



National Clinical Audit and Patient Outcomes Programme (NCAPOP) Infographics compendium

Q4 (January – March 2022), updated 30/03/2022

PUBLICATION DATE	HEALTHCARE AREA	TYPE	PROJECT NAME	LEAD PROVIDER	FULL REPORT TITLE	HQIP WEBLINK TO REPORT	DOC NUMBER
13/01/2022	Acute	Audit	FFFAP - Falls and Fragility Fracture Audit Programme	RCP: Royal College of Physicians	Annual report: Variable resilience of FLSs during the COVID-19 pandemic Data from January to December 2020	https://www.hqip.org.uk/resource/fracture-liaison-service-database-annual-report/#.YeWM1_7P2Uk	0.001
13/01/2022	Long term conditions	Audit	NEIAA - National Early Inflammatory Arthritis Audit	BSR: British Society for Rheumatology	The National Early Inflammatory Arthritis Audit (NEIAA) - Short report on ethnicity	https://www.hqip.org.uk/resource/the-national-early-inflammatory-arthritis-audit-short-report-on-ethnicity/#.YeWOZ7P2Uk	0.002
13/01/2022	Cancer	Audit	NPCA - National Prostate Cancer Audit	RCS: Royal College of Surgeons	National Prostate Cancer Audit Annual Report 2021	https://www.hqip.org.uk/resource/national-prostate-cancer-audit-annual-report-2021/#.YeWL3v7P2Uk	0.003
10/02/2022	Cancer	Audit	NBoCA - National Bowel Cancer Audit	RCS: Royal College of Surgeons	National Bowel Cancer Audit Annual Report 2021	https://www.hqip.org.uk/resource/national-bowel-cancer-audit-annual-report-2021/#.YgUYg9_P2Uk	0.004
10/03/2022	Women and children	Audit	NNAP - National Neonatal Audit Programme	RCPCH: Royal College of Paediatrics and Child Health	National Neonatal Audit Programme Annual report on 2020 data	https://www.hqip.org.uk/resource/national-neonatal-audit-programme-annual-report-on-2020-data/#.Yiogq3rP2Uk	0.005



Royal College
of Physicians

Fracture Liaison Service
Database (FLS-DB)



Fracture Liaison Service Database

Annual report: Variable resilience of FLSs during the COVID-19 pandemic

Data from January to December 2020

January 2022

In association with



Commissioned by



Report at a glance – key messages

Demographics and data completeness

We congratulate the achievement of the **69 FLSs** across England and Wales that submitted data which contributed towards this report.



35%

of FLSs had good levels of data completeness, defined as eight or more key performance indicators (KPIs) with greater than 80% data completion.

Patient records

62,207



patient records were included in 2020, a 10% decrease from 69,771 in 2019.

Patient records

Of the 62,207 records, the index fracture site was:



9% spine



25% hip



66% other

COVID-19



Unsurprisingly, in a year of additional pressures and redeployment due to the COVID-19 pandemic, there has been a decrease in achievement for most of the key performance indicators (KPIs).

Key findings

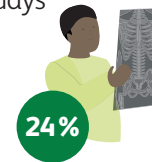
Lower identification rates

Approximately 7,500 (10%) fewer patients were submitted in 2020 compared with 2019, with marked variation between services.



Fewer patients receiving DXA scans within 90 days

Only 24% of patients received a DXA scan within 90 days in 2020, compared with 46% in 2019.



At least 90,000 patients in England and Wales who should have anti-osteoporosis therapy are not receiving it

Few services are achieving effective secondary fracture prevention as measured against the targets of 80% identification, 50% treatment recommendation and 80% treatment initiation and adherence at 12 months.



90,000

Key recommendation

FLSs should discuss the local pathways for fragility fracture patients with orthopaedic, geriatric and radiology colleagues at least every 4 months to ensure identification approaches remain effective and efficient (eg in a monthly governance meeting [KPI 2 & 3]).

FLSs should review their methods for fracture risk assessment to ensure delays in DXA assessment do not affect rapid treatment initiation in high-risk patients (eg in a monthly governance meeting). FLSs should consider how to address potential DXA backlogs / waiting lists caused by the COVID-19 pandemic based on regional or national guidance.

Closing this care gap will require more than service improvement. Trust/health board management and commissioners should support FLSs to engage with their local integrated care system / health board to prioritise and resource FLSs based on local need.

Achievements



However, achievement in four out of the 11 KPIs improved despite the pressures that services were under. This is a tribute to the hard work and commitment shown by fracture liaison services and should be commended.



