

Local Action Plan for taking on NPCA 2023 State of the Nation Report 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

Key 1 (for the action status)
<ol style="list-style-type: none"> 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)

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)
R1	Aim to achieve high completeness of key data items at the point of collection by NHS organisations in England, particularly tumour, node	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> • <i>Review the completeness of key data items at each NHS trust including TNM staging information, PSA and Gleason score submitted to the National Cancer</i> 				

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	and metastasis (TNM) staging variables	<p><i>Registration and Analysis Service (NB: the CancerStats website can be used to review the data quality in real time).</i></p> <ul style="list-style-type: none"> <i>Appoint a clinical data lead with protected time for reviewing and checking the team's data returns and for championing improvements in data completeness.</i> <i>Raise the importance of data completeness across the wider specialist multidisciplinary team (sMDT) and Cancer Alliance to ensure resource is made available to prioritise data governance.</i> <i>Use the three-monthly audit feedback on data completeness to evaluate quality improvement relating to data completeness.</i> <i>Consider integrating routine documentation of staging information into MDT meetings.</i> <i>Highlight importance of completing positive (1) or negative (0) N and M status to support risk stratification.</i> 				
R2	Continue to advocate active surveillance for men with low-risk prostate cancer	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> <i>Ensure documentation of whether patients eligible for active surveillance are offered it and reasons for not allocating, if appropriate.</i> <i>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 being potentially over-treated.</i> 				

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R3	Investigate why men with high-risk/locally advanced disease are not considered for radical treatment and aim for 75% offered radical treatment	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> • <i>Ensure documentation of whether patients eligible for radical treatment are offered it and reasons for not allocating, if appropriate.</i> • <i>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.</i> • <i>Assess fitness for treatment regardless of chronological age and consider referral to oncogeriatric services, if appropriate.</i> 				
R4	Review variation between providers in rate of 1) GU/GI complications after radical prostatectomy and radical radiotherapy respectively and 2) 90 day readmission rates after radical prostatectomy	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> • <i>Review outcomes of surgical and RT treatment delivery in the radical setting e.g. incidence of GI/GU toxicity at the trust level including processes of care in the treatment pathway.</i> • <i>Appoint a clinical lead in the uro-oncology MDT to oversee quality management of radical treatment pathways, working with the clinical teams.</i> • <i>The NPCA team can facilitate knowledge sharing by linking teams with trusts that have been identified as having fewer adverse events following radical treatment.</i> 				

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		<ul style="list-style-type: none"> • <i>Ensure best practice guidance for management of complications are disseminated to the wider MDT to ensure optimised referral to specialist services.</i> • <i>Development and embedding of PROMs collection as part of routine follow up and assessment. PROMs can help to 1) identify an individual patient's symptoms and function 2) aggregation of data from patient populations can support benchmarking of providers.</i> • <i>Offer appropriate supportive services for prostate cancer patients including counselling and management for men experiencing treatment-related complications.</i> 				
R5	Cancer Alliances should review processes of care to ensure equitable implementation of new technologies and pathways of care as evidence evolves	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> • <i>Review variation in treatment and support services for your organisation and compare these to within your integrated care board or alliance and nationally.</i> • <i>Where a support service is not available, e.g. andrology or continence services, ensure clear pathways of referral within or across sMDTs. Ensure this information on these services is made available to patients.</i> • <i>Clinical teams, in collaboration with an uro-oncology quality improvement lead, should assess and identify reasons for variation in access to evidence-based therapies (e.g. treatment intensification (i.e. novel hormonal therapy or docetaxel, in addition to androgen deprivation therapy, in the metastatic setting)).</i> 				

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		<ul style="list-style-type: none"> <i>The NPCA team can facilitate knowledge sharing by linking teams with trusts that have been identified as having better access to new technologies and pathways of care.</i> <i>Review impact of trust or alliance level quality improvement initiatives to increase access using the annual report findings.</i> 				

The NPCA welcome your feedback on this quality improvement template to be used in conjunction with the NPCA State of the Nation Report 2023 provider level results and quality improvement resources presented on our website. Please contact the NPCA team npc@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://www.npca.org.uk/provider-results/>
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.npca.org.uk/resources/quality-improvement-resources/>
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/>