



# HQIP

Healthcare Quality  
Improvement Partnership

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

Q2 (July – September 2024), updated 13/11/2024

PUBLICATION DATE	HEALTHCARE AREA	TYPE	PROJECT NAME	LEAD PROVIDER	FULL REPORT TITLE	HQIP WEBLINK TO REPORT	DOC NUMBER
2024/07/11	Long term conditions	Audit	NRAP - National Respiratory Audit Programme	RCP: Royal College of Physicians	<a href="#">Breathing well: An assessment of respiratory care in England and Wales</a>	<a href="https://www.hqip.org.uk/resource/nrap-breathing-well/">https://www.hqip.org.uk/resource/nrap-breathing-well/</a>	0.01
2024/07/11	Acute	Clinical Outcome Review Programme	Medical and Surgical Clinical Outcome Review Programme	NCEPOD: National Confidential Enquiry into Patient Outcome and Death	<a href="#">Endometriosis: A Long and Painful Road</a>	<a href="https://www.hqip.org.uk/resource/endometriosis-ncepod/">https://www.hqip.org.uk/resource/endometriosis-ncepod/</a>	0.02
2024/07/11	Women and children	Audit	Ep12 - National Audit of Seizures and Epilepsies	Royal College of Paediatrics and Child Health	<a href="#">Epilepsy12 2024 combined organisational and clinical audits</a>	<a href="https://www.hqip.org.uk/resource/epilepsy12-july24/">https://www.hqip.org.uk/resource/epilepsy12-july24/</a>	0.03
2024/07/11	Women and children	Audit	NMPA - National Maternity and Perinatal Audit	RCOG: Royal College of Obstetricians and Gynaecologists	<a href="#">Evaluating hospital and crisis care for perinatal mental health</a>	<a href="https://www.hqip.org.uk/resource/nmpa-perinatal-mental-health/">https://www.hqip.org.uk/resource/nmpa-perinatal-mental-health/</a>	0.04
2024/07/11	Women and children	Clinical Outcome Review Programme	MNI - Maternal, Newborn and Infant Clinical Outcome Review Programme	MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK, University of Oxford	<a href="#">Perinatal Mortality Surveillance: State of the Nation Report</a>	<a href="https://www.hqip.org.uk/resource/perinatal-mortality-mbrance/">https://www.hqip.org.uk/resource/perinatal-mortality-mbrance/</a>	0.05
2024/08/08	Long term conditions	Audit	NAD - National Audit of Dementia	RCPsych: Royal College of Psychiatrists	<a href="#">National Audit of Dementia - Spotlight Audit in Memory Assessment Services Report 2023/24</a>	<a href="https://www.hqip.org.uk/resource/nad-memory-assessment/">https://www.hqip.org.uk/resource/nad-memory-assessment/</a>	0.06
2024/09/12	Long term conditions	Audit	NRAP - National Respiratory Audit Programme	RCP: Royal College of Physicians	<a href="#">Wales primary care clinical audit report</a>	<a href="https://www.hqip.org.uk/resource/nrap-2021-23/">https://www.hqip.org.uk/resource/nrap-2021-23/</a>	0.07
2024/09/12	Cancer	Audit	NAoPri - National Primary Breast Cancer Audit	NATCAN: National Cancer Audit Collaborating Centre	<a href="#">National Audit of Primary Breast Cancer State of the Nation Report 2024</a>	<a href="https://www.hqip.org.uk/resource/naopri-sotn-2024/">https://www.hqip.org.uk/resource/naopri-sotn-2024/</a>	0.08
2024/09/12	Cancer	Audit	NAoMe - National Metastatic Breast Cancer Audit	NATCAN: National Cancer Audit Collaborating Centre	<a href="#">National Audit of Metastatic Breast Cancer State of the Nation Report 2024</a>	<a href="https://www.hqip.org.uk/resource/naome-sotn-2024/">https://www.hqip.org.uk/resource/naome-sotn-2024/</a>	0.09
2024/09/12	Cancer	Audit	NOCA - National Ovarian Cancer Audit	NATCAN: National Cancer Audit Collaborating Centre	<a href="#">National Ovarian Cancer Audit State of the Nation Report 2024</a>	<a href="https://www.hqip.org.uk/resource/noca-sotn-2024/">https://www.hqip.org.uk/resource/noca-sotn-2024/</a>	0.10
2024/09/12	Cancer	Audit	NPaCA - National Pancreatic Cancer Audit	NATCAN: National Cancer Audit Collaborating Centre	<a href="#">National Pancreatic Cancer Audit State of the Nation Report 2024</a>	<a href="https://www.hqip.org.uk/resource/npaca-sotn-2024/">https://www.hqip.org.uk/resource/npaca-sotn-2024/</a>	0.11
2024/09/12	Cancer	Audit	NNHLA - National Non-Hodgkin Lymphoma Audit	NATCAN: National Cancer Audit Collaborating Centre	<a href="#">National Non-Hodgkin Lymphoma Audit State of the Nation Report 2024</a>	<a href="https://www.hqip.org.uk/resource/nnhla-sotn-2024/">https://www.hqip.org.uk/resource/nnhla-sotn-2024/</a>	0.12
2024/09/12	Cancer	Audit	NKCA - National Kidney Cancer Audit	NATCAN: National Cancer Audit Collaborating Centre	<a href="#">National Kidney Cancer Audit State of the Nation Report 2024</a>	<a href="https://www.hqip.org.uk/resource/nkca-sotn-2024/">https://www.hqip.org.uk/resource/nkca-sotn-2024/</a>	0.13
2024/09/12	Acute	Audit	FFFAP - Falls and Fragility Fracture Audit Programme	RCP: Royal College of Physicians	<a href="#">National Hip Fracture Database Annual Report 2024</a> <a href="#">A broken hip - three steps to recovery</a>	<a href="https://www.hqip.org.uk/resource/nhfd-2024/">https://www.hqip.org.uk/resource/nhfd-2024/</a>	0.14



Royal College  
of Physicians

National Respiratory Audit  
Programme (NRAP)

# Breathing well

An assessment of respiratory  
care in England and Wales

Data from people with asthma and COPD  
(chronic obstructive pulmonary disease) admitted  
to hospital with an exacerbation between  
1 April 2022–31 March 2023, and people with  
COPD assessed for pulmonary rehabilitation  
between 1 March 2022–31 March 2023.

# Breathing well – report at a glance

## Who is included in the audit?

**94,136** asthma and COPD records across England and Wales – 1 April 2022 to 31 March 2023

**23,024** pulmonary rehabilitation records across England and Wales – 1 March 2022 to 31 March 2023

All patients in hospital to be offered help to stop smoking before they are discharged

COPD



**60.5%**

Patients in hospital offered referral to smoking cessation service

2021/22: 56.8%

Adults with asthma



**69.4%**

Patients in hospital offered referral to smoking cessation service

2021/22: 69.1%

Pulmonary rehabilitation



**32.0%**

Adults with stable COPD started PR within 90 days of receipt of referral

2021/22: 40.0%



**12.6%**

Adults with acute exacerbation of COPD started PR within 30 days of receipt of referral

2021/22: 20.1%

All patients to start PR within the recommended timeframe

All patients to see a respiratory specialist within 24 hours of being in hospital

COPD



**62.0%**

Patients with COPD who received a specialist respiratory review within 24 hours of hospital admission.

2021/22: 60.0%

Adults with asthma



**48.0%**

Patients with asthma who received a specialist respiratory review within 24 hours of hospital arrival.

2021/22: 51.0%

Children and young people (CYP)

Age 1–5



**45.8%**

Children have a current self management plan on discharge

2021/22: 35.0%

Age 6+



**47.0%**

All children to leave hospital with a plan to help them manage their asthma at home

2021/22: 41.3%



Royal College of Physicians

National Respiratory Audit Programme (NRAP)

# Endometriosis: A Long and Painful Road

A review of the quality of care provided to adult patients diagnosed with endometriosis



NCEPOD

Improving the quality of healthcare

# EXECUTIVE SUMMARY

Endometriosis occurs when tissue similar to the lining of the uterus is found in places outside the uterus. These deposits can bleed in response to hormones, causing pain and scarring in the pelvis. A delay in diagnosis is a significant issue as it can lead to prolonged suffering, ill health, and risks to fertility. Delays occur due to a perception that pelvic pain and heavy vaginal bleeding can be normal, and because healthcare professionals do not always consider the presenting symptoms to be endometriosis - there may be many symptoms, not just cyclical pain and heavy bleeding.

**FOR MORE INFORMATION ON ENDOMETRIOSIS VISIT: [Endometriosis UK](#)**

Endometriosis is often treated as multiple episodes of acute care, instead of on a continuum like other chronic conditions, such as diabetes or inflammatory bowel disease. This approach needs to change to enable appropriate pathways of care, holistic and medical management, discharge planning and follow-up.