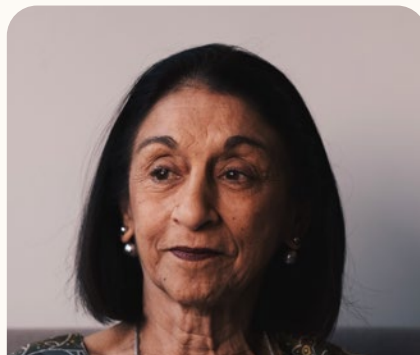
PUBLISHED JANUARY 2022

The National Early Inflammatory Arthritis Audit (NEIAA)

Short report on ethnicity
Key findings and recommendations



Based on data collected between
May 2018 and March 2020 from
specialist rheumatology services
in England and Wales



Key findings at a glance

Demographics

14%

of patients recruited into the audit were from Black, Asian and ethnic minority populations
(representative of the UK population)

Black, Asian and ethnic minority patients were younger than White patients (median age)



48^{yrs}



56^{yrs}

A higher proportion of Black, Asian and ethnic minority patients were female



73%



64%

Clinician-reported outcomes

A lower proportion of Black, Asian and ethnic minority patients were reporting disease remission by three-month follow-up compared to White patients



30%



37%

Patient-reported outcomes

Black, Asian and ethnic minority patients were more likely to report symptoms of anxiety or depression compared to White patients



33%



30%

Key findings at a glance

Quality standards

A higher proportion of Black, Asian and ethnic minority patients were referred to rheumatology services within three working days of presenting compared to White patients [QS33, quality statement 1](#)



47%



43%

A similar proportion of Black, Asian and ethnic minority patients and White patients were assessed within three weeks of referral [2013 version of QS33, quality statement 2](#)



43%



42%

A higher proportion of Black, Asian and ethnic minority patients received timely treatment¹ compared to White patients [QS33, quality statement 2](#)



60%



57%

A high proportion of both groups of patients were provided with disease-related education [QS33, quality statement 3](#)



93%



94%

A high proportion of both groups of patients were able to access care in case of emergencies [QS33, quality statement 4](#)



91%



93%

A lower proportion of Black, Asian and ethnic minority patients received a formal annual review compared to White patients [QS33, quality statement 5](#)



