

Impact of NCAPOP



Healthcare Quality Improvement Partnership

IN-FOCUS

[Extract from the bowel cancer in-focus impact report \(click for full page\)](#)



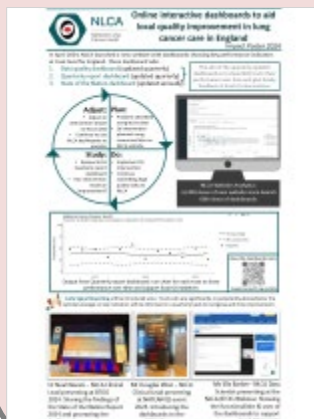
REDUCTION IN VARIATION IN RECEIPT OF ADJUVANT CHEMOTHERAPY STAGE III COLON CANCER BETWEEN PROVIDERS:

No. of trusts/Welsh MDTs outside inner funnel limits



NBOCA recommendation to reduce variation in use of adjuvant chemotherapy for stage III colon cancer led to NHSE Workshop for Cancer Alliances in May 2024, stimulating Cancer Alliances to scrutinise the use of adjuvant chemotherapy across providers, and informing NBOCA of important contextual measures to report.

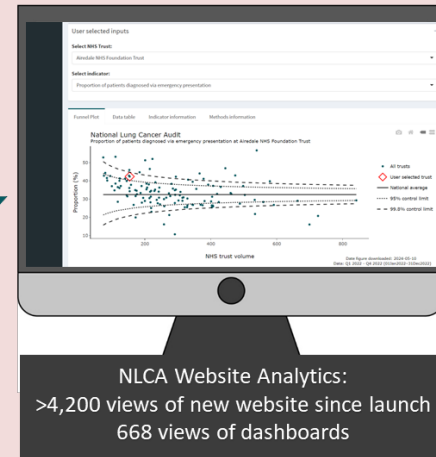
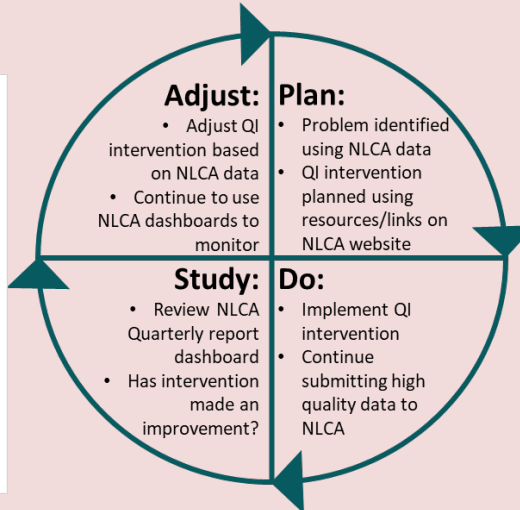
[Extract from the Lung cancer in-focus impact report \(click for full page\)](#)



In April 2024, NLCA launched a new website with dashboards showing key performance indicators at trust level for England. Three dashboard tabs:

1. Data quality dashboard (updated quarterly)
2. Quarterly report dashboard (updated quarterly)
3. State of the Nation dashboard (updated annually)

The aim of the quarterly updated dashboards is to show NHS trusts their performance over time and give timely feedback of local QI interventions



[Extract from the OG cancer in-focus impact report \(click for full page\)](#)



NICE guidance recommends that all people undergoing curative treatment for oesophago-gastric (OG) cancer should be offered specialist dietetic support before, during and after treatment. However, evidence about optimal management strategies for nutrition support is currently lacking, and **NICE highlighted this as a priority area for research**. To inform research in this area, the National Oesophago-Gastric Cancer Audit (NOGCA) sought to collect information on, and describe patterns of nutrition support for, people with OG cancer in England and Wales.

LOCAL

How the project stimulates quality improvement

The NEIAA Clinical Lead, Dr Liz Price, engaged in conversations with clinical leads from all outlier services to understand local strengths and weaknesses. Each service was then provided with a bespoke letter for local managers highlighting good practice and areas for improvement.

In February 2024, a carefully curated NEIAA [e-learning package](#) was published by British Society for Rheumatology equipping NHS employees with 3.5 CPD credits.

NATIONAL

How the project provides evidence of quality and outcomes of care nationally

The NEIAA [State of the Nation report 2023](#) was published in October 2023. Highlights from the report include:

14,083 patients were recruited (2022/23 = 12,778)

56% of patients were referred within 3 working days (2022/23 = 54%)

56% of patients started treatment within 6 weeks (2022/23 = 52%)

Clinically meaningful improvements were recorded for all PROMs between baseline and 3-month follow-up.