## IN THIS STUDY

The pathway and quality of care provided to patients aged 18 years and over with a diagnosis of endometriosis was reviewed. The sampling period of 1<sup>st</sup> February 2018 to 31<sup>st</sup> July 2020 was used and data were included from 623 clinician questionnaires, 167 organisational questionnaires and the assessment of 309 sets of case notes. In addition, a patient survey was completed by 941 respondents and a clinician survey by 137 respondents.

### 1. Endometriosis is a chronic condition

Unlike other chronic conditions, such as diabetes, there is no pathway for endometriosis.



36/136 (26.5%) patients had a **delay in initial referral to gynaecology** and in 25/36 patients this impacted on the quality of the care they received.

124/238 (52.1%) patients experienced **recurrence or persistence of endometriosis symptoms** following laparoscopy. 32/124 (25.8%) patients had a **delay in being reseen**.

### 2. Endometriosis has symptoms and signs that need earlier recognition for appropriate timely management

Signs and symptoms of endometriosis need to be recognised and not just seen as troublesome periods.

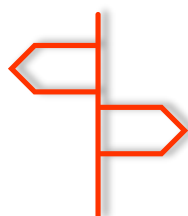


**Presenting symptoms** were most often **painful/irregular/heavy periods** or painful intercourse in 220/234 (94.0%) patients. But **also bowel** in 34/234 (14.5%) and **urinary/bladder** symptoms in 14/234 (6.0%) patients, or an **inability to conceive** in 12/234 (5.1%).

546/941 (58.0%) patients surveyed had **multiple visits to the GP** before any investigations were undertaken or treatment initiated.

### 3. Endometriosis affects quality of life. All patients should be asked about the effect of disease on their life

Access to supportive services would enable patients with endometriosis to manage their condition.



**Failure to refer to supportive services** resulted in **less than best practice** for 70/309 (22.7%) patients.

420/941 (44.6%) of survey respondents stated that they were **not asked at any point about the impact of symptoms on their quality of life**.

### 4. Endometriosis requires holistic, joined-up, multidisciplinary care

Multidisciplinary care is essential to ensure patients with endometriosis have all their care needs met.



Only 73/167 (43.7%) of **hospitals reported MDT meetings** were held for patients with endometriosis.

Reviewers found that only 27/242 (11.2%) patients were **formally discussed in an MDT meeting** and 28/215 (13.0%) patients who were not discussed **should have been**.

National Clinical Audit of Seizures and Epilepsies for Children and Young People

## Epilepsy12 2024 combined organisational and clinical audits:

### Report for England and Wales

Cohort 5 – The first year of care for children and young people after a first paediatric assessment between 1 December 2021 and 30 November 2022



# EPILEPSY12

## Results at a glance

Results are from Epilepsy12 Round 4, 'cohort 5' which encompasses children and young people who had their first paediatric assessment for a suspected seizure between 1 December 2021 and 30 November 2022.

Prior to the January 2024 deadline, 2212 children and young people with an epilepsy diagnosis had completed first year of care forms submitted and were therefore included in the analysis for this report.

We process data relating to the first 12 months of care for all children and young people within the cohort. There are 10 'Key Performance Indicator' (KPI) measures for the audit which are derived from national guidelines and quality standards.

We have begun to collate results since 2018 to capture longitudinal trends. This is showing improvement in some aspects of care and other areas where progress appears limited. For further information see our new [Epilepsy12 Longitudinal Trends Report](#).

### Involvement of appropriate professionals

#### KPI 1 Paediatrician with expertise in epilepsies

**50.8%** (1123/2212) of children and young people with epilepsy received input by a 'consultant Paediatrician with expertise in epilepsies' within two weeks of initial referral.

50.8%



#### KPI 2 Epilepsy Specialist Nurse

**80.7%** (1786/2212) of children and young people with epilepsy received input by an Epilepsy Specialist Nurse within the first year of care.

80.7%



#### KPI 3a Tertiary input

**49.2%** (291/592) of children and young people with epilepsy meeting defined criteria for tertiary input received input from a paediatric neurologist or a referral to Children's Epilepsy Surgery Service (CESS) within the first year of care.

49.2%



#### KPI 3b Epilepsy surgery referral

**37.3%** (41/110) of children and young people with epilepsy who met CESS referral criteria had evidence of a CESS referral.

### Appropriate assessment

#### KPI 4 ECG

**72.1%** (1036/1436) of children and young people with epilepsy and convulsive seizures had an ECG within the first year of care.

72.1%



#### KPI 5 MRI

**53.1%** (385/725) of children and young people with epilepsy and defined indications for an MRI had an MRI brain scan within 6 weeks of request.

53.1%



### Mental health

#### KPI 6 Assessment of mental health issues

**22.4%** (330/1472) of children and young people with epilepsy had documented evidence that they had been asked about mental health.

22.4%



#### KPI 7 Mental health support

**61.5%** (83/135) of children and young people with epilepsy and a mental health problem had evidence of receiving mental health support.

61.5%



### Care Planning

#### KPI 8 Sodium Valproate

**100%** (3/3) of female young people with epilepsy who are 12 years and over and currently on valproate treatment had a risk acknowledgement form completed.

100%



#### KPI 9a Care planning agreement

**80.8%** (1787/2212) of children and young people with epilepsy had evidence of care planning agreement.

80.8%



#### KPI 9b Care planning content

**64.8%** (1433/2212) of children and young people with epilepsy had documented evidence of communication regarding core elements of care planning.

#### KPI 10 School Individual Health Care Plan

**38.9%** (573/1472) of children and young people with epilepsy aged 5 years and above had evidence of a School Individual Health Care Plan within the first year of care.

38.9%







**NMPA**   
National Maternity & Perinatal Audit

# Evaluating hospital and crisis care for perinatal mental health

Based on births between 1 April 2018 and 31 March 2019 in England.



## Key findings

A prolonged hospital stay on the postnatal ward following birth (more than 3 days) was more likely for women and birthing people with any previous contact with secondary mental health services (26.1%) than for those without (19.3%).

However, rates of being readmitted to an NHS maternity hospital after discharge following birth were similar for those with and without previous contact with secondary mental health services (3.1% and 3.6% respectively). The highest rate of readmission was seen for women and birthing people who had previously been admitted to hospital for their mental health (5.8%).



This section presents the characteristics and key pregnancy and birth outcomes for the 555,494 women and birthing people who gave birth between 1 April 2018 and 31 March 2019, according to whether they had contact with NHS secondary mental health services before their current pregnancy.

**9.0%** 49,907 (1 in 11) women and birthing people had accessed an NHS secondary mental health service before the start of their current pregnancy.

**0.5%** 2,672 (1 in 200) women and birthing people had been admitted to an NHS hospital for their mental health before the start of their current pregnancy.



The rate of preterm birth was higher for women and birthing people who had contact with secondary mental health services in the past (10.6%) than for those who had not (6.6%).

The rates of stillbirth and infant deaths for babies born to women and birthing people who had contact with secondary mental health services in the past were similar to rates for those who had not.

However, rates of neonatal morbidity for babies born to women and birthing people who had previously been admitted to an NHS hospital for their mental health were higher than for those who had not (12.8% and 7.0% respectively).

The rates of pre-existing or gestational comorbidities were similar between the groups.

The rates of the English Maternal Morbidity Outcome Indicator (EMMOI) were similar for women and birthing people with no previous secondary mental health services contact (1.3%) to those with any previous contact (1.4%). However, the rate for women and birthing people with a previous NHS mental health services inpatient admission was higher (3.0%).



### NOTE:

For the purpose of this report, "mental health services" include: inpatient admissions to general mental health hospitals, and other outpatient and community mental health services (crisis resolution team, NHS day care, consultant outpatient, specialist PMH community service and mental health NHS community care).

Women and birthing people from more deprived areas were more likely to have accessed NHS secondary mental health services prior to their current pregnancy compared to those from less deprived areas.

The type of previous mental health services contact differed according to deprivation and ethnicity.



The rates of having a baby born small for gestational age (SGA) were similar for women and birthing people with no previous secondary mental health services contact (6.0%) to those with any previous mental health services contact (6.9%).

The number of mother and baby unit (MBU) admissions is identified from a field that specifies "hospital bed type" for NHS inpatient hospital admissions.

However data in this field, which provides further information on whether an admission was to an MBU or to a general acute NHS psychiatric ward was missing for approximately 60% of all inpatient admissions.



