (MDT) at governance meetings or by sharing data.</i></li> <li>• <i>Feedback monthly data quality reports to the wider MDT.</i></li> <li>• <i>Integrate data collection into MDT meetings with the aim of achieving 90% completeness of key data items (TNM staging information, PSA, Gleason and Performance status).</i></li> <li>• <i>Integrate clinical validation into the COSD submission process.</i></li> <li>• <i>Network with other data leads to share best practice.</i></li> </ul>				
<p><b>R2</b></p>	<p>Review recording of radical treatments, in particular radical prostatectomy, working with data specialists in the Wales Cancer Network.</p>	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> <li>• <i>Review the number of radical prostatectomies recorded in your health board IT system and compare this to your Patient Episode Database for Wales (PEDW) data returns to Digital Health and Care Wales (NB: contact your Wales Cancer Network contact for support)</i></li> <li>• <i>Raise the profile of the recording of radical treatments across the wider multidisciplinary team (MDT) at governance meetings or by sharing data.</i></li> <li>• <i>Feedback monthly data quality reports to the wider MDT.</i></li> <li>• <i>Integrate clinical validation into the PEDW submission process.</i></li> </ul>				

<b>Diagnosis</b>						
<b>R3</b>	Increase the use of trans-perineal biopsy methods, which is advised wherever clinically appropriate, when targeting lesions in the anterior region of the prostate, whilst balancing against resource constraints and the risk of side effects.	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> <li>• <i>Review patient pathways and access to trans-perineal biopsy.</i></li> <li>• <i>Ensure that the wider MDT is aware of trans-perineal biopsy methods and when it is appropriate to use them</i></li> <li>• <i>Perform a local audit to identify areas of practice which can be improved</i></li> <li>• <i>Ensure that the use of trans-perineal biopsy is recorded and submitted to the audit</i></li> </ul>				
<b>Outcomes of treatment</b>						
<b>R6</b>	Consider establishing radiotherapy centre specialist gastrointestinal services to offer advice to people with bowel-related side effects of radiotherapy.	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> <li>• <i>Identify a member of the MDT who could lead on gastrointestinal related advice for patients with bowel related side effects of radiotherapy</i></li> <li>• <i>Identification of these side-effects could be improved with the initiation of hospital-level PROMs programmes.</i></li> </ul>				
<b>R7</b>	Ensure that men who are offered prostate cancer treatment are made aware of the side effects including: loss of libido, problems getting or keeping erections, loss of ejaculatory function, a worsening of sexual experience, urinary incontinence and/or bowel side effects.	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> <li>• <i>Ensure all MDT members are aware of need to inform patients of all potential side effects of treatment.</i></li> <li>• <i>Aim to allocate each patient a clinical nurse specialist to discuss potential side effects of treatment in more detail if required.</i></li> </ul>				

R8	Empower patients to ask to be referred to specialist support services if they are experiencing physical or psychological side effects during, or following, prostate cancer treatment.	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> <li>• <i>Ensure that patients have the opportunity to express if they are experiencing physical or psychological side effects during, or following, prostate cancer treatment</i></li> <li>• <i>Review which specialist support services are available at your provider and circulate this to the wider MDT</i></li> <li>• <i>These should be offered to patients early and on an ongoing basis, in keeping with national recommendations.</i></li> </ul>				
R9	Make available sources of further information and support for men with prostate cancer and carers. These are accessible via GP services and from prostate cancer charities including Prostate Cancer UK ( <a href="http://www.prostatecanceruk.org">www.prostatecanceruk.org</a> ) and Tackle Prostate Cancer ( <a href="http://www.tackleprostate.org">www.tackleprostate.org</a> ). Both of these charities operate nationwide support networks.	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> <li>• <i>Allocate a MDT member to lead on improving patient access to information and support. This information can be provided a clinic setting and clinical nurse specialists can support with this.</i></li> <li>• <i>Choose or recommend information resources for people with prostate cancer that are clear, reliable and up to date.</i></li> <li>• <i>Ask for feedback from people with prostate cancer and their carers to identify the highest quality information resources.</i></li> </ul>				
<b>Treatment allocation: recommendations on the basis of Welsh data</b>						
R10	Continue to advocate active surveillance in the first instance for men with low-risk prostate cancer.	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> <li>• <i>Ensure that data on all treatments are appropriately coded for in Hospital Episode Statistics (HES) and the Radiation Therapy Data Set (RTDS).</i></li> <li>• <i>Review treatment policies for prostate cancer patients; review the pathway from diagnosis to treatment to ensure that it is as expeditious as possible.</i></li> </ul>				

