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

Q4 (January – March 2025), updated 13/03/2025

PUBLICATION DATE	HEALTHCARE AREA	TYPE	PROJECT NAME	LEAD PROVIDER	FULL REPORT TITLE	HQIP WEBLINK TO REPORT	DOC NUMBER
2025/01/09	Cancer	Audit	NOGCA - National Oesophago-Gastric Cancer Audit	NATCAN: National Cancer Audit Collaborating Centre	National Oesophago-Gastric Cancer Audit State of the Nation Report	https://www.hqip.org.uk/resource/nogca-natcan-jan25/	0.01
2025/01/09	Cancer	Audit	NPCA - National Prostate Cancer Audit	NATCAN: National Cancer Audit Collaborating Centre	National Prostate Cancer Audit State of the Nation Report	https://www.hqip.org.uk/resource/npca-natcan-jan25/	0.02
2025/01/09	Cancer	Audit	NBoCA - National Bowel Cancer Audit	NATCAN: National Cancer Audit Collaborating Centre	National Bowel Cancer Audit State of the Nation Report	https://www.hqip.org.uk/resource/nboca-natcan-jan25/	0.03
2025/01/09	Acute	Audit	FFFAP - Falls and Fragility Fracture Audit Programme	RCP: Royal College of Physicians	Fracture Liaison Service Database Annual Report You've had a fracture; how can we prevent another?	https://www.hqip.org.uk/resource/fffap-jan25/	0.04
2025/02/13	Women and children	Clinical Outcome Review Programme	Child Health Clinical Outcome Review Programme	NCEPOD: National Confidential Enquiry into Patient Outcome and Death	Joint Care? A review of the quality of care provided to children and young adults with juvenile idiopathic arthritis	https://www.hqip.org.uk/resource/ncepod-jia-feb25/	0.05
2025/02/13	Mental health	Clinical Outcome Review Programme	Mental Health Clinical Outcome Review Programme	University of Manchester	National Confidential Inquiry into Suicide and Safety in Mental Health: Annual Report 2025 UK patient and general population data 2012-2022	https://www.hqip.org.uk/resource/mental-health-ncish-feb25/	0.06
2025/02/13	Mental health	Audit	NCAP - National Clinical Audit of Psychosis	RCPsych: Royal College of Psychiatrists	State of the Nation Report 2024 Audit of Early Intervention in Psychosis Provision in England and Wales in 2022/23 and 2023/24	https://www.hqip.org.uk/resource/ncap-feb25/	0.07
2025/03/13	Women and children	Audit	NPDA - National Paediatric Diabetes Audit	RCPCH: Royal College of Paediatrics and Child Health	2025 Report on Care and Outcomes 2023/24	https://www.hqip.org.uk/resource/npda-2023-24/	0.08

NOGCA
National Oesophago-Gastric Cancer Audit

NATCAN
National Cancer Audit Collaborating Centre

National Oesophago-Gastric Cancer Audit
State of the Nation Report

An audit of care received by people diagnosed with oesophageal and gastric cancer between 1 April 2021 to 31 March 2023 in England and Wales.

Published January 2025

Infographic

NOGCA
National Oesophago-Gastric Cancer Audit

20,834 people diagnosed with OG cancer in England and Wales between 1 Apr 2021 - 31 Mar 2023

E England: 19,512 W Wales: 1,322

Emergency & stage 4 diagnoses

E 21% W 18% People diagnosed after emergency admission

4 E 37% W 32% People diagnosed with stage 4 disease

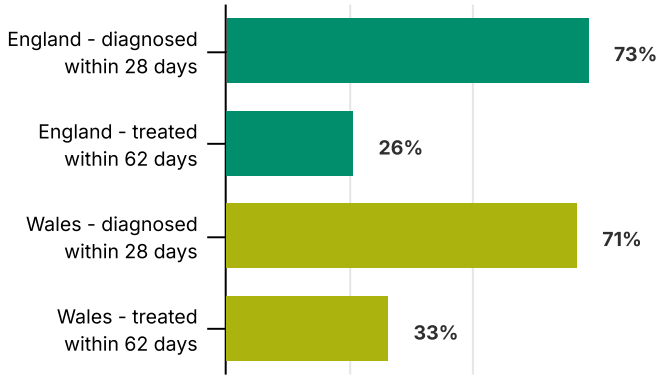
Patient profile at diagnosis

E	% men	% women	Median age (years)
Oes SCC	47%	53%	72
Oes ACA	81%	19%	71
Gast. cancer	66%	34%	71