Maternal, Newborn and  
Infant Clinical Outcome  
Review Programme



# MBRRACE-UK Perinatal mortality surveillance

UK perinatal deaths of babies born in 2022

## State of the nation report



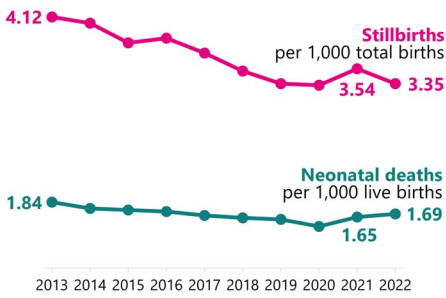
July 2024



# State of the nation report

## UK perinatal deaths of babies born in 2022

### 1. Stillbirth rates decreased across the UK in 2022, but neonatal mortality increased



Stillbirths per 1,000 total births			Neonatal deaths per 1,000 live births		
Country	2021	2022	Country	2021	2022
<b>UK &amp; Crown Dependencies</b>	<b>3.54</b>	<b>3.35</b>	<b>UK &amp; Crown Dependencies</b>	<b>1.65</b>	<b>1.69</b>
England	3.52	3.33	England	1.60	1.67
Scotland	3.27	3.31	Scotland	1.91	1.59
Wales	3.88	3.63	Wales	1.70	1.91
Northern Ireland	4.09	3.49	Northern Ireland	2.46	2.29

### 2. There was wide variation in neonatal mortality rates

Percentage of organisations with mortality rates within 5% of the group average

Comparator group	Stillbirths		Neonatal deaths	
	All deaths	Excluding deaths due to congenital anomalies	All deaths	Excluding deaths due to congenital anomalies
Level 3 NICU with surgery	100%	100%	12%	31%
Level 3 NICU	100%	100%	12%	16%
4,000 or more births (No Level 3 NICU)	100%	100%	22%	19%
2,000 to 3,999 births (No Level 3 NICU)	100%	100%	26%	24%
Fewer than 2,000 births (No Level 3 NICU)	100%	100%	37%	58%

#### What is a stillbirth or neonatal death?

A **stillbirth** is the death of a baby before or during birth once a pregnancy has reached 24 completed weeks.

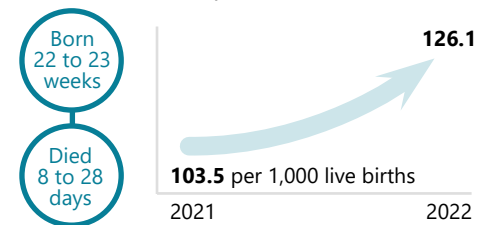
A **neonatal death** is a baby born at any gestation who lives, even briefly, but dies within 28 days of birth.

All rates in this report are for babies born from 24 completed weeks and include deaths due to congenital anomalies, unless otherwise stated.

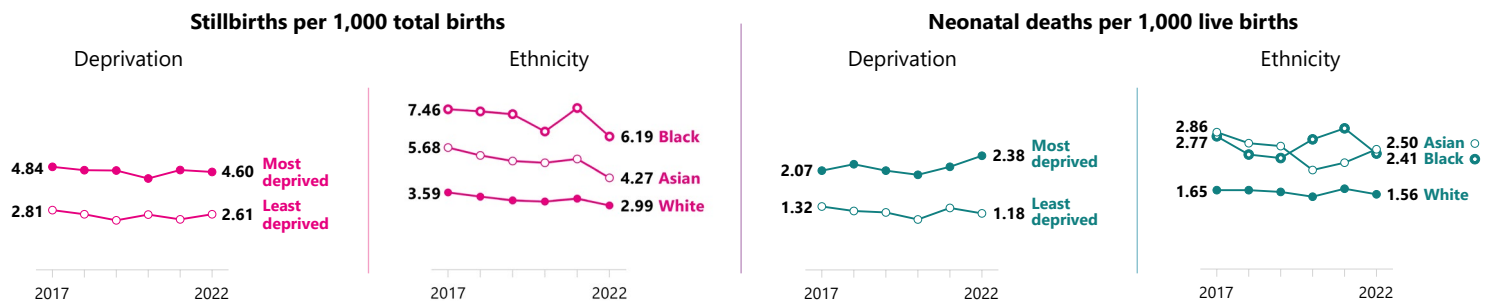
### 3. Stillbirth and neonatal mortality rates decreased in almost all gestational age groups

Stillbirths per 1,000 total births			Neonatal deaths per 1,000 live births		
Gestational age	2021	2022	Gestational age	2021	2022
22 to 23 weeks	472.7	405.5	22 to 23 weeks	660.5	625.2
24 to 27 weeks	212.1	↑ 216.0 ↑	24 to 27 weeks	160.0	139.6
28 to 31 weeks	81.7	74.4	28 to 31 weeks	34.0	29.5
32 to 36 weeks	16.4	12.7	32 to 36 weeks	5.35	↑ 6.58 ↑
37 to 41 weeks	1.19	1.09	37 to 41 weeks	0.66	0.62

Late neonatal mortality increased for the very smallest babies

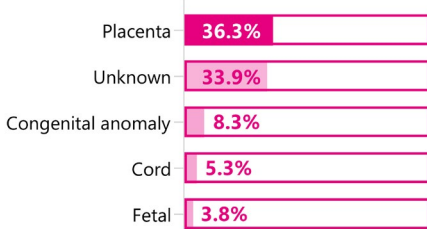


### 4. Despite recent improvements, inequalities in mortality rates by deprivation and ethnicity remain

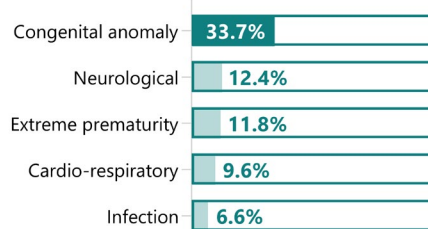


### 5. The most common causes of stillbirth and neonatal death were unchanged

#### Most common causes of stillbirth



#### Most common causes of neonatal death



When stillbirths and neonatal deaths are combined, congenital anomalies contributed to 17% of deaths

# National Audit of Dementia

## Spotlight Audit in Memory Assessment Services

2023/2024

# Key Findings

Refer to Recommendations



## Access Times



Time from referral to initial assessment increased

**22 days**

from 2021

## Large variation

between services in the average access time, ranging from

**13 – 268 days**

## Overall Wait Times



Overall wait time from referral to diagnosis increased

**27 days**

from 2021

## Large variation

between services in the average overall wait time, ranging from

**44 – 347 days**

with **10%**

patients receiving a diagnosis 6 weeks after their referral.



# Key Findings

Refer to Recommendations



## Wait Times in Deprived Areas

Wait times from initial assessment to diagnosis for people in deprived areas were

**significantly longer**

than for people in the least deprived area by 15 days.



## Physical Health Assessments

**48%** patients received four key physical health checks, which includes an assessment on falls, vision, hearing and alcohol intake.

Up from **43%** in 2021

**Large variation**

between services, ranging from

**0% – 100%**

patients receiving all assessments checked.



## Neuroimaging

**Large variation**

between services in brain scans performed, ranging from

**0% – 90%**

patients receiving a scan.



## Cognitive Stimulation Therapy

**31%** patients with a dementia diagnosis received an offer of Cognitive Stimulation Therapy.

**Large variation**

between services, ranging from

**0% – 100%**

patients offered CST.





Royal College  
of Physicians

National Respiratory Audit  
Programme (NRAP)

A photograph of a female doctor with dark hair, wearing a dark blue top, sitting at a desk and smiling at a young girl with blonde hair, wearing a pink top. The girl is looking at the doctor. In the background, another person is partially visible. The scene is set in a clinical or office environment with a computer monitor and keyboard on the desk.

# Wales primary care clinical audit report 2021–23

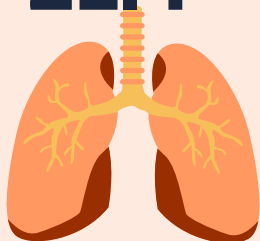
Publication year: 2024



## Report at a glance

### COPD

**21.4%**



of patients with COPD had any post-bronchodilator spirometry code available in the last 2 years.



**13.9%**

of patients with COPD with an MRC\* score of 3–5 have been referred to PR in the last 3 years.

**73.8%**

of patients with COPD had their smoking status recorded.



### Adult asthma

**54.4%**



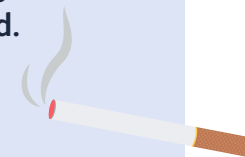
of adults with asthma had a record of any objective measurement.

**27.9%**

of adults with asthma had a personalised asthma action plan in the last 15 months.

**66.3%**

of adults with asthma had their smoking status recorded.



### CYP asthma

**39.8%**

of children with asthma had a record of any objective measurement.

**24.1%**

of children with asthma had a personalised asthma action plan in the last 15 months.



**0.7%**

of parents/carers of children with asthma were asked about their second-hand smoke exposure.

**40.8%**

of children with asthma had their smoking status recorded.



\* Medical Research Council (MRC) Dyspnoea [score](#).