Session 2:

[Extract from the prostate cancer in-focus impact report \(click for full page\)](#)



- Focused on building capacity for patient assessment and care in prostate cancer.
- NPCA analysis highlighted underutilisation of systemic therapy in metastatic prostate cancer.
- Two sessions explored systemic treatment for older patients and better incorporation of clinical pharmacists into practices.

SYSTEM

How the project supports policy development & management of the system

NEIAA data was used in 2 full articles published in *Rheumatology* ([paper 1](#)) and *Rheumatology Advances in Practice* ([paper 2](#)).

PUBLIC

How the project is used by the public and the demand for it

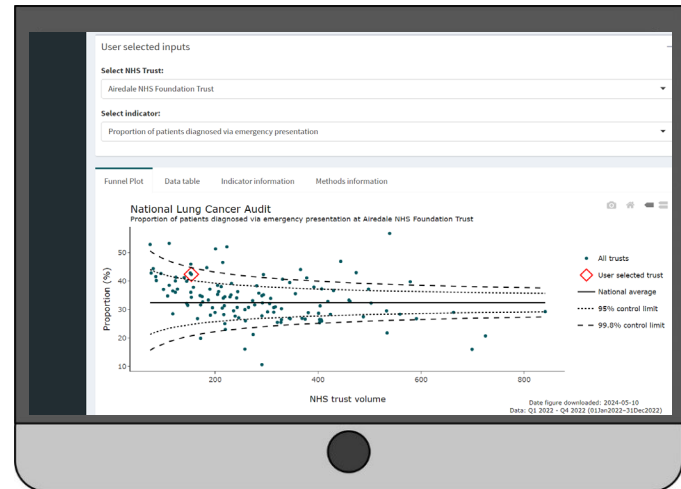
Work was undertaken in early 2024 in partnership with the web developer of the NEIAA website and the NEIAA patient panel to improve the user-friendliness of the audit's [patient website](#) and PROMs questionnaires.



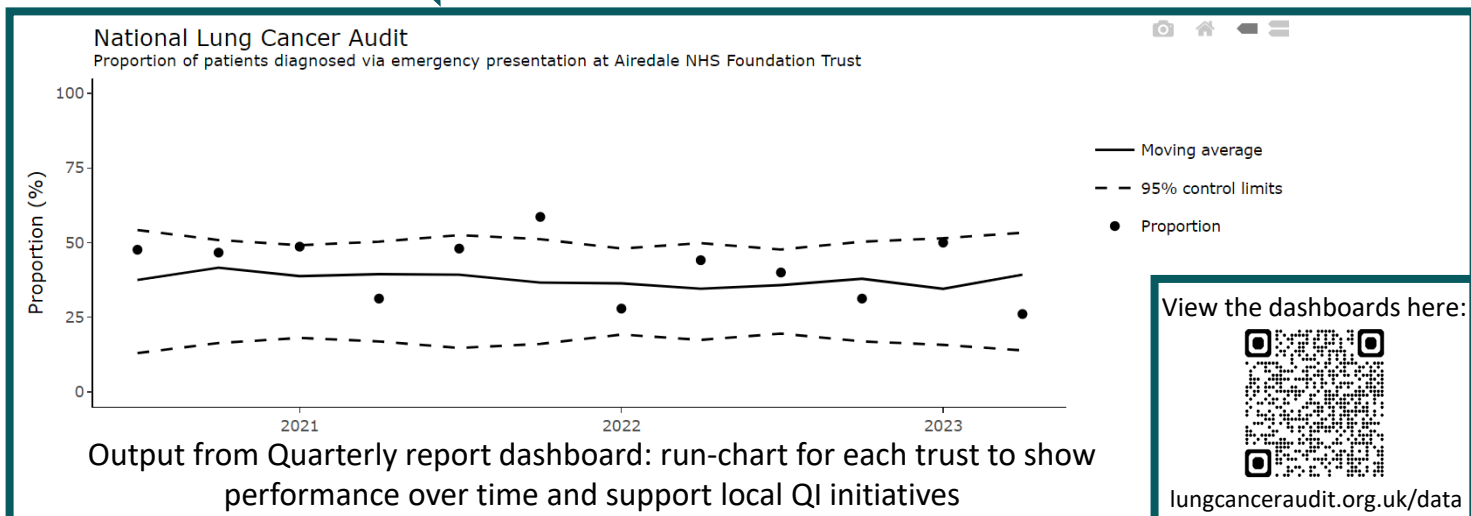
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NLCA Website Analytics:
>4,200 views of new website since launch
668 views of dashboards