W	% men	% women	Median age (years)
Oes SCC	49%	51%	72
Oes ACA	78%	22%	72
Gast. cancer	71%	29%	76

Waiting times

% of people diagnosed and treated within 28 and 62 days, respectively*



Curative treatment & outcomes

% people diagnosed at stage 1-3 treated with **curative intent**

E 49% W 31%

Survival following surgical resection**

	Oesophagectomy		Gastrectomy	
	90-day	1-year	90-day	1-year
E	96.2%	83.1%	96.9%	82.8%
W	95.1%	88.2%	98.6%	85.1%

Non-curative treatment & outcomes

% people diagnosed at stage 4 treated with SACT and/or radiotherapy

E 55% W 40%

4.6% of stage 4 diagnoses died within 30 days of starting SACT in England***

CNS: Clinical Nurse Specialist
Gast. cancer: Gastric (stomach) cancer
OG: Oesophago-Gastric
Oes SCC: Oesophageal squamous cell carcinoma
Oes ACA: Oesophageal adenocarcinoma
SACT: Systemic Anti-Cancer Therapy

* Waiting times measured from date of urgent GP referral (England) or date of suspicion (Wales) to date of diagnosis and date of first disease-targeted treatment of surgery, radiotherapy, or SACT.
** 3 years' of data (1 Apr 2020 - 31 Mar 2023) used for surgical outcomes to ensure enough procedures to produce robust statistics; results are the % for people undergoing surgery
*** Outcomes of palliative chemotherapy are not reported for Wales due to known issues with oncology data