34%

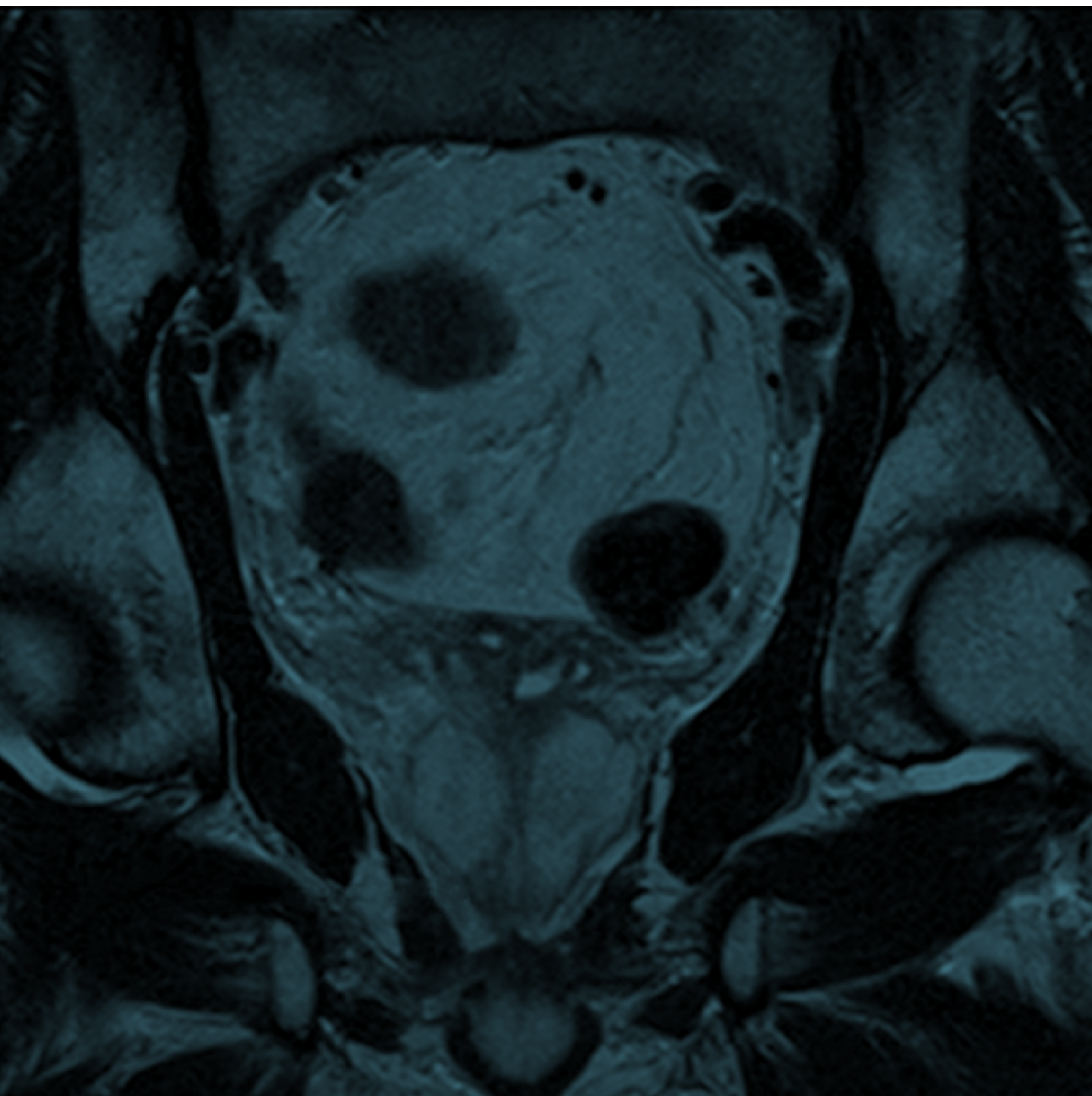


46%

¹Starting conventional disease-modifying anti-rheumatic drug (cDMARD) monotherapy within six weeks of referral

Annual Report 2021

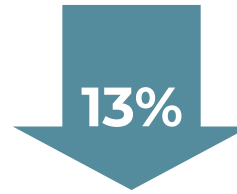
Results of the NPCA Prospective Audit in England and Wales for men diagnosed from 1 April 2019 to 31 March 2020 and the Impact of COVID-19 in England during 2020 (published January 2022)



Diagnosis & staging

For men diagnosed in England and Wales April 2019 - March 2020:

45,885 men were **diagnosed** with prostate cancer in England and Wales between **1st April 2019 and 31st March 2020**



decrease compared with 52,580 men in 2018-2019*

*this may be explained by the diagnosis of two high-profile celebrities during this previous reporting period, which was publicised by the media

55% of men were **70 years or older**

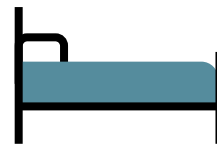


13% of men presented with **metastatic** disease

Treatment outcomes

For men undergoing surgery in England and Wales between April 2019 - March 2020:

13% of men were **readmitted** within 3 months following surgery



This is **stable** compared with 2018-2019

For men undergoing radical treatment in 2018:

7% experienced at least one **genitourinary** complication requiring a procedural/surgical intervention within two years after **radical prostatectomy**

11% experienced at least one **gastrointestinal** complication requiring a procedural/surgical intervention within two years after **radical radiotherapy**

Decrease compared to 9% in 2017

Stable compared to 11% in 2017

Treatment allocation

For men diagnosed in Wales April 2019 - March 2020:

Low-risk, localised disease

High-risk/locally advanced disease

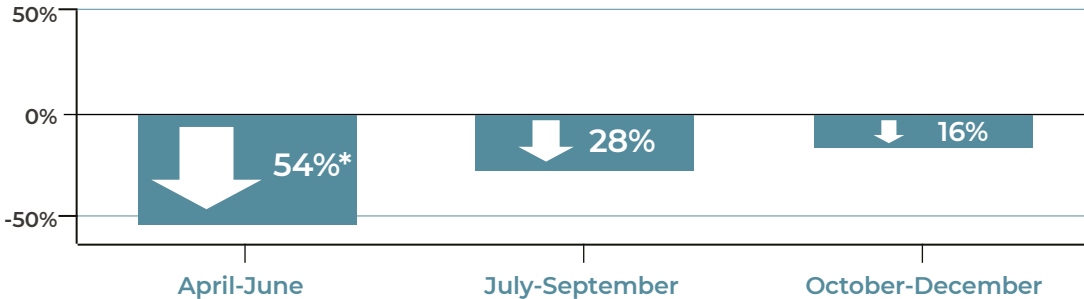
10% of men had radical treatments and were **potentially 'over-treated'** 16% in 2018-2019

40% of men did not have radical treatments and were **potentially 'under-treated'** - 34% in 2018-2019



Impact on Diagnosis

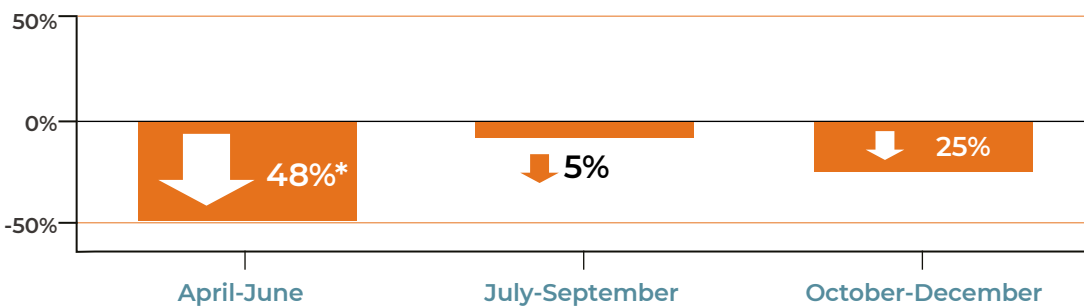
Number of patients newly diagnosed with prostate cancer in 2020 (compared to same period in 2019)



