

## NPCA Newsletter, April 2023

### Newsletter highlights:

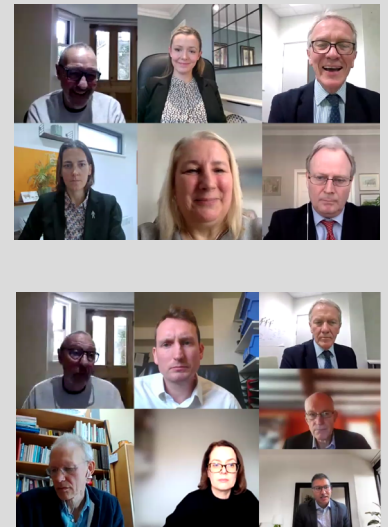
- 1 NPCA Quality Improvement event
- 2 NPCA to become part of NATCAN
- 3 Organisation and delivery of supportive services

### NPCA Quality Improvement event

On Friday 3rd February, we held our virtual QI event, attended by over 100 participants. The morning was split in two parts. We started by reviewing the impact of Covid-19 on diagnosis and treatment of prostate cancer in England and Wales, with speakers Peter Johnson (NHS England) and Chiara De Biase (PCUK) concluding in a panel discussion which examined our findings.

In the second part, Jan van der Meulen, NPCA Senior Clinical Epidemiologist, reported on the Audit's achievements over the last ten years and Julie Nossiter, NPCA Audit Lead and Director of Operations, NATCAN, addressed the future of the audit as it becomes part of the National Cancer Audit Collaborating Centre. NPCA Clinical Fellows, Matt Parry and Jo Dodkins, shared their research findings around the Audit's evaluations of prostate cancer care and proportion of patients diagnosed at the metastatic stage. A second panel session addressed the future priorities for the Audit and we concluded with views from, Steve Allen, Tackle Prostate Cancer and member of the NPCA PPI Forum.

Recordings of all talks and presenters' slides are available on our [website](#)



### NPCA to become part of NATCAN on 1st July 2023



The NPCA will continue to use existing, routine national data to report key performance indicators delivering annual audits, short reports, patient summaries and peer-reviewed publications, and will benefit from several NATCAN innovations such as:

- More timely and frequent reporting on a quarterly basis (using 'rapid cancer registration' data)
- Instead of a detailed annual report, we will develop a concise 'State of the nation' report (limited to 10 pages and 5 recommendations)
- Greater focus on quality improvement and closing the audit cycle

### Organisation and delivery of supportive services

Results from our organisational survey of 127/138 hospitals (94% response rate) found the availability of supportive services onsite varied greatly across sites. Thank you for participating in the organisational audit survey. Your results help us to understand the provision of supportive services, information which is unavailable from routine data sources.

An advanced prostate cancer nurse is available onsite in most hospitals (91%) and the majority of hospitals have a Clinical Nurse Specialist attending all clinics (78%), sexual function services (75%), continence services (80%), and psychological counselling (67%). Other supportive services availability, such as genetic counselling (30%) and onco-geriatric services (11%), is much lower. Further details can be found [here](#).

If you would like to receive **information about the new NATCAN audits** (breast, ovarian, pancreatic and kidney cancer and non-Hodgkin lymphoma), please email [natcan@rcseng.ac.uk](mailto:natcan@rcseng.ac.uk), indicating which audit(s) you are interested in.