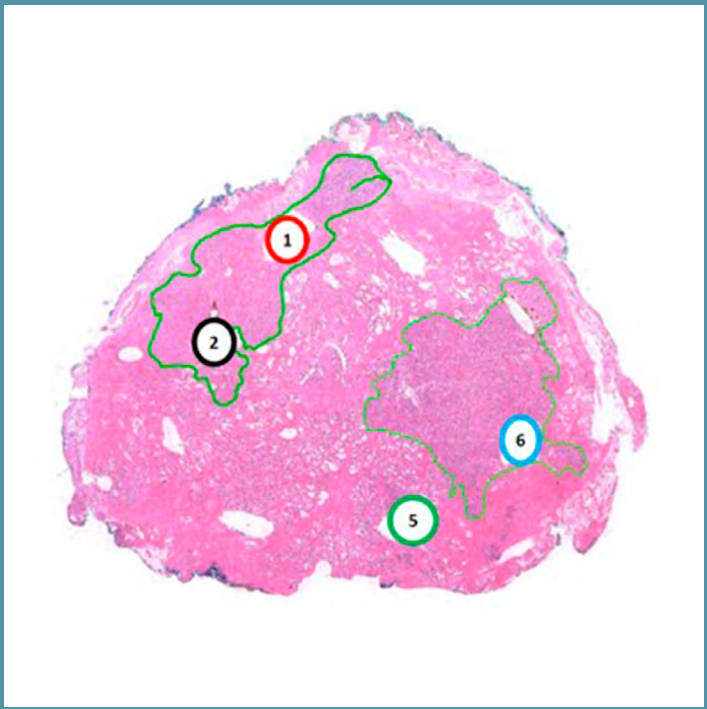
NPCA
National Prostate Cancer Audit

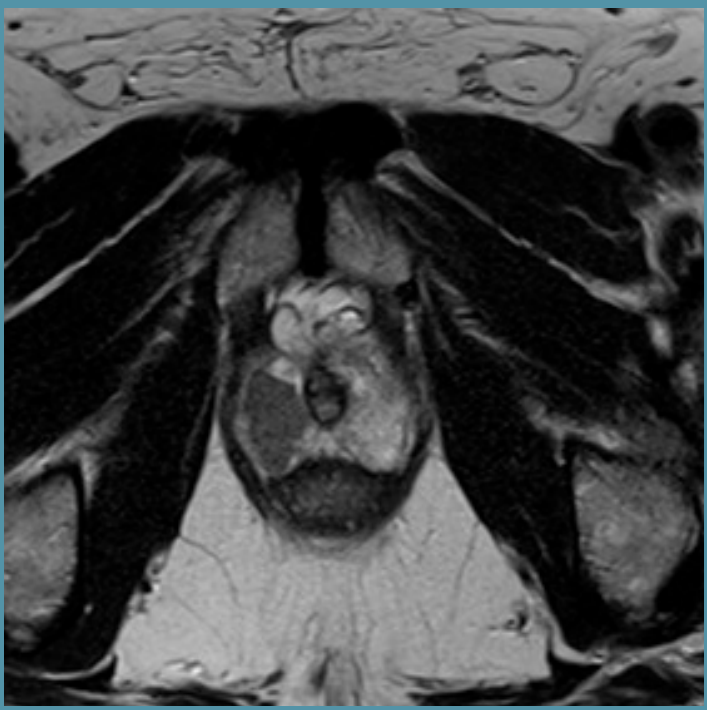
NATCAN
National Cancer Audit Collaborating Centre

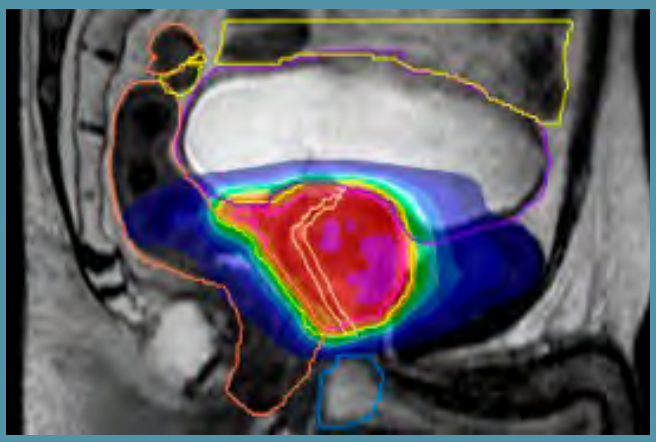
National Prostate Cancer Audit State of the Nation Report

An audit of the care received by men diagnosed with prostate cancer in England and Wales from 01/01/2019 to 31/12/2023

Published January 2025







Infographic

NPCA
National Prostate Cancer Audit

Diagnosis & staging

2023 in England

55,241

men were **diagnosed** with prostate cancer

9%

increase compared with 50,592 men in 2022

2022 in Wales

2,521

26%

increase compared with 1,996 men in 2021

Disease presentation

For men diagnosed between January - December 2021 in England and between April 2022 - March 2023 in Wales

17% E
19% W

of men presented with **metastatic** disease in England (E) and Wales (W)

Treatment allocation

For men diagnosed between January - December 2021 in England and between April 2022 - March 2023 in Wales

Low-risk*, localised disease

8% E **11%** W

High-risk/locally advanced disease

68% E **69%** W

of men had radical treatments in England (E) and Wales (W)

*Low-risk: T stage 1/2, Gleason ≤6, M/N 0 or missing = CPG1

Treatment outcomes

For men undergoing surgery between April 2022 - March 2023 in England and Wales

12% E **17%** W

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

For men undergoing radical treatment between September 2020 - August 2021 in England and Wales

6% E
8% W

of men experienced at least one **genitourinary** complication requiring a procedural/surgical intervention within two years after **radical prostatectomy** in England (E) and Wales (W)

