

Introduction to the session

10 Years of the NPCA Cancer Audit

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NPCA Quality Improvement Workshop

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National Prostate Cancer Audit 2013-2023

In 2012, we wrote in our bid:

“The NPCA aims to guide changes in practice so that they will save lives and improve quality of life, through supporting:

- Increased use of active surveillance to treat men with low-risk prostate cancer, thus reducing potential over-treatment.
- Increased use of multimodality therapy for men with high-risk or locally advanced prostate cancer, thus reducing potential under-treatment.
- Improved safety and toxicity of prostate cancer therapy.
- Reduced variation in prostate cancer management among NHS providers.
- Improved experience of care among men with prostate cancer.”

What happened?

2013:

- NPCA established in the Clinical Effectiveness Unit
- Partnership of RCS with BAUS, BUG and LSHTM
- Commissioned by NHS England / Wales (via HQIP)

Key features:

- Clinical – methodological collaboration
- Clinical epidemiological approach
- “Audit” and “research” go hand-in-hand
- Use of national (existing and linked) datasets as much as possible (differences between England and Wales)
- Partnership with data providers in England and Wales

Focus on the three “Rs”:

- Clinically Relevant
- Methodologically Robust
- Technically Rigorous

National Prostate Cancer Audit 2013-2023

NCPA in numbers

AUDIT

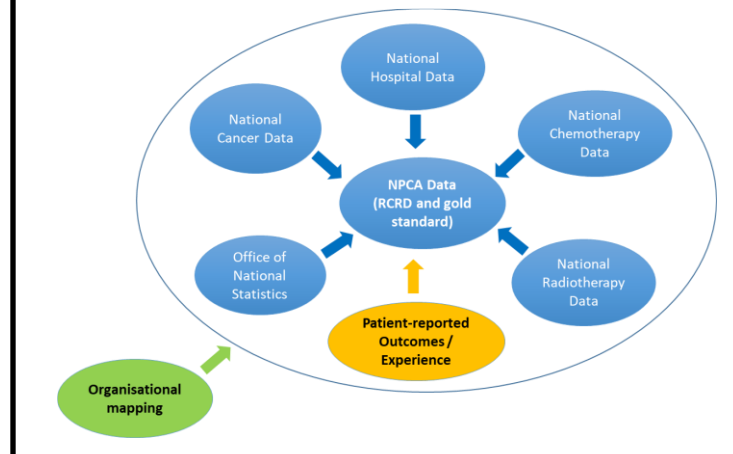
- 9 annual reports with results for England and Wales
- 6 short reports on specific topics
- 2 organisational audits
- 1 PROMS/PREMs survey, including 40,000 patients
- 4 national events
- 14 performance indicators (valid, fair, feasible, powerful)
- 1 cancer staging algorithm

RESEARCH

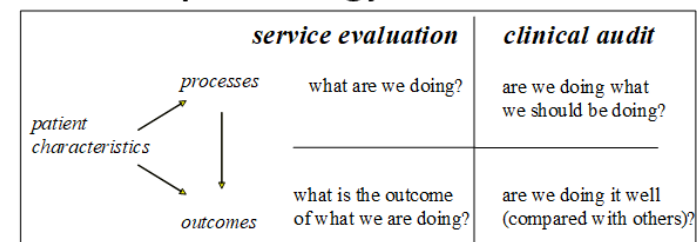
- 37 peer-reviewed papers
 - 18 clinical/epidemiological studies
 - 10 methods
 - 9 health services research
- 3 PhDs and 1 MD, 2 NIHR Doctoral Fellowships

NPCA's key pillars

Ongoing expansion of linked data resources



Clinical epidemiology -> QI



National Prostate Cancer Audit

What next?

ADDITIONAL DATA TO FOLLOW CHANGES IN PRACTICE?

- use of multiparametric MRI in the diagnostic process
- type of biopsy
- active surveillance
- staging investigations
- more details about radical treatment
- treatment of men with primary (oligo)metastatic disease

NEW PERFORMANCE INDICATORS?

- local recurrence or disease progression

PATIENT-REPORTED OUTCOMES?

- side-effects of novel treatments

PATIENT-REPORTED EXPERIENCE?

- use of support services

EXPANSION OF SCOPE OF THE AUDIT?

- patient with local recurrence or progression to metastatic disease

RAPID REGISTRATION DATA -> INNOVATIVE QUALITY MONITORING / QUALITY IMPROVEMENT?

- continuous cumulative monitoring
- “closing the audit loop” -> plan-do-study-act cycles

FOCUS ON COMMUNICATION AND DISSEMINATION?

- make audit matter for clinical practice

NPCA PART OF



FROM 2023?

National Prostate Cancer Audit 2013-2023 KEY PEOPLE

David Neal
NPCA's "midwife"



Roger Wotton
A strong patient voice



Heather Payne
Noel Clarke
Captains with a steady hand



Ajay Aggarwal
Oncological dynamo



Arun Sujenthiran
Matthew Parry
Jo Dodkins
NPCA's engine room



Susan Charman
Tom Cowling
Mel Morris
Adrian Cook
In charge of the methods



NPCA Patient and Public Involvement Forum
A robust reality check

NPCA Clinical Reference Group
The sounding board

NPCA Project Board
Monitoring the deliverables

Julie Nossiter
Made it all happen