---

# National Audit of Primary Breast Cancer State of the Nation Report 2024

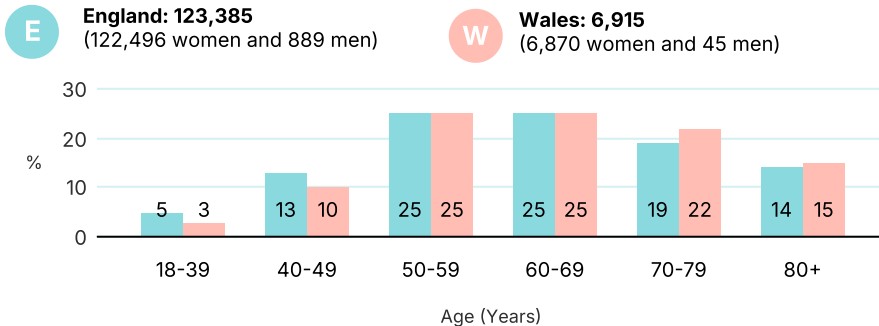
An audit of care received by people diagnosed with primary breast cancer  
in England and Wales during 2019-2021

Version 2: October 2024



The NAOpri reports on all people (women and men) aged 18 and over newly diagnosed with primary breast cancer (stages 0 to 3) in NHS hospitals in England and Wales.

## Total: 130,300 women and men diagnosed 2019-2021



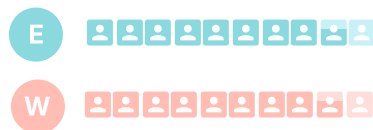
## Triple Diagnostic Assessment

55% of people in England and 57% in Wales were reported to have Triple Diagnostic Assessment in a single hospital visit.



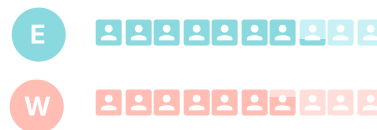
## Surgery

86% of people in England and 86% in Wales received surgery within 12 months of diagnosis (stage 0 to stage 3A).



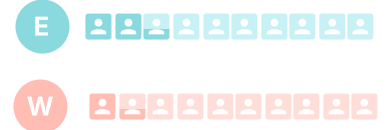
## Breast Conserving Surgery (BCS)

72% of women in England and 68% in Wales had BCS. Mastectomy rates were higher with increased tumour size and older age.



## Breast Reconstruction

24% of women in England and 14% in Wales had an immediate breast reconstruction following a mastectomy.



## Chemotherapy

13% of people in England and 9% in Wales received neo-adjuvant chemotherapy (chemotherapy before surgery).



Among those with Early Invasive Breast Cancer (EIBC) having surgery, 33% of people in England and 29% in Wales received chemotherapy either before or after surgery.



## Radiotherapy after BCS

85% of women in England with EIBC and 70% in Wales received adjuvant radiotherapy following BCS.



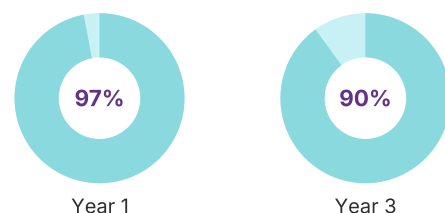
## CNS Contact

For those with data available 98% of people in England and 99% in Wales had contact with a Clinical Nurse Specialist (CNS) after diagnosis. However, data completeness for England was 76%.



## Survival

Percent of people who survived for 1 or 3 years after diagnosis in England and Wales (combined).



Note 1: Where we limited this information to women, this is because the number of men were too small to produce reliable statistics.

Note 2: Surgical and oncological treatment options are similar for men and women with the same tumour characteristics. We have limited the information about surgery and radiotherapy to women in this infographic because reliable statistics on the treatments received by men could not be produced using the limited data available in this report.

---

# National Audit of Metastatic Breast Cancer State of the Nation Report 2024

An audit of care received by people diagnosed with metastatic breast cancer  
in England and Wales during 2019-2021

Published September 2024



## 2. Infographic



NAoMe

National Audit of Metastatic Breast Cancer

The NAoMe reports on all people (women and men) diagnosed with metastatic breast cancer (MBC) in NHS hospitals in England and Wales (also known as secondary, advanced, or stage 4 breast cancer). It includes those with MBC diagnosed at presentation (de-novo disease), as well as those with recurrent metastatic disease.

**People diagnosed 2019-2021 with metastatic breast cancer**

**De-novo disease: 11,132**  
(11,025 women and 107 men)

**E** England: 10,661      **W** Wales: 471

Age (Years)	England (%)	Wales (%)
18-39	~6	~5
40-49	~12	~9
50-59	~19	~19
60-69	~18	~21
70-79	~24	~28
80+	~21	~19

**Recurrent disease\*: 5,923**  
(5,878 women and 45 men)

**E** England: 5,654      **W** Wales: 269

\*People with recurrent disease are not accurately recorded in the data available for this report. Information presented here uses methodology to detect people with recurrent MBC as best as we are currently able. There will be ongoing methodological work to improve and refine these methods.

**Multidisciplinary Discussion**

In England 61% of women with de-novo MBC had a record of multidisciplinary team discussion of their care. In Wales this was only 6% (low data completeness).

**E**

**W**

**Biopsy**

34% of people in England with recurrent MBC had a record of biopsy of a metastatic lesion. This information could not be derived for Wales.

**E**

**CNS Contact**

Data completeness for England was low at 67% compared to 88% for Wales. Where completed, 97% of people with de-novo MBC in England and 96% in Wales had a record of Clinical Nurse Specialist (CNS) contact at diagnosis.

**E**

**W**

**Chemotherapy for recurrent disease**

In England 40.4% of people with recurrent MBC received chemotherapy. Use of chemotherapy was greater among younger women with triple negative breast cancer.

**E**

**Systemic Therapy for de-novo disease**

43% of people in England and 53% in Wales received chemotherapy for de-novo disease at some stage. Further chemotherapy details were not available for Wales.

**E**

**W**

In England, 35% of women with de-novo ER positive/HER2 negative disease received CDK 4/6 inhibitors at some stage.

In England, 75% of women with de-novo HER2 positive disease received anti-HER2 therapy at some stage.

**E** **Death after chemotherapy**

**In England,** **8%** of women with de-novo MBC and **21%** with recurrent MBC died within 30 days of chemotherapy.

This information was not available for Wales.

**Survival for de-novo disease**

Percent of people who survived for 1 or 3 years after diagnosis in England and Wales (combined).

**70%**

Year 1

**47%**

Year 3

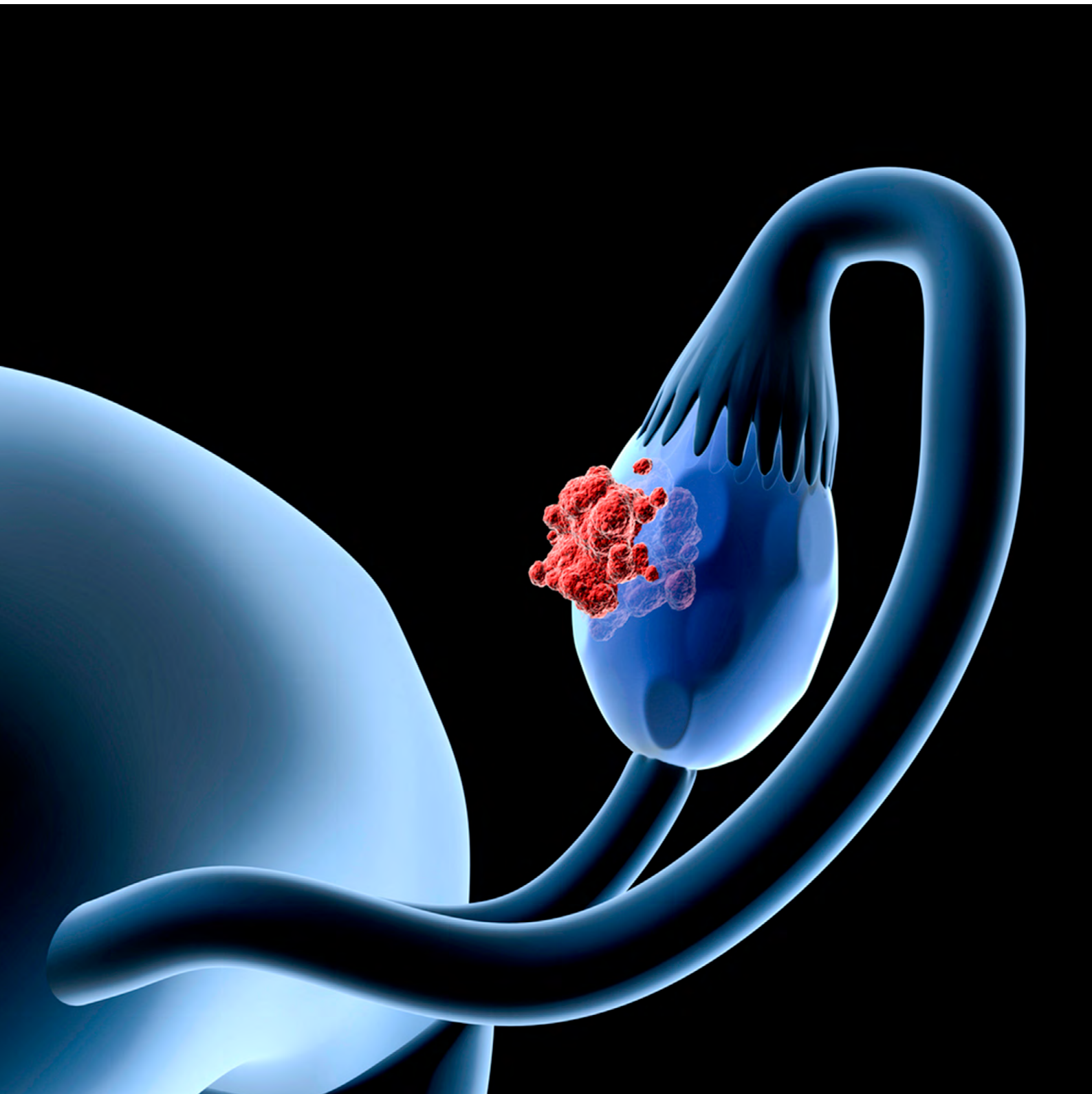
Note 1: Where we limited this information to women, this is because the number of men were too small to produce reliable statistics.

