

Local Action Plan for taking on NPCA State of the Nation Report 2024 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)

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)

- High: requires urgent attention (local audit)
 Medium: requires prompt action (consider local audit)
 Low: requires no immediate action (or local audit)

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 and metastasis (TNM) staging, PSA and Gleason score variables.	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> • <i>appointing 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>integrating routine documentation of staging, PSA and Gleason information into MDT meetings</i> 				

No.	Recommendation	Action required?	Action activities			
			Responsible individual(s)	Agreed deadline	Status (Key 1)	Priority (Key 2)
		<ul style="list-style-type: none"> using the NPCA quarterly report feedback to evaluate quality improvement relating to data completeness 				
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"> documenting whether patients eligible for active surveillance are offered it and reasons for not allocating, if appropriate performing a detailed case-note review to determine why low-risk patients are not undergoing active surveillance in specialist Multi-Disciplinary Teams (sMDTs) with a higher-than-expected proportion of men receiving radical treatment for low-risk disease using the findings of the case-note review, centres should design behavioural change interventions which will decrease over-treatment rates 				
R3	Investigate why men with high-risk/locally advanced disease are not considered for radical treatment and aim to reduce that proportion.	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> documenting whether patients eligible for radical treatment are offered it and reasons for not treating, if appropriate. performing a detailed case-note review to determine why high-risk patients are not receiving radical treatment in sMDTs with a lower-than-expected proportion of men receiving radical treatment for high-risk disease assessing fitness for treatment regardless of chronological age and considering referral to oncogeriatric services, if appropriate 				

No.	Recommendation	Action required?	Action activities			
			Responsible individual(s)	Agreed deadline	Status (Key 1)	Priority (Key 2)
		<ul style="list-style-type: none"> using the findings of the case-note review, centres should design behavioural change interventions which will increase treatment rates 				
R4	Review variation between providers in rates of GU/GI complications and 90 day readmission rates.	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> ensuring proactive onward referral to specialist services for the management of side effects using the NPCA quarterly report feedback to evaluate quality improvement relating to readmissions 				
R5	Decisions regarding treatment should consider life expectancy and co-morbidity, balancing the treatment benefits and risks, to ensure equitable care.	<p><i>Suggested actions:</i></p> <ul style="list-style-type: none"> using individualised assessment, such as comprehensive geriatric assessment (CGA) tools, to accurately measure patients' health status and not deny a patient treatment based on chronological age alone involving patients and their families in shared decision-making, clearly explaining potential outcomes and aligning treatment decisions with the patient's preferences, values, and quality of life goals checking that standardised clinical pathways for prostate cancer treatment are shared across the MDT, ensuring that every patient receives evidence-based care regardless of their socio-demographic characteristics 				

The NPCA welcome your feedback on this quality improvement template to be used in conjunction with the [NPCA State of the Nation Report 2024 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/>