10% E
8% W

of men experienced at least one **gastrointestinal** complication requiring a procedural/surgical intervention within two years after **radical radiotherapy** in England (E) and Wales (W)

Diagnosis and treatment by age-ethnicity-deprivation

For men diagnosed between January 2021 - December 2023 in England

Across all age groups **over 50 years**, **black populations** had **more diagnoses** per 1000 men **than other ethnicities**

9 out of 10 diagnoses were in **white men**

White men ≥**85 years** were more often diagnosed with **stage 4 cancer** than younger groups

Men living in **more deprived areas** and **black men** were **less likely to receive radical treatment** for high-risk/locally advanced disease

The NPCA makes use of the most recently available data for each performance indicator. For disease presentation and treatment allocation, this corresponds to different time periods in England and Wales.

NBOCA
National Bowel Cancer Audit

NATCAN
National Cancer Audit Collaborating Centre

National Bowel Cancer Audit State of the Nation Report

An audit of care received by people with bowel cancer in England and Wales focusing on people diagnosed between 1 April 2022 and 31 March 2023.

Published January 2025

Infographic

NBOCA
National Bowel Cancer Audit

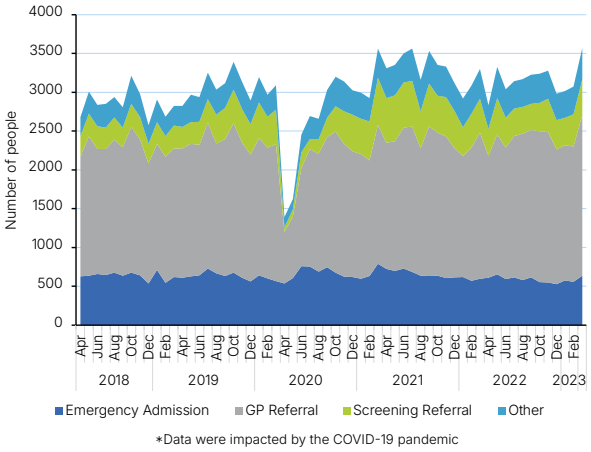
Care pathways

38,604 people
were diagnosed with bowel cancer in England and Wales between 1 April 2022 and 31 March 2023.

Proportion of people who presented with stage 1 or stage 2 cancer

2018/19 → 2022/23

Number of patients who presented with colorectal cancer by route of diagnosis*



*Data were impacted by the COVID-19 pandemic

Proportion of people recorded as being seen by a clinical nurse specialist (CNS)

65%
% of people with CNS data available

94%
% of people with CNS data available who were seen by a CNS

Proportion of people in England with mismatch repair (MMR) immunohistochemistry test

54% (2020) → **57%** (2021)

Data on MMR tests is only available for people diagnosed in England until 31 December 2021

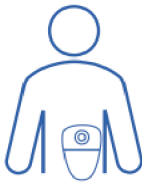
Peri-operative care

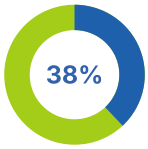
3.4% 2018/19 **to** 2.7% 2022/23

% of people who died within 90 days of surgery

8.0% in 2018/19 **to** 6.7% in 2022/23

% of people with an unplanned 30-day return to theatre after surgery





2017/22

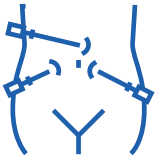
% of people with an unclosed diverting ileostomy 18-months after anterior resection (major rectal cancer operation, year of surgery)

11% 2018/19 **to** 11% 2022/23

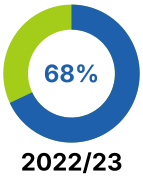
% of people with an unplanned 30-day readmission after surgery

81%
2022/23

% of trusts/MDTs that performed ≥ 20 major rectal cancer operations per year (year of surgery)



2021/22



2022/23

% of people who underwent major colorectal cancer surgery with a minimally invasive approach

Oncological management

66%
2020/22

% of people who received adjuvant chemotherapy for stage 3 colon cancer (year of surgery)

21%
2020/22

% of people who experienced severe acute toxicity after adjuvant chemotherapy (year of surgery)

34%
2022

% of people with rectal cancer who received neo-adjuvant radiotherapy treatment (year of diagnosis)

82%
2020/21

% of people alive 2-years after major colorectal cancer surgery (year of surgery)

Royal College of Physicians

Fracture Liaison Service Database (FLS-DB)

Annual report

You've had a fracture; how can we prevent another?