---

# National Ovarian Cancer Audit State of the Nation Report 2024

An audit of care received by women diagnosed with ovarian cancer  
in England in 2021 and in Wales in 2022

Published September 2024



## 2. Infographic



**NOCA**

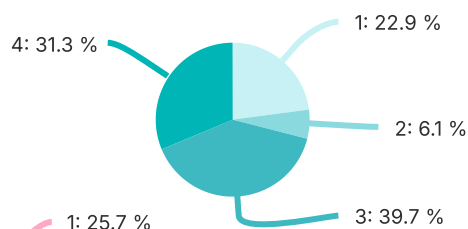
National Ovarian  
Cancer Audit

### Diagnosis & staging

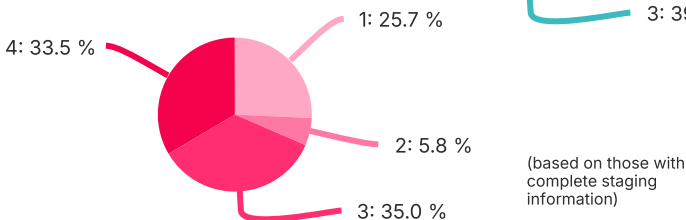
**5,735** diagnoses of ovarian cancer in England in 2021

**293** diagnoses of ovarian cancer in Wales in 2022  
(excluding borderline ovarian tumours)

#### Stage in England in 2021



#### Stage in Wales in 2022



### Mean age at diagnosis

England in 2021

**66.6**  
years

Wales in 2022

**65.8**  
years

### Emergency admissions



Approximately four out of ten women diagnosed with ovarian cancer in England in 2021 and in Wales in 2022 had an emergency admission 28 days prior to diagnosis.

### Receipt of any treatment (surgery and/or chemotherapy)

Approximately one out of four women diagnosed with stage 2 to 4 or unstaged ovarian cancer in England in 2021 and in Wales in 2022 did not have any treatment recorded.



### Platinum-based chemotherapy

Approximately one out of three women diagnosed in England in 2021 with stage 2 to 4 or unstaged epithelial ovarian cancer did not have any platinum-based chemotherapy recorded.



### One-year survival

England in 2021



Approximately seven out of ten women diagnosed with ovarian cancer survived at least one year after diagnosis.

Wales in 2022



Approximately three out of four women diagnosed with ovarian cancer survived at least one year after diagnosis.

(based on crude estimates and it does not account for differences in case-mix)

---

# National Pancreatic Cancer Audit State of the Nation Report 2024

An audit of care received by people diagnosed with pancreatic cancer  
in England (2020-2021) and Wales (2022)

Published September 2024





## 2. Infographic

NPACA reports on all adults with a new diagnosis of pancreatic cancer in NHS hospitals in England (2020-2021) and Wales (2022)

### Diagnosis and staging

**19,308**

diagnoses of pancreatic cancer in England in 2020-21

**480**

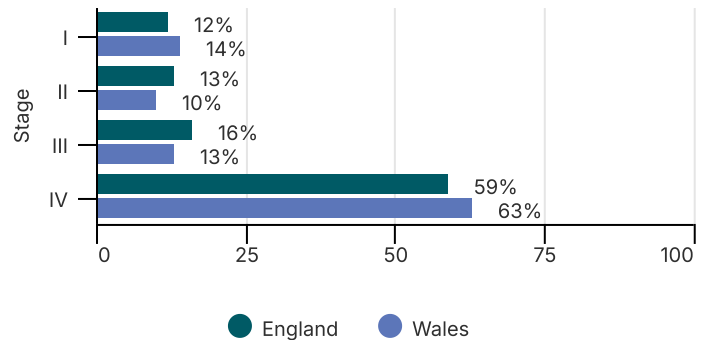
diagnoses of pancreatic cancer in Wales in 2022

**England:**  
51% Men  
49% Women

**Wales:**  
50% Men  
50% Women

**74 years** median age at diagnosis

#### Stage at diagnosis\*



### Work up and waiting times

**76%**

of people had a record of an Multi-Disciplinary Team discussion in England



#### Percentage of people diagnosed within 28 days of referral\*\*:

England: 67%  
Wales: 70%

#### Median time (IQR\*\*\*) from referral to first treatment:

England: 75.5 (57-99) days  
Wales: 82 (63 - 125) days

### Treatment

#### Percentage of people receiving any form of disease-modifying treatment

Stage I - III: All treatments: England 55%; Wales 41%

Treatment	England	Wales
Surgery	28%	19%
Chemotherapy	47%	29%
Radiotherapy	10%	10%

Stage IV: All treatments: England 25%; Wales 16%

Treatment	England	Wales
Chemotherapy	24%	14%
Radiotherapy	3%	3%

### Supportive care

**51%**

of people diagnosed during 2020-21 were prescribed PERT.

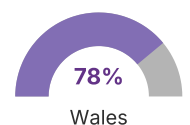
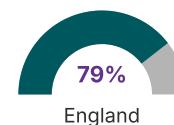
**86%**

of people with new diagnoses of pancreatic cancer were seen by a Clinical Nurse Specialist in England\*\*\*\*

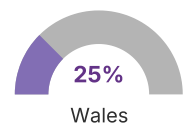
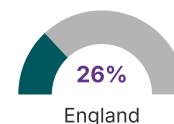
### Survival

Percentage of people who **survived** for 30 days or 1 year after diagnosis in England and Wales

**30 days**



**1 year**



\* Based on people with complete staging information available

\*\* For England, the figure is based on people diagnosed after GP referral. For Wales, we include all routes to diagnosis

\*\*\* Interquartile range

\*\*\*\* Information available for only 46% of people

---

# National Non-Hodgkin Lymphoma Audit State of the Nation Report 2024

An audit of care received by people diagnosed with non-Hodgkin lymphoma in England (2020-2021) and Wales (2022)