* There was a 54% reduction in the number of men diagnosed between April - June 2020 compared with same period in 2019

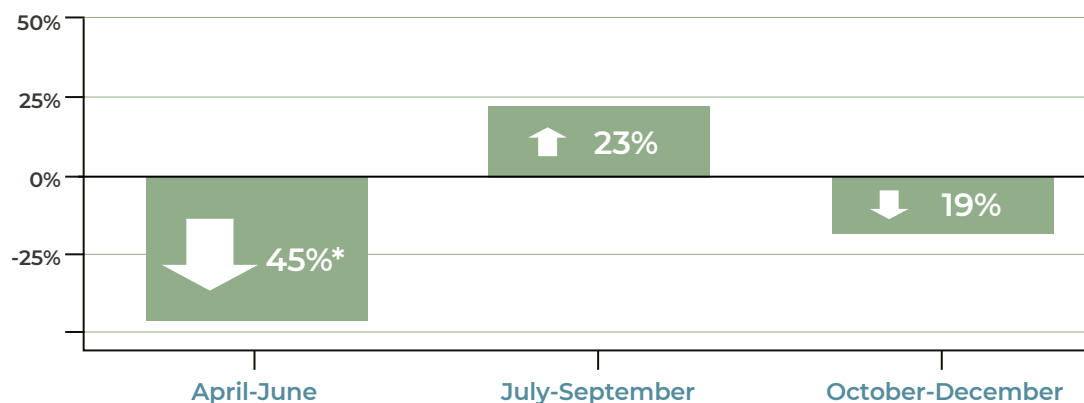
Impact on Radical treatment received

Number of patients undergoing radical prostatectomy in 2020 (compared to same period in 2019)



* There was a 48% reduction in the number of men undergoing prostatectomy between April - June 2020 compared with same period in 2019

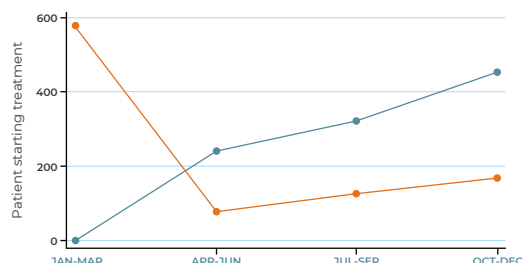
Number of patients undergoing radical radiotherapy in 2020 (compared to same period in 2019)



* There was a 45% reduction in the number of men undergoing radiotherapy between April - June 2020 compared with same period in 2019

Impact on systemic therapy

Rapid and marked **fall of Docetaxel use** from April 2020 in metastatic hormone-sensitive prostate cancer. Conversely, rapid and marked **increased use of Enzalutamide**