Data from 1 January 2023 – 31 December 2023

January 2025

In association with

BGS British Geriatrics Society Improving healthcare for older people

British Orthopaedic Association

Royal Osteoporosis Society Better bone health for everybody

Commissioned by

HQIP Healthcare Quality Improvement Partnership

Report at a glance

In England and Wales there are around 180,000 fractures each year as a result of osteoporosis. One in three women and one in five men will sustain a fracture in their lifetime.* The Fracture Liaison Service Database (FLS-DB) captures the data of patients who have sustained fractures with the aim of preventing secondary fractures.

69

fracture liaison services (FLSs) across England and Wales actively participated in the FLS-DB audit and contributed towards our annual report

Patient records

77,268 patient records were submitted in 2023 compared with 73,886 in 2022

What's new?

- This is the first year we compare the number of patients on **anti-osteoporosis treatment** at 16 and 52 weeks. The data are included in appendix A.
- Men are less likely to use FLSs than women, so we have created a specific resource for male patients explaining what to do in the event of a fracture.

You've had a fracture; how can we prevent another?

The focus of this year's annual report is on ensuring that patients who are at high risk of another broken bone have started treatment within 16 weeks of their first broken bone.

KPI 10 – Commenced bone therapy by the first follow-up

The percentage of patients who had commenced or continued anti-osteoporosis treatment within 16 weeks of their fracture increased from 2022.

2022	30.0%
2023	35.4%

A glance at our recommendations

100% of all ICBs and Welsh health boards should report the regional impact of fragility fractures in adults aged 50 or over and publish a high-level strategic plan to improve secondary fracture prevention for their population, focusing on delivering KPI 10.

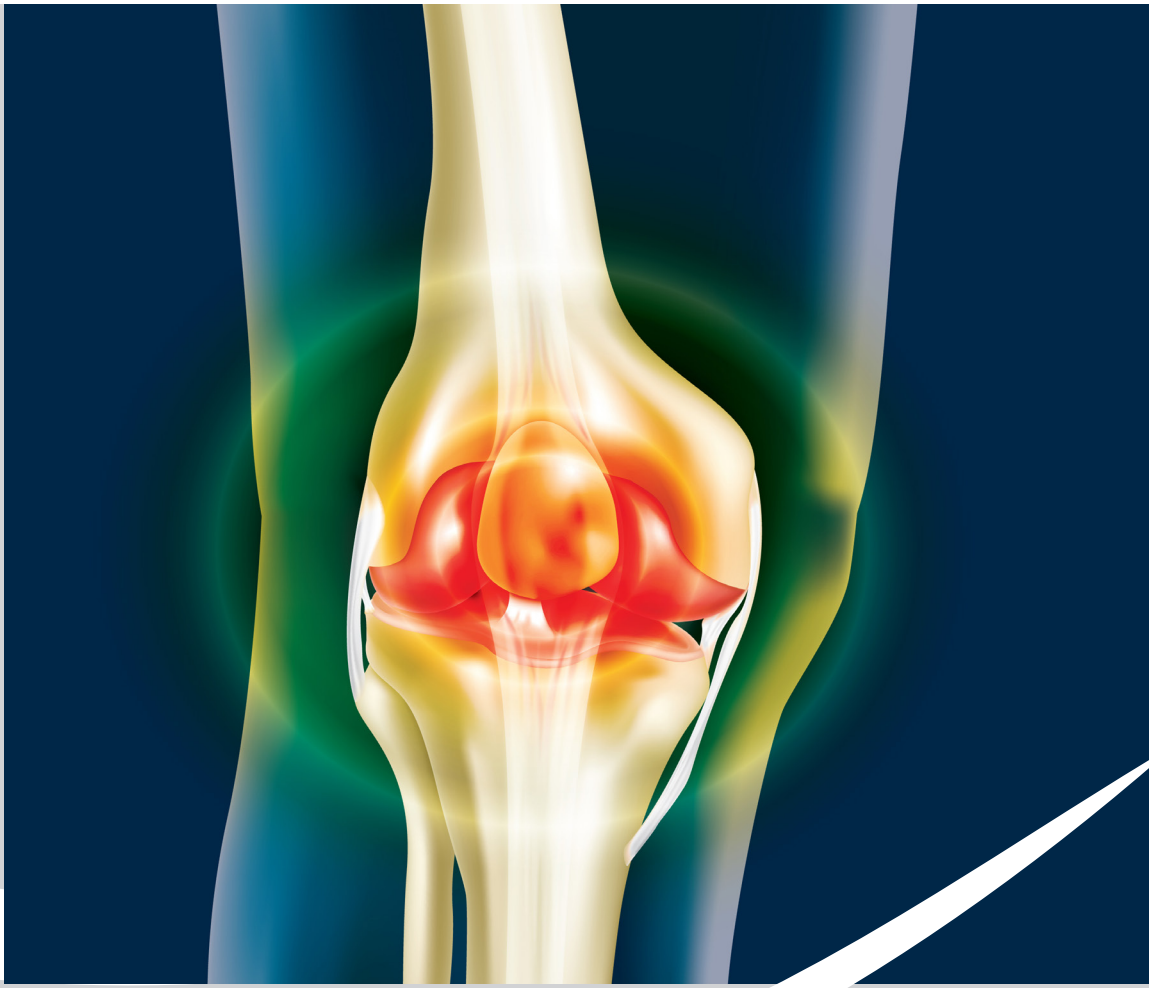
This should be achieved by:

- convening a multi-stakeholder FLS working group, including representatives from the ICB/Welsh health board, secondary care, primary care and patient groups
- describing the current regional delivery of FLS-DB KPIs and the expected annual number of avoidable fractures by working with the Royal Osteoporosis Society FLS service delivery team (FLS@theros.org.uk)
- identifying funding pathways needed to support the equitable delivery of FLS identification, assessment, treatment recommendation, initiation and adherence focusing on delivery (KPI 10)
- committing to a timescale for initiating a phased introduction and improvement of FLSs in their regions.

* https://cks.nice.org.uk/topics/osteoporosis-prevention-of-fragility-fractures/background-information/prevalence/

Joint Care?

A review of the quality of care provided to children and young adults with juvenile idiopathic arthritis



NCEPOD

Improving the quality of healthcare

INFOGRAPHIC SUMMARY

Juvenile idiopathic arthritis (JIA) is an autoimmune disease that affects around 10,000 children under 16 years of age in the United Kingdom. It is a chronic disease, and many patients will continue to have JIA into adulthood. JIA causes inflammation, pain and stiffness in joints, and can be debilitating. For more information on JIA see:

VERSUS ARTHRITIS **NATIONAL RHEUMATOID ARTHRITIS SOCIETY**
JUVENILE ARTHRITIS RESEARCH **CHILDREN'S CHRONIC ARTHRITIS ASSOCIATION**

In this study, the quality of care provided to patients diagnosed with JIA was reviewed. Patients were randomly selected for inclusion in the peer review process if their diagnosis had been made between 1st April 2019 and 31st March 2023, and they were diagnosed or experienced symptoms before their 16th birthday. Data included 374 clinician questionnaires and the assessment of 290 sets of case notes. In addition, 122 organisational questionnaires were returned along with 130 primary care questionnaires, survey responses from 68 parents/carers and 117 healthcare professionals.