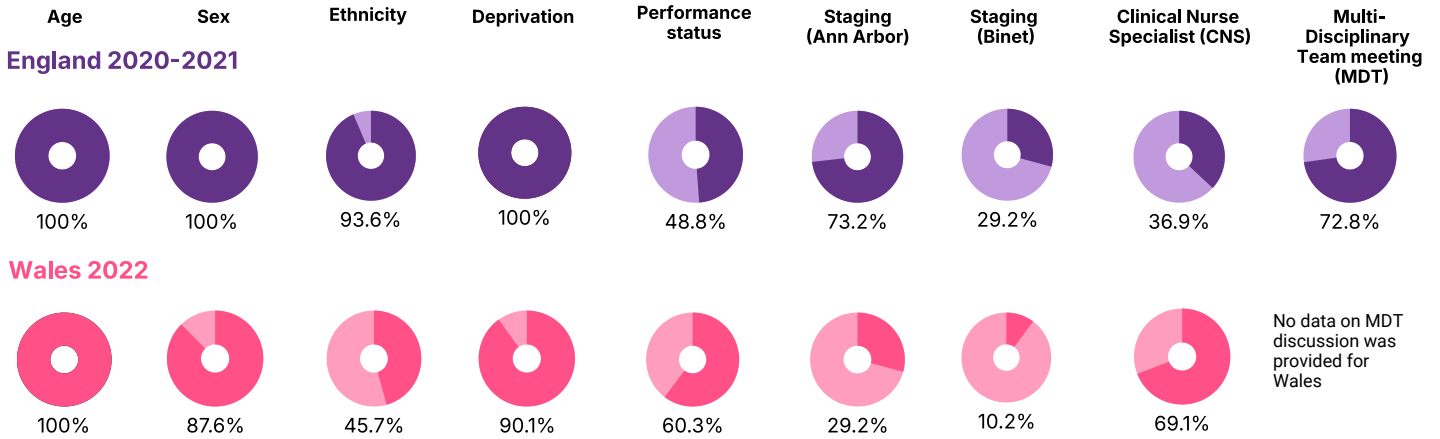
Published September 2024



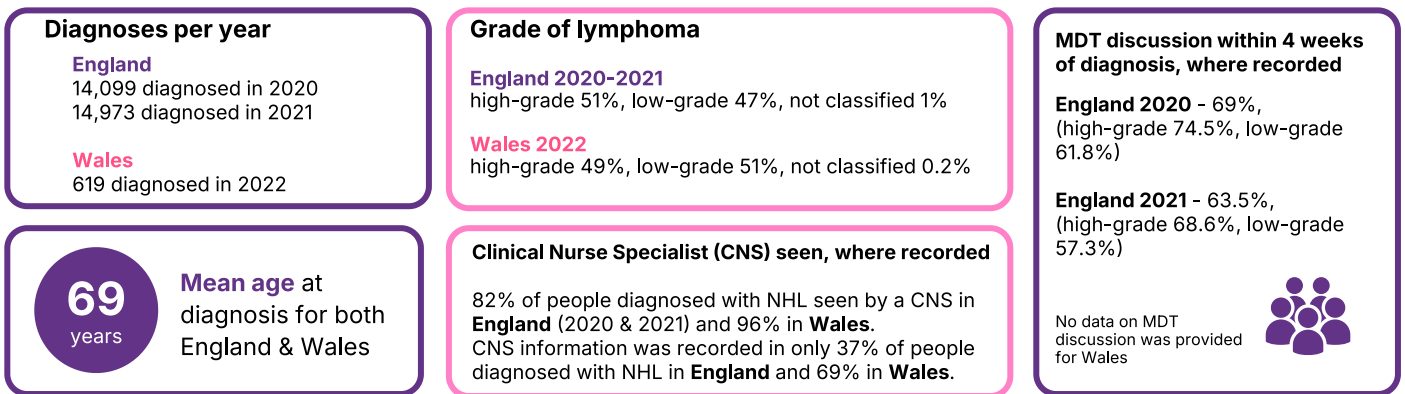
## 2. Infographic

Summary of results for people diagnosed with Non-Hodgkin Lymphoma (NHL) in England (2020-2021) and Wales (2022).

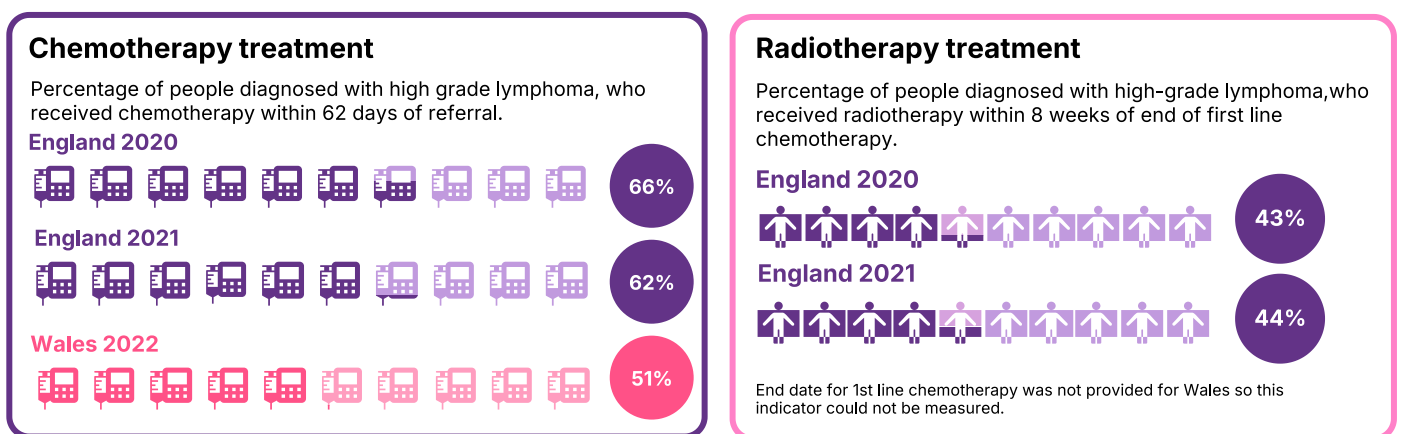
### Data completeness



### Diagnosis and staging

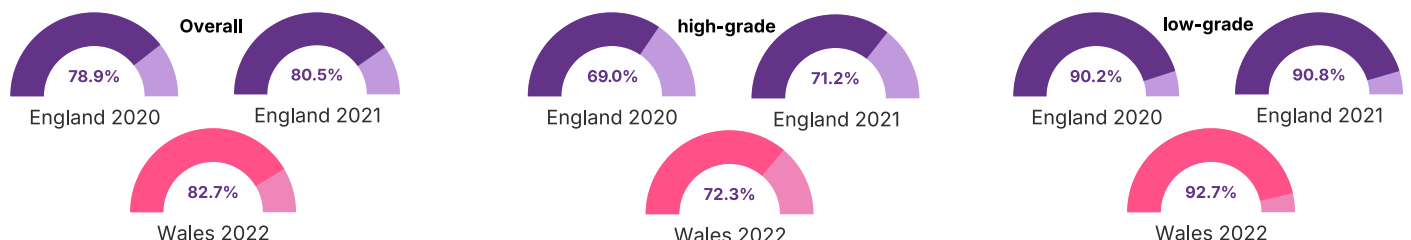


### Treatment



### Survival

#### One-year survival outcomes



---

# National Kidney Cancer Audit State of the Nation Report 2024

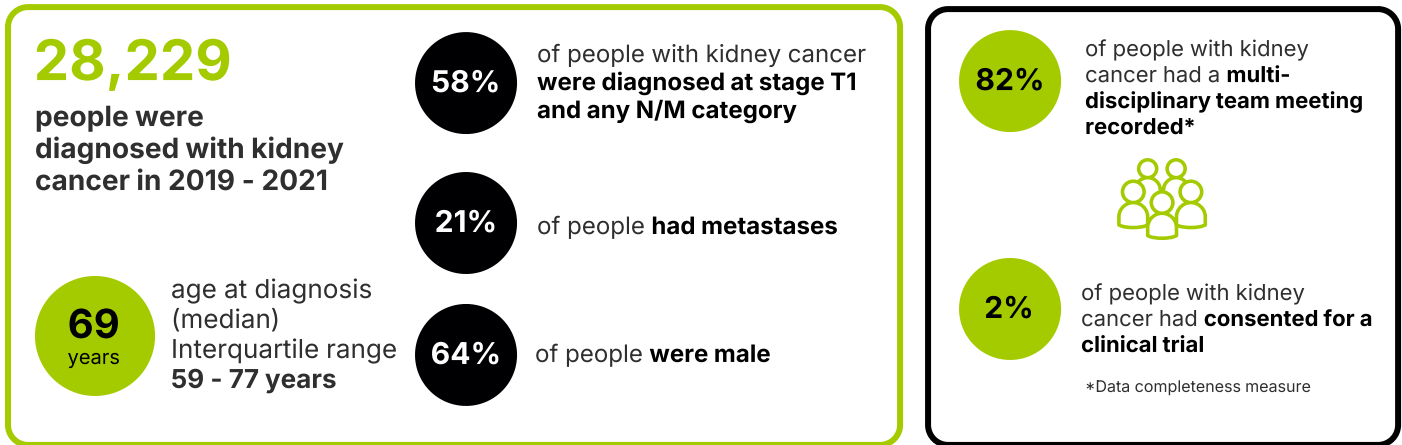
An audit of care received by people diagnosed with kidney cancer in England (January 2017-December 2021) and Wales (January-December 2022).