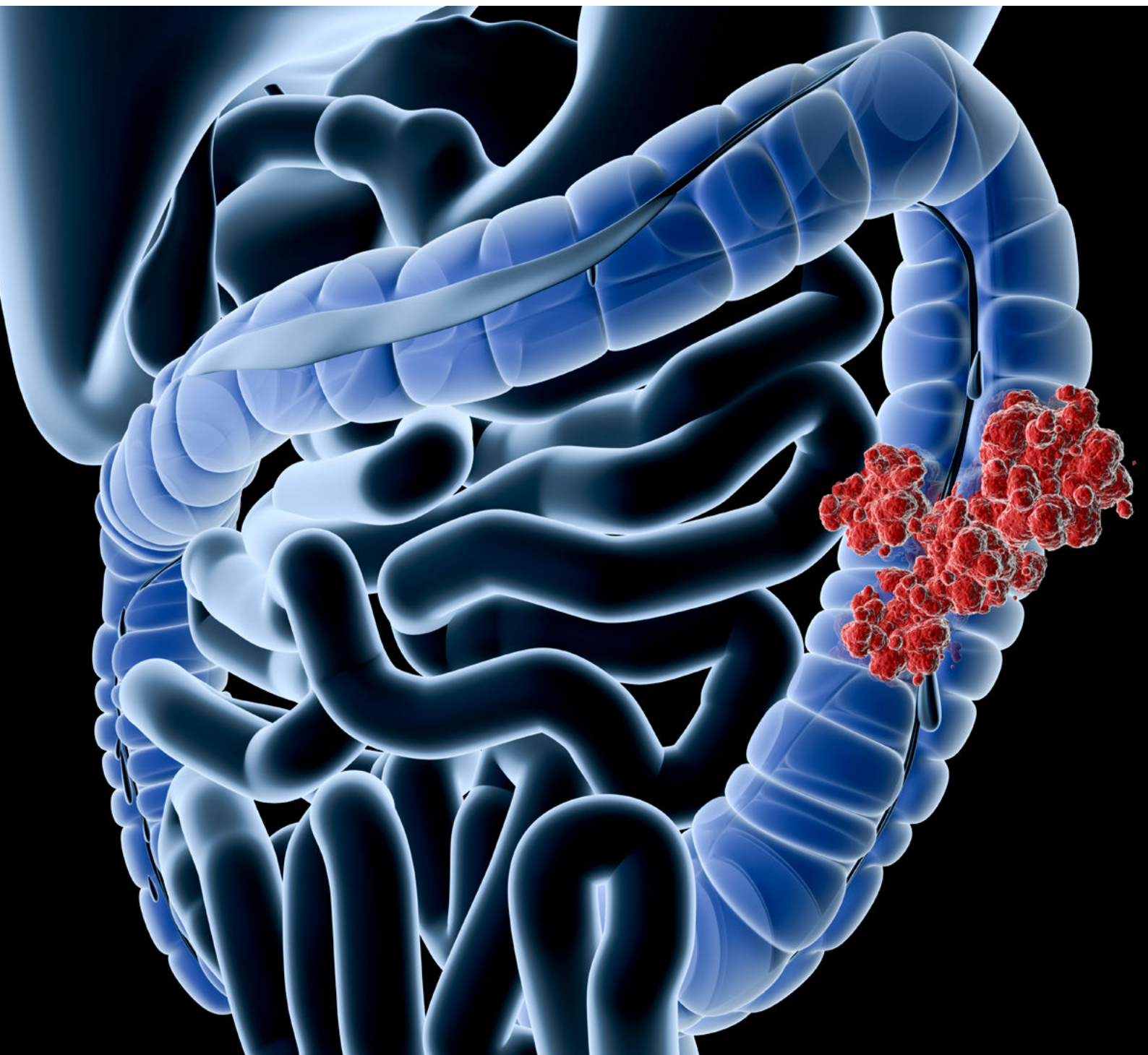
● Docetaxel
● Enzalutamide



National Bowel Cancer Audit

Annual Report 2021

An audit of the care received by people
with bowel cancer in England and Wales



Executive Summary

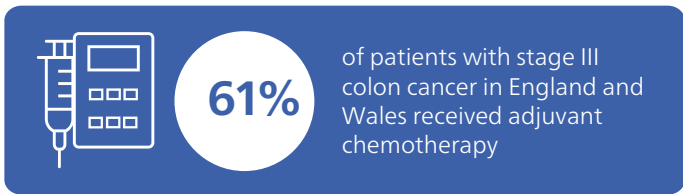
The 2021 annual report Part 1 includes patients diagnosed with bowel cancer between 01 April 2019 and 31 March 2020. In order to try to minimise any

effects of COVID-19 within this audit cohort, we have included major resections carried out up to March 31st 2020 (pre-first wave of pandemic).

DIAGNOSIS AND CARE PATHWAYS

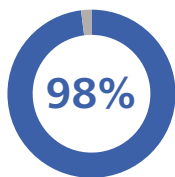
32,641

patients were diagnosed with bowel cancer in England and Wales between 1 April 2019 and 31 March 2020