		<ul style="list-style-type: none"> <li>Specialist MDTs with a higher than expected proportion of men receiving radical treatment for low-risk disease should perform a detailed case-note review to determine why patients are not undergoing active surveillance and are being potentially over-treated.</li> </ul>				
<b>R11</b>	Investigate why men with high-risk/locally advanced disease are not considered for radical treatment.	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> <li>Ensure that data on all treatments are appropriately coded for in Hospital Episode Statistics (HES) and the Radiation Therapy Data Set (RTDS).</li> <li>Review treatment policies for prostate cancer patients; review the pathway from diagnosis to treatment to ensure that it is as expeditious as possible.</li> <li>Specialist MDTs with a lower than expected proportion of men receiving radical treatment for high-risk or locally advanced disease should perform a detailed case-note review to determine why patients are being potentially under-treated.</li> </ul>				
<b>Overall recommendations</b>						
<b>R14</b>	Review of the NPCA indicators for providers should be undertaken within the region and nationally, and fed through to providers Pay particular attention to variations in service provision (diagnostics, treatment and support services) and treatment outcomes.	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> <li>Review variation in diagnostic, treatment and support services for your organisation and compare these to within your region and nationally.</li> <li>Perform a local audit to assess service provision within your organisation.</li> </ul>				

	Where variation is apparent, agree quality improvement action plans and present these to the Trusts and Health Boards which should follow-up implementation progress.					
<b>R15</b>	Ensure that radiotherapy and surgical treatment centres are able to deliver a full range of treatments and support services for patients.	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> <li>• <i>Review radiotherapy and surgical practices for prostate cancer patients; review the pathway from radiotherapy or surgery to 2 years after treatment to ensure that patients are optimally managed.</i></li> <li>• <i>Offer appropriate counselling and management for men experiencing treatment-related adverse effects.</i></li> </ul>				
<b>COVID-19 impact: 1 January to 31 December 2021</b>						
<b>Diagnosis and radical treatment</b>						
<b>CR1</b>	Review the diagnostic and treatment activity for your region during 2020 illustrating how your service responded during this time and to support decision making in response to current changes in demand.	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> <li>• <i>For your organisation, review the diagnostic and treatment activity for prostate cancer during 2020 and compare this to the national results.</i></li> <li>• <i>Use the NHS England Cancer Recovery Taskforce: Cancer Services Recovery Plan, 2020 to help guide COVID-19 action plans - 'full recovery of NHS cancer services in England, including ensuring that care for all patient groups continues to be safe, effective and holistic.'</i></li> </ul>				

<b>CR2</b>	Monitor adherence to the recommended diagnostic pathway for suspected prostate cancer.	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> <li>• <i>Review diagnosis policies for prostate cancer patients in your organisation; review the pathway from diagnosis to treatment to ensure that it is as expeditious as possible.</i></li> </ul>				
<b>Hypofractionation</b>						
<b>CR3</b>	Continue to increase the use of hypofractionated radiotherapy.	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> <li>• <i>Ensure that data on radiotherapy are appropriately coded for in the Radiation Therapy Data Set (RTDS).</i></li> <li>• <i>Review radiotherapy centre and individual clinician practices.</i></li> </ul>				
<b>Systemic anti-cancer treatment</b>						
<b>CR4</b>	Offer enzalutamide (or apalutamide) with androgen deprivation therapy (or abiraterone for patients intolerant of enzalutamide) to people with newly diagnosed metastatic disease instead of docetaxel, where appropriate.	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> <li>• <i>Review patient pathways and access to oncology services.</i></li> <li>• <i>Review individual clinician practices.</i></li> <li>• <i>Assess performance status and co-morbidities prior to offering anti-cancer treatment</i></li> <li>• <i>Ensure that docetaxel data in SACT are submitted to the audit.</i></li> </ul>				

The NPCA welcome your feedback on this quality improvement template to be used in conjunction with the NPCA Annual Report 2021 provider level results and quality improvement resources presented on our website.

Please contact the NPCA team [npc@rcseng.ac.uk](mailto:npc@rcseng.ac.uk) if you have any questions related to your results, data collection or service improvement.

## References

1. NPCA Annual Report 2021 ( [https://www.npca.org.uk/content/uploads/2022/01/NPCA-Annual-Report-2021\\_Final\\_13.01.22.pdf](https://www.npca.org.uk/content/uploads/2022/01/NPCA-Annual-Report-2021_Final_13.01.22.pdf))
2. Individual provider-level results from the NPCA <https://www.npca.org.uk/provider-results/>
3. NICE Quality Standards <https://www.nice.org.uk/guidance/qs91>
4. NICE Prostate Cancer: Diagnosis & Management <https://www.nice.org.uk/guidance/ng131>
5. NPCA Quality Improvement resources <https://www.npca.org.uk/resources/quality-improvement-resources/>