View the dashboards here:



lungcanceraudit.org.uk/data



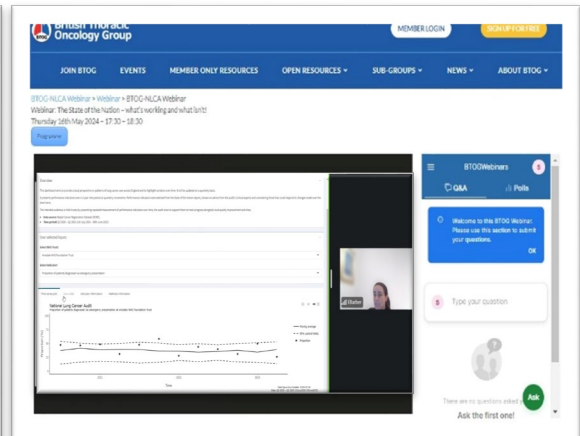
Early Signal Reporting will be introduced soon. Trusts who are significantly or persistently above/below the national average on key indicators will be informed on a quarterly basis to recognise and drive improvement.



Dr Neal Navani – NLCA Clinical Lead presenting at BTOG 2024. Sharing the findings of the State of the Nation Report 2024 and promoting the dashboards



Mr Douglas West – NLCA Clinical Lead presenting at NATCAN QI event 2024. Introducing the dashboards to the NATCAN team



Ms Ella Barber – NLCA Data Scientist presenting at the NLCA-BTOG Webinar. Showing the functionalities & uses of the dashboards to support local QI projects

National Bowel Cancer Audit

– Impact at National-level

May 2024

NBOCA measures the quality and outcomes of NHS bowel cancer care for patients in England and Wales and supports providers to improve the quality of care received by patients.

NBOCA QI PROGRAMME launched October 2021
Supported by interactive trust and Welsh MDT¹ results at: nboca.org.uk/trust-results
Targets set across the whole patient pathway
More details at nboca.org.uk/quality-improvement

¹ Multi-Disciplinary Teams

QI OBJECTIVES

1. Improve Cancer Outcomes

2. Improve Patient Experience

PATIENT PATHWAY

Diagnosis

Perioperative
Care

Oncological
Management

Advanced
Disease

TOPIC: Reducing variation in the use of adjuvant chemotherapy for stage III colon cancer

REDUCTION IN VARIATION IN RECEIPT OF ADJUVANT CHEMOTHERAPY STAGE III COLON CANCER BETWEEN PROVIDERS:

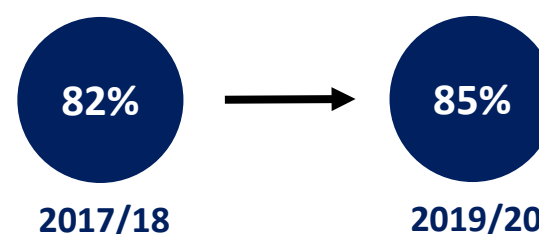
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NBOCA recommendation to reduce variation in use of adjuvant chemotherapy for stage III colon cancer led to NHSE Workshop for Cancer Alliances in May 2024, stimulating Cancer Alliances to scrutinise the use of adjuvant chemotherapy across providers, and informing NBOCA of important contextual measures to report.

NBOCA developed indicator of severe acute toxicity in stage III colon cancer patients receiving adjuvant chemotherapy. Crucial context to reduce perverse incentives. Reported since 2022.

IMPROVED 2-YEAR SURVIVAL AFTER MAJOR RESECTION:



REDUCTION IN VARIATION IN 2-YEAR SURVIVAL AFTER MAJOR SURGERY BETWEEN PROVIDERS:

No. of trusts/Welsh MDTs outside inner funnel limits



This measure encapsulates surgical and oncological care.

[NICE guidance](#) recommends that all people undergoing curative treatment for oesophago-gastric (OG) cancer should be offered specialist dietetic support before, during and after treatment. However, evidence about optimal management strategies for nutrition support is currently lacking, and [NICE highlighted this as a priority area for research](#). To inform research in this area, the National Oesophago-Gastric Cancer Audit (NOGCA) sought to collect information on, and describe patterns of nutrition support for, people with OG cancer in England and Wales.

Between 2019 and 2022, the NOGCA collected information on nutrition support for people with OG cancer at two points in the care pathway:

1. Between diagnosis and start of treatment
2. During and after admission for curative surgery (perioperative nutrition).

The NOGCA first published information about nutrition support in its [2021 Annual Report](#), focusing on people diagnosed with OG cancer between April 2019 and March 2020. The most recent [State of the Nation Report](#) (January 2024) analysed nutrition data submitted to the Audit for those diagnosed during April 2020 – March 2022.

Specialist dietetic support

The NOGCA identified that a large proportion of people with a plan for curative treatment do not receive specialist dietetic support before treatment. Among people diagnosed in 2021-22, only 58% had a record of being seen by a specialist OG dietitian between diagnosis and treatment.

Among those who underwent surgery, 89% had a record of postoperative assessment by a specialist OG dietitian, as recommended by NICE.