National time trends in kidney cancer diagnoses and treatments in England (January 2019-September 2023)

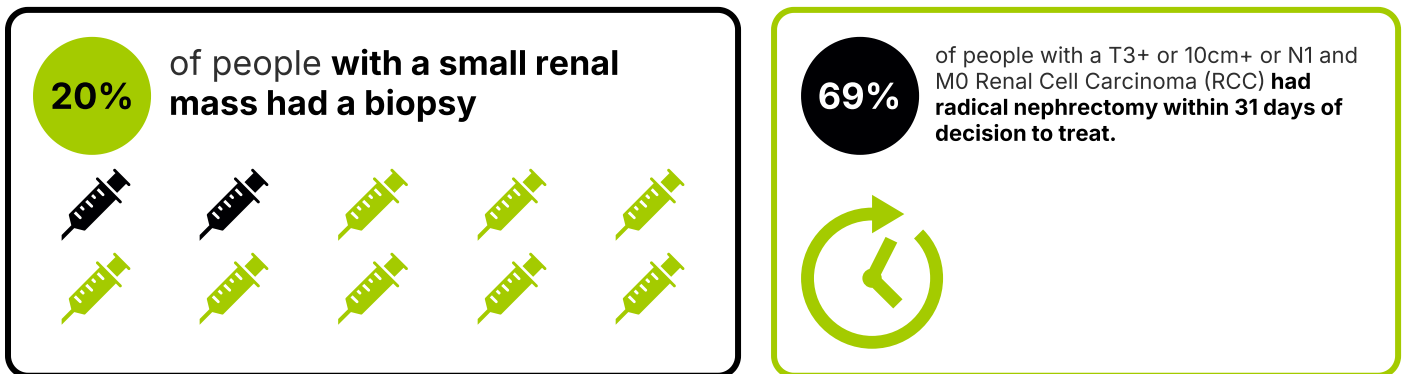
Published September 2024



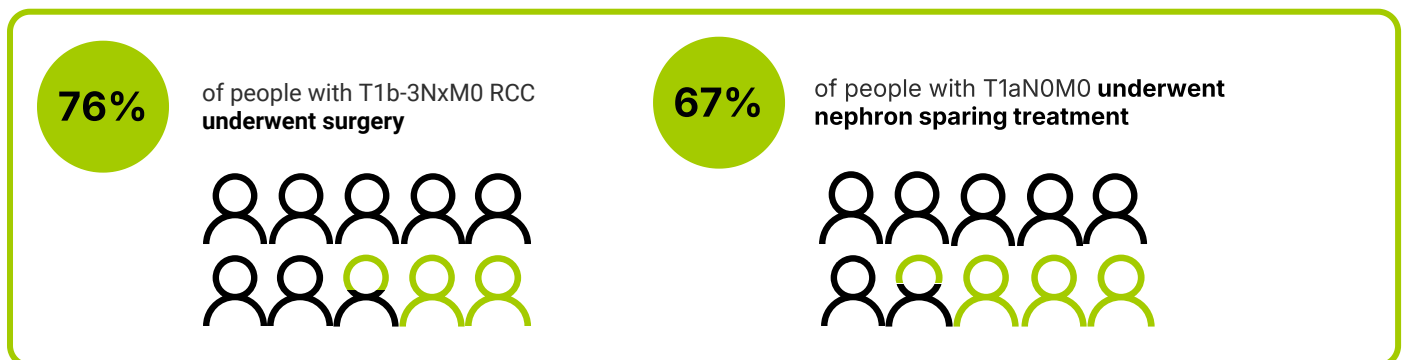
## Diagnosis & staging



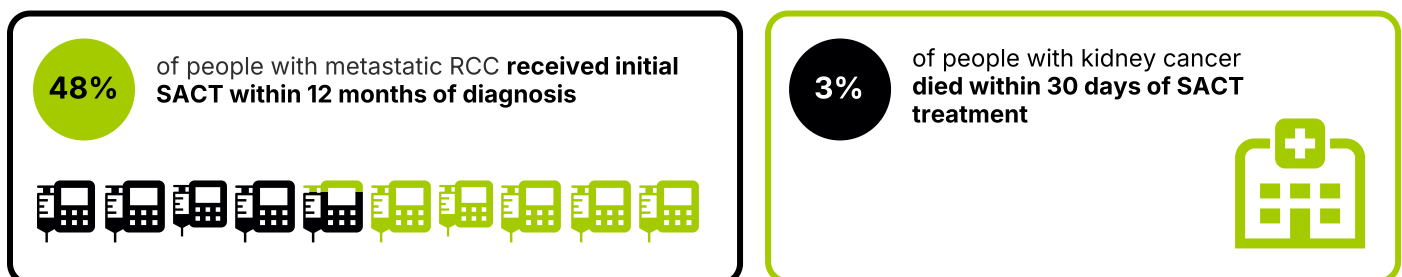
## Treatment Allocation



## Surgery

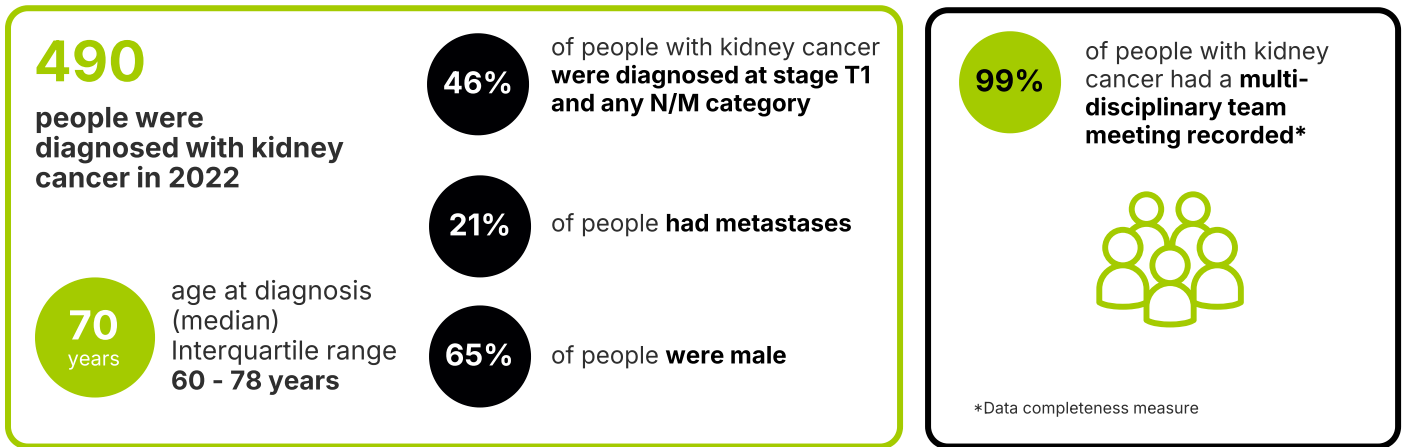


## Systemic Anti-Cancer Therapy (SACT)

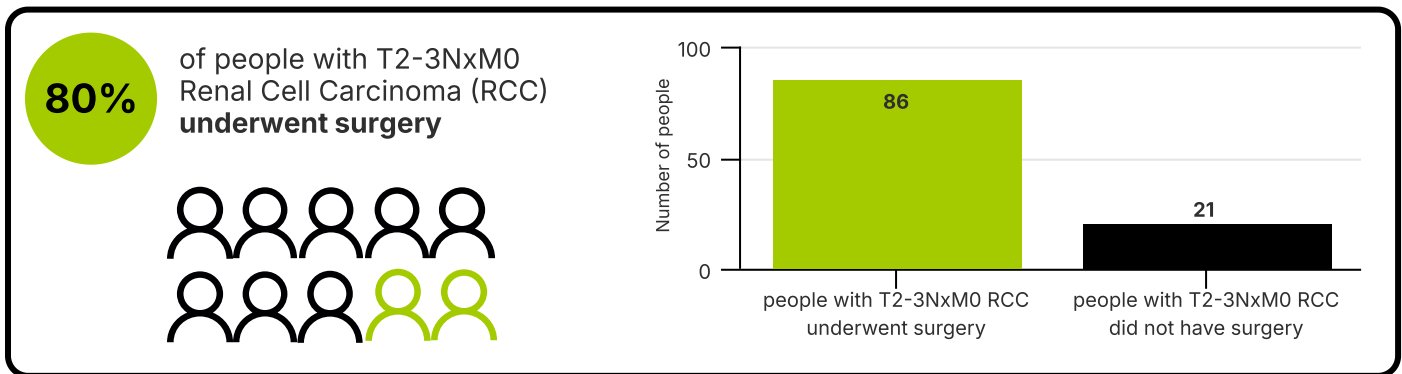


**T3+ and/or 10cm+ and/or N1 and M0 RCC** - Tumour extends into major veins or perinephric tissues or invades beyond Gerota fascia and/or tumour more than 10cm in size and/or metastasis in regional lymph node(s)  
**T1b-3NxM0 RCC** - Tumour is more than 4cm in size or tumour extends into major veins or perinephric tissues with no distant metastasis  
**T1aN0M0 RCC** - Tumour is less than or equal to 4cm in size with no regional lymph node metastasis and no distant metastasis

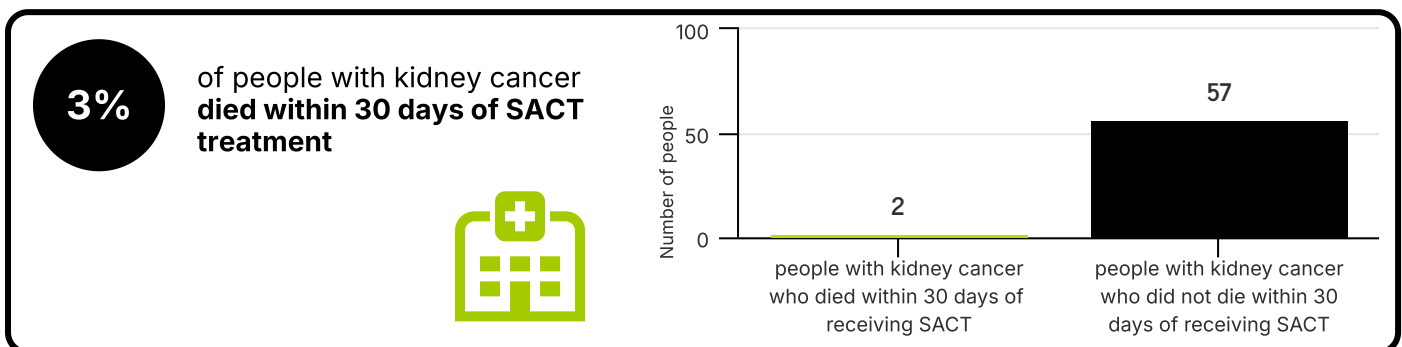
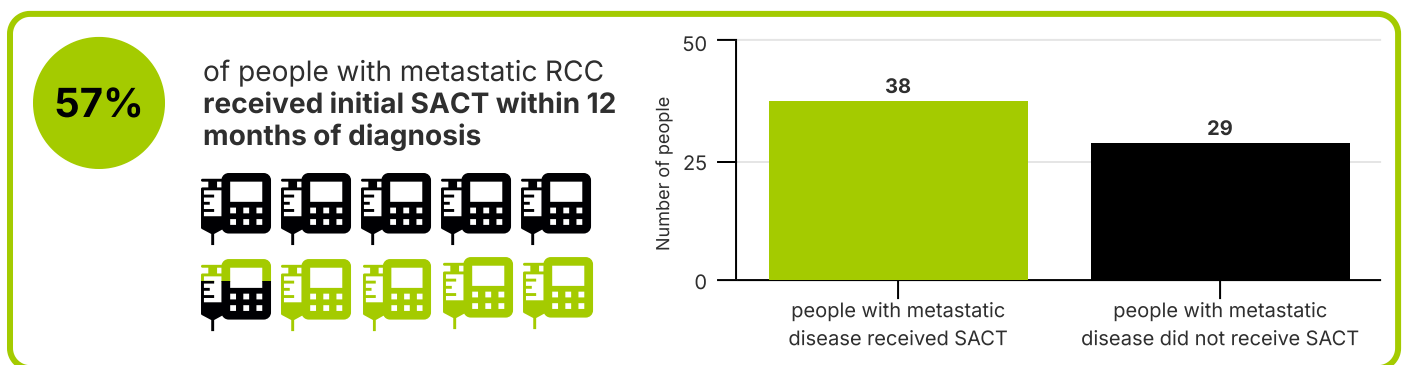
## Diagnosis & staging



## Treatment Allocation



## Systemic Anti-Cancer Therapy (SACT)



**T3+ and/or 10cm+ and/or N1 and M0 RCC** - Tumour extends into major veins or perinephric tissues or invades beyond Gerota fascia and/or tumour more than 10cm in size and/or metastasis in regional lymph node(s)  
**T2-3NxM0 RCC** - Tumour is more than 7cm in size or tumour extends into major veins or perinephric tissues with no distant metastasis  
**T1aN0M0 RCC** - Tumour is less than or equal to 4cm in size with no regional lymph node metastasis and no distant metastasis



Royal College  
of Physicians

National Hip Fracture  
Database (NHFD)

# A broken hip – three steps to recovery

## Using the National Hip Fracture Database to understand and improve hip fracture care in 2024

1 January – 31 December 2023

In association with:

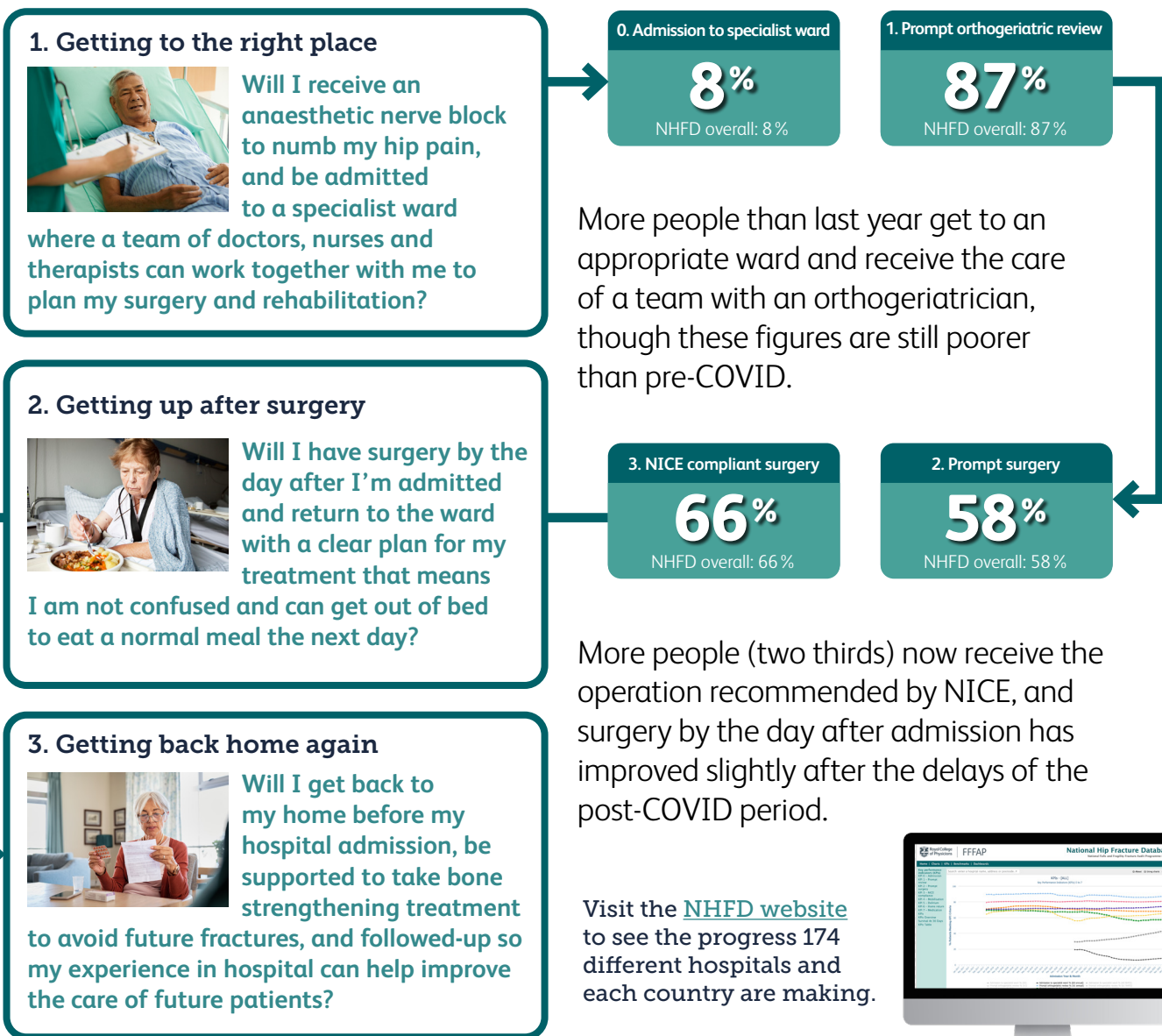


# Hip fracture in 2023 – the report at a glance

Every year, over 70,000 people in England, Wales and Northern Ireland will fall and sustain a hip fracture.

Most people (19 out of 20) now survive, so it is not enough to measure quality of care by examining mortality figures alone.

This report shows how the [National Hip Fracture Database](#) captures patients' experience and helps to answer questions about three key steps in recovery from this injury.



More people than last year get to an appropriate ward and receive the care of a team with an orthogeriatrician, though these figures are still poorer than pre-COVID.

More people (two thirds) now receive the operation recommended by NICE, and surgery by the day after admission has improved slightly after the delays of the post-COVID period.

As in past years, four out of five patients get out of bed by the day after surgery, though the number shown to be free of delirium has improved to nearly two thirds.

More people than ever are returning home and successfully being supported to continue with osteoporosis treatment to prevent future fractures.

Visit the [NHFD website](#) to see the progress 174 different hospitals and each country are making.