★ Raise awareness of JIA and its symptoms with those who might see patients

Better recognition would encourage faster referral to rheumatology which may prevent joint damage.

23/101 (22.8%) GP practices reported having protocols for the investigation and care of patients with suspected JIA

20/54 (37.0%) parents/carers felt that they were not taken seriously by the GP during the consultation

★ Streamline your local referral pathway, with clear timelines for patients with suspected JIA

Pathways exist but vary between hospitals. It is not always clear who is involved, leading to incorrect referrals.

The most common reason for delay in being seen by a rheumatologist was initial referral to the wrong speciality

71/266 (26.7%) patients had a delay in assessment by a rheumatologist

Only 12/58 (20.7%) patients were referred directly to a rheumatologist

★ Provide prompt training to patients/parents/carers on how to inject medications for JIA

Patients/parents/carers do not always get trained to administer methotrexate, which can lead to a delay to treatment starting.

22/118 (18.6%) patients and parents/carers had no evidence of being trained in how to give methotrexate injections

26/298 (8.7%) patients had inappropriate medications given while patients and parents/carers waited for training on how to give injections

★ Ensure ongoing access to physiotherapy, occupational therapy, pain and psychology services

Many patients have JIA as adults and so equivalent access to care needs to exist from diagnosis through to adulthood.

193/290 (66.6%) patients saw a physiotherapist - 54 not seen should have

62/290 (21.4%) patients saw an occupational therapist - 67 not seen should have

There was a trend towards less involvement of physiotherapy, occupational therapy and psychology from paediatrics into adulthood

★ Provide a holistic, developmentally appropriate rheumatology service for patients with JIA

Being diagnosed with JIA at a young age, impacts all aspects of wellbeing and education, which is not always addressed.

Only 48/101 (47.5%) adolescent clinics were in an age-appropriate environment

Being seen out of school hours was reported for 2/114 (1.8%) patients

Only 114/262 (43.5%) patients had their holistic health supported

Signposting to peer support decreased with age

MANCHESTER 1824
The University of Manchester

HQIP
Healthcare Quality Improvement Partnership

National Confidential Inquiry

into Suicide and Safety in Mental Health

Annual Report 2025:

UK patient and general population data 2012-2022*

* This report also includes data from Jersey

MANCHESTER 1824
The University of Manchester

NCISH Annual Report

UK and Jersey patient data (2012-2022)

HQIP
Healthcare Quality Improvement Partnership

1,722 suicides by people under recent (within 12 months) mental health care in 2022

26% of all people who died by suicide in 2012-2022 had recent contact with mental health services

Acute mental health care settings

47% lived **alone**

17% had serious **financial problems**

31% had recent **self-harm**

Deaths **on the ward** have recently **increased**

Deaths **after discharge** from the ward have **risen** since 2017

Prevention should focus on ward safety, support after discharge, and recognition of risk following self-harm

Real-Time Surveillance of suspected suicides

67 in-patient and post discharge deaths reported

67% were **in-patients**; **over half** had been **detained**

Evidence of **suicide-related internet use**

All trusts contributing to real-time surveillance will provide early warning of safety concerns

MANCHESTER 1824
The University of Manchester

NCISH Annual Report
UK and Jersey patient data (2012-2022)

HQIP
Healthcare Quality Improvement Partnership

Suicide in mental health patients with bipolar disorder

136 deaths per year

Mostly **female**, **middle-aged,** and **living alone**

39% were prescribed **lithium; 12%** received **psychological therapy**

Lithium treatment and psychological interventions should be provided in line with NICE guidelines

Suicide after missed contact and non-adherence with medication

347 deaths per year following **missed contact**

182 deaths per year following **non-adherence** with medication

Affective disorder common in both groups

Socioeconomic adversity was common in those who missed contact

Half of patients who were non-adherent were **prescribed antipsychotics**

Greater family involvement may help engagement efforts

Suicide and recent bereavement in mental health patients

119 deaths per year