Percentage of people with a plan for curative treatment who were seen and advised by a specialist OG dietitian

2019-20 **65.9%** 

2021-22 **57.7%** 

Percentage of people who were assessed and advised by a specialist OG dietitian after surgery for OG cancer

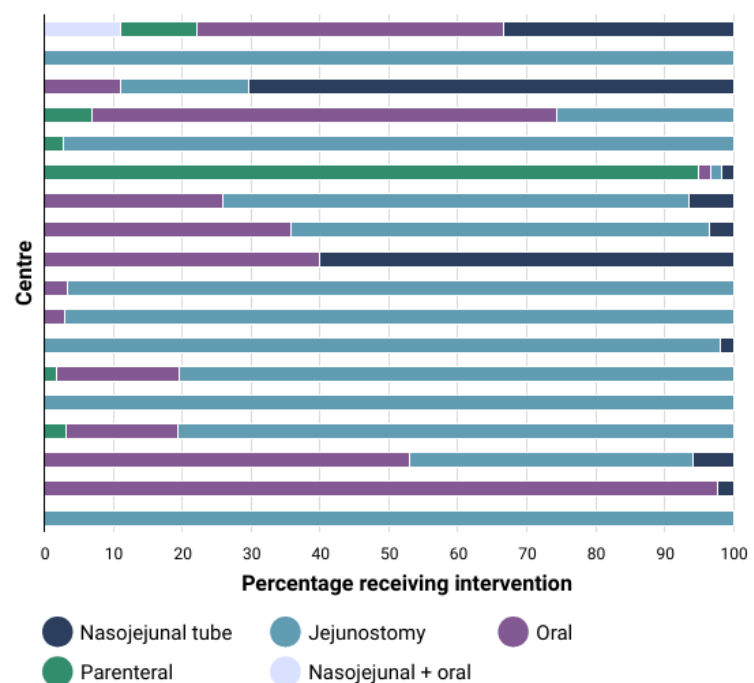
2019-20 **95.6%** 

2021-22 **88.8%** 

The NOGCA's collection of nutrition data has come to an end with its move to using national cancer datasets. Discussions have begun to see how nutrition data can be added to these datasets. Further exploration of the relationships between patterns of nutrition support and patient outcomes will provide important evidence to inform future practice.

Perioperative nutrition

Overall, 70% of people undergoing oesophagectomy (2021-22) with information on perioperative nutrition support had a jejunostomy or received parenteral nutrition. There was substantial variation in perioperative nutritional management strategies across specialist centres:





NPCA

National Prostate Cancer Audit

Impact: Quality Improvement Workshops

Our Quality Improvement (QI) aims

- To support local and national quality improvement initiatives,
- To facilitate peer-to-peer quality improvement networks across England and Wales, fostering knowledge translation, and
- To learn and implement from best practice in the field of quality improvement.



A key component for the National Prostate Cancer Audit (NPCA) to deliver these QI aims is the annual Quality Improvement Workshop, where the NPCA hosts an event focused on specific quality improvement areas.

NPCA March 2024 Quality Improvement workshop

“The Science of Performance in Prostate Radiotherapy and Building Capacity for Patient Assessment and Care”

Session 1:

- The NPCA shared findings on performance indicators in prostate radiotherapy, followed by a Prostate Radiotherapy Masterclass.
- The Clatterbridge was identified as a ‘positive outlier’ in terms of side effects after radiotherapy.
- Isabel Syndikus, the prostate radiotherapy lead at the Clatterbridge, presented steps and protocols to reduce treatment-related toxicity after radical treatment for prostate cancer.

Risk stratification charts showing performance indicators for different patient groups (All, PPI, PD) across various metrics like Expected Proportion, Training on Training, and Training on Training. A photo of Professor Isabel Syndikus is included with the caption: "Professor Isabel Syndikus, speaking at the online workshop".

Session 2:

- Focused on building capacity for patient assessment and care in prostate cancer.
- NPCA analysis highlighted underutilisation of systemic therapy in metastatic prostate cancer.
- Two sessions explored systemic treatment for older patients and better incorporation of clinical pharmacists into practices.

"Very educative and is an enlightening -It upgrades my practice"



Consultant Clinical Oncologist

"I have a better understanding of management of prostate radiotherapy"

Clinical Nurse Specialist

QI Workshop attendees by role



100

Clinicians from surgical and radiotherapy centres across England and Wales attended

Clinicians' engagement during the workshop reflects their commitment to improving outcomes for men with prostate cancer.

Professional Development



Workshop attendees were awarded two CPD credits, under the Royal College of Radiologists scheme, which was a new aspect to the QI event.

Future workshops will continue to promote reflection, best practices, and improvement mechanisms.