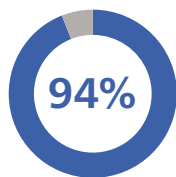


SURGICAL CARE

90-day post-operative survival



of patients were alive 90 days after elective/scheduled surgery



of patients were alive 90 days after emergency/urgent surgery

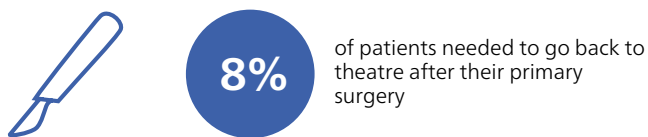
Post-operative length of stay



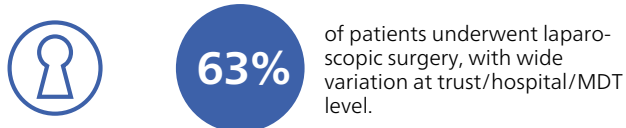
30-day unplanned readmission



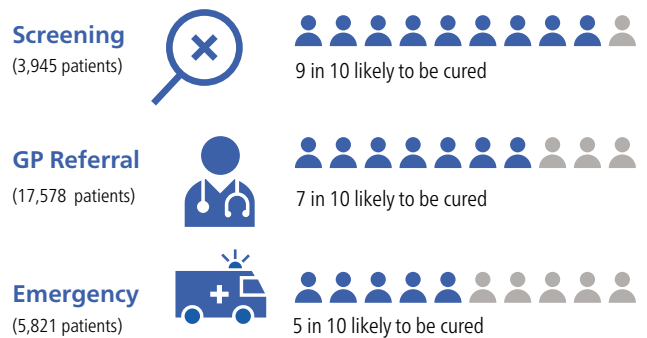
Unplanned return to theatre



Laparoscopic surgery

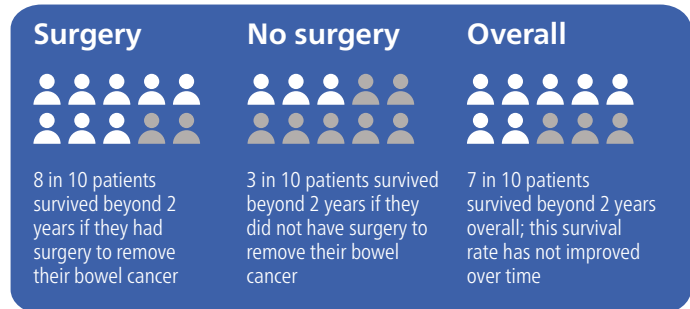


Proportion of patients that were likely to be cured, by source of referral



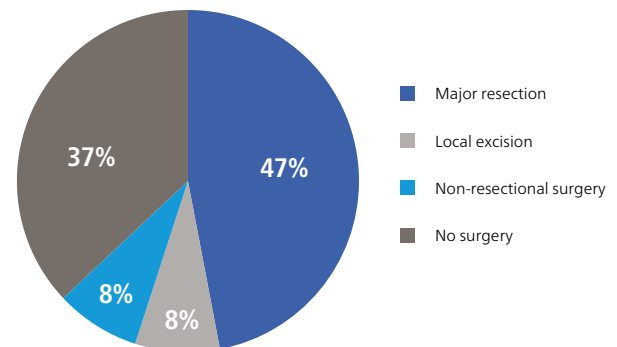
SURVIVAL

Proportion of patients who survived 2 years beyond their diagnosis of bowel cancer.

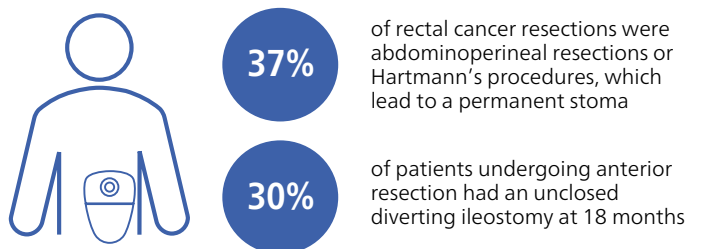


RECTAL CANCER

Proportion of rectal cancer patients that received different treatments



Stomas



Part 2 of the Annual Report is on the recovery of bowel cancer services from the COVID-19 pandemic (Patients diagnosed 01 April 2020 to 31 March 2021)

COVID-19 RECOVERY



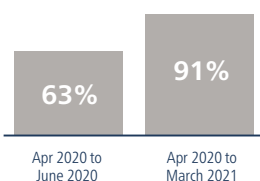
NBOCA has undertaken additional work looking at the impact of the COVID-19 pandemic on bowel cancer services in England and Wales.

Early in the COVID-19 pandemic, there was a large impact on the diagnosis and treatment of bowel cancer patients. However, bowel cancer services had largely recovered by March 2021.

Bowel cancer diagnoses

Early pandemic – April 2020 to June 2020

63% of the expected number of bowel cancer diagnoses were seen in England between **April 2020 to June 2020**, compared to 2019



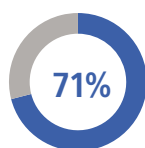
Pandemic – April 2020 to March 2021

91% of the expected number of bowel cancer diagnoses were seen in England between **April 2020 to March 2021**, compared to 2019

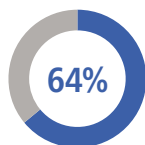
The impact on new bowel cancer diagnoses, and the extent to which the number of diagnoses had recovered, varied by region. The regions hit hardest by COVID-19 infections tended to have more "missed diagnoses" with rates between 8% and 16%. By March 2021, patients just below and patients just above screening age had the most "missed diagnoses" (85.1% and 89.4% of expected diagnoses for those aged 50-59 years and 75-84 years respectively, versus 93.0% in those of screening age). There was also a larger deficit in those from more deprived areas (89.1% of expected diagnoses for those in the most deprived group versus 92.4% in the least deprived).

Bowel cancer treatment

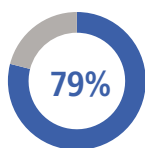
Early pandemic – April 2020 to June 2020



of the expected number of bowel cancer operations took place in England between **April 2020 to June 2020**, compared to 2019



of the expected number of bowel cancer operations took place in Wales between **April 2020 to June 2020**, compared to 2019

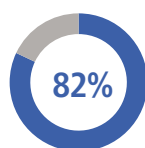


of the expected number starting adjuvant chemotherapy for colon cancer in England between **April 2020 to June 2020**, compared to 2019

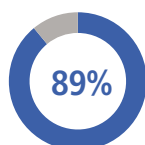


of the expected number starting curative radiotherapy for rectal cancer in England between **April 2020 to June 2020**, compared to 2019

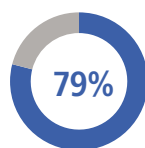
Pandemic – April 2020 to March 2021



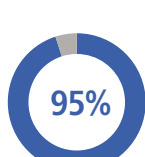
of the expected number of bowel cancer operations took place in England between **April 2020 to December 2020**, compared to 2019



of the expected number of bowel cancer operations took place in Wales between **April 2020 to December 2020**, compared to 2019



of the expected number starting adjuvant chemotherapy for colon cancer in England between **April 2020 to February 2021**, compared to 2019



of the expected number starting curative radiotherapy for rectal cancer in England between **April 2020 to March 2021**, compared to 2019



NNAP

National Neonatal
Audit Programme

 RCPCH Audits

National Neonatal Audit Programme Annual report on 2020 data



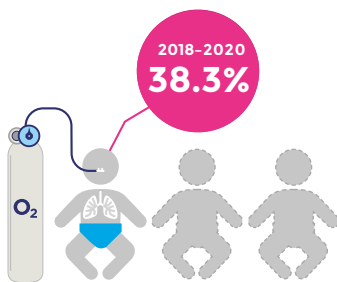
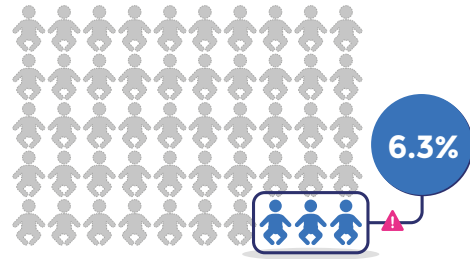
.....
"Olive was born at 29 weeks 3 days
by caesarean. This picture was
taken post treatment. This was an
important milestone for us as Olive
finally came off low flow oxygen."

Ben Turner, Father
.....

At a glance: NNAP 2020 data

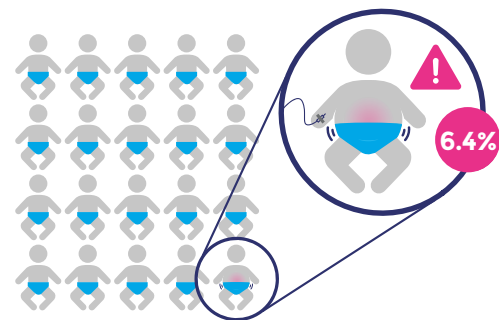
Outcomes of neonatal care

6.3% of babies born at less than 32 weeks' gestation and admitted to neonatal care died before discharge or 44 weeks post menstrual age (July 2018-June 2020). This represents a reduction of 0.3 percentage points since the previous period (July 2017- June 2019), when the proportion was 6.6%.

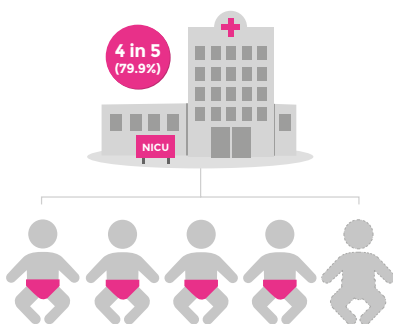


38.3% of babies born at less than 32 weeks' gestation developed significant bronchopulmonary dysplasia (BPD) or died between 2018-2020. This is an increase of 1.7 percentage points compared to the period between 2017 and 2019, the proportion was 36.6%.

6.4% of babies born at less than 32 weeks' gestation developed necrotising enterocolitis (NEC). In 2019, the proportion was 5.5%, however the proportion of units assuring that all their NEC diagnoses have been submitted to the audit has increased since 2019.

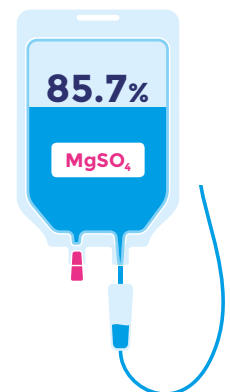


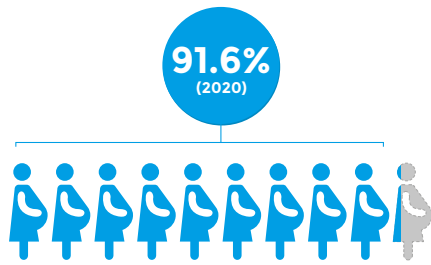
Optimal perinatal care



79.9% of babies (4 in 5) born at less than 27 weeks' gestation were born in a hospital with a neonatal intensive care unit. This represents an increase of 2.4 percentage points since 2019, when the proportion was 77.5%.

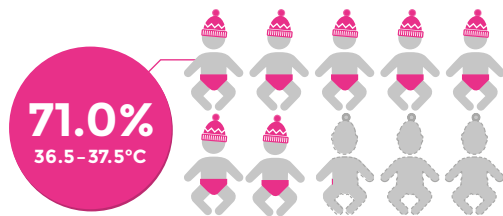
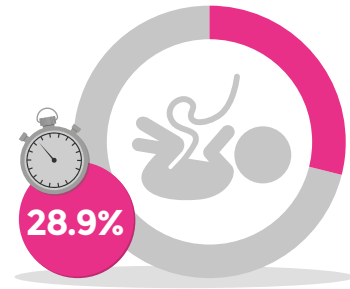
85.7% of mothers of babies born at less than 30 weeks' gestation were given antenatal magnesium sulphate. This represents an increase of 3.6 percentage points since 2019, when the proportion was 82.1%.





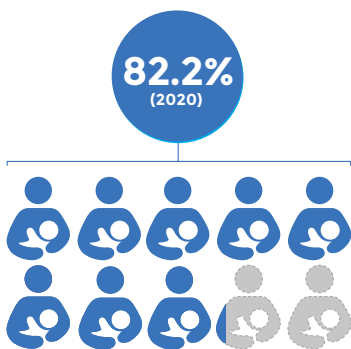
91.6% of mothers of babies born at less than 34 weeks' gestation were given antenatal steroids. This has remained relatively stable since 2019, when the proportion was 91.3%.

28.9% of babies born at less than 32 weeks' gestation had their cord clamped at or after one minute from birth. This is the first year that deferred cord clamping has been reported in the NNAP.



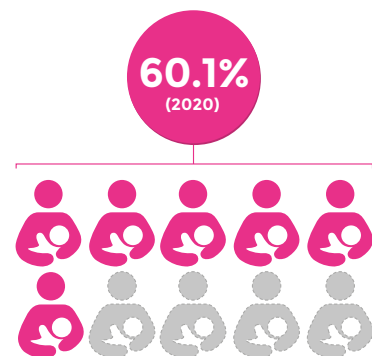
71.0% of babies born at less than 32 weeks' gestation were admitted with a temperature within the recommended range of 36.5-37.5°C. This represents an increase of 1.1 percentage points since 2019, when the proportion was 69.9%.

Maternal breastmilk feeding

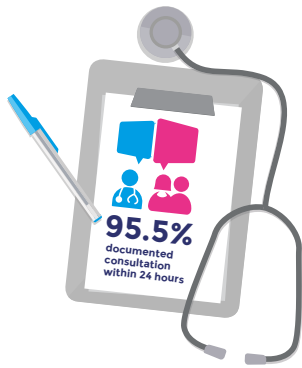


82.2% of eligible babies were receiving mother's milk; either exclusively or with another form of feeding, at 14 days of age. This has remained relatively stable since 2019, when the proportion was 82.4%.

60.1% of eligible babies were receiving mother's milk, either exclusively or with another form of feeding, at discharge from neonatal care. This represents an increase of 1.8 percentage points since 2019, when the proportion was 58.3%.

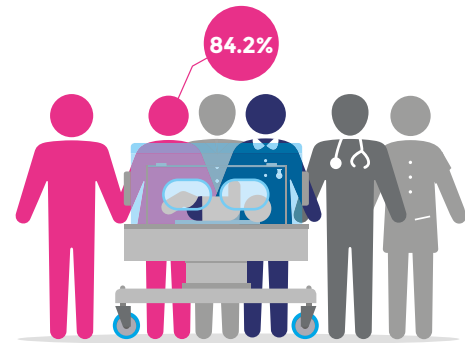


Parental partnership in care

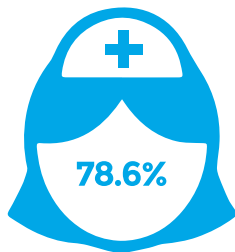


95.5% of parents received documented consultation with a senior member of the neonatal team within 24 hours of their baby's admission. This represents a reduction of 1.2 percentage points since 2019, when the proportion was 96.7%.

In 84.2% of admissions, parents were present on a consultant ward round on at least one occasion during a baby's stay. This represents an increase of 1 percentage point since 2019 when the proportion was 83.2%.



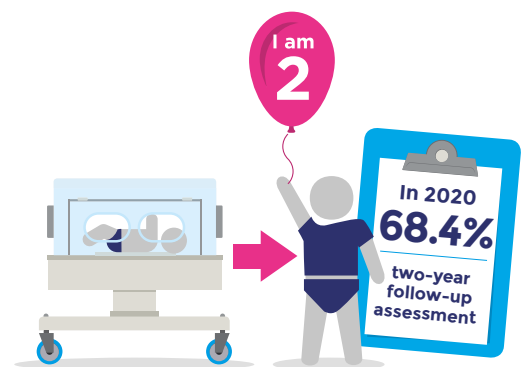
Neonatal nurse staffing



Overall, 78.6% shifts are staffed according to the total nurses' element of the service specification; in 2019, the proportion was 69.0%. 47% of eligible shifts had sufficient staff qualified in specialty (QIS), compared to 44.2% in 2019.

Medical follow-up at two years of age

68.4% of babies born at less than 30 weeks' gestation had a documented medical follow up within the appropriate time period. This represents a reduction of 2.4 percentage points since 2019, when the proportion was 70.8%.



The full NNAP Annual Report on 2020 Data is available at: www.rcpch.ac.uk/nnap. Full results by unit are available on NNAP Online at: <https://nnap.rcpch.ac.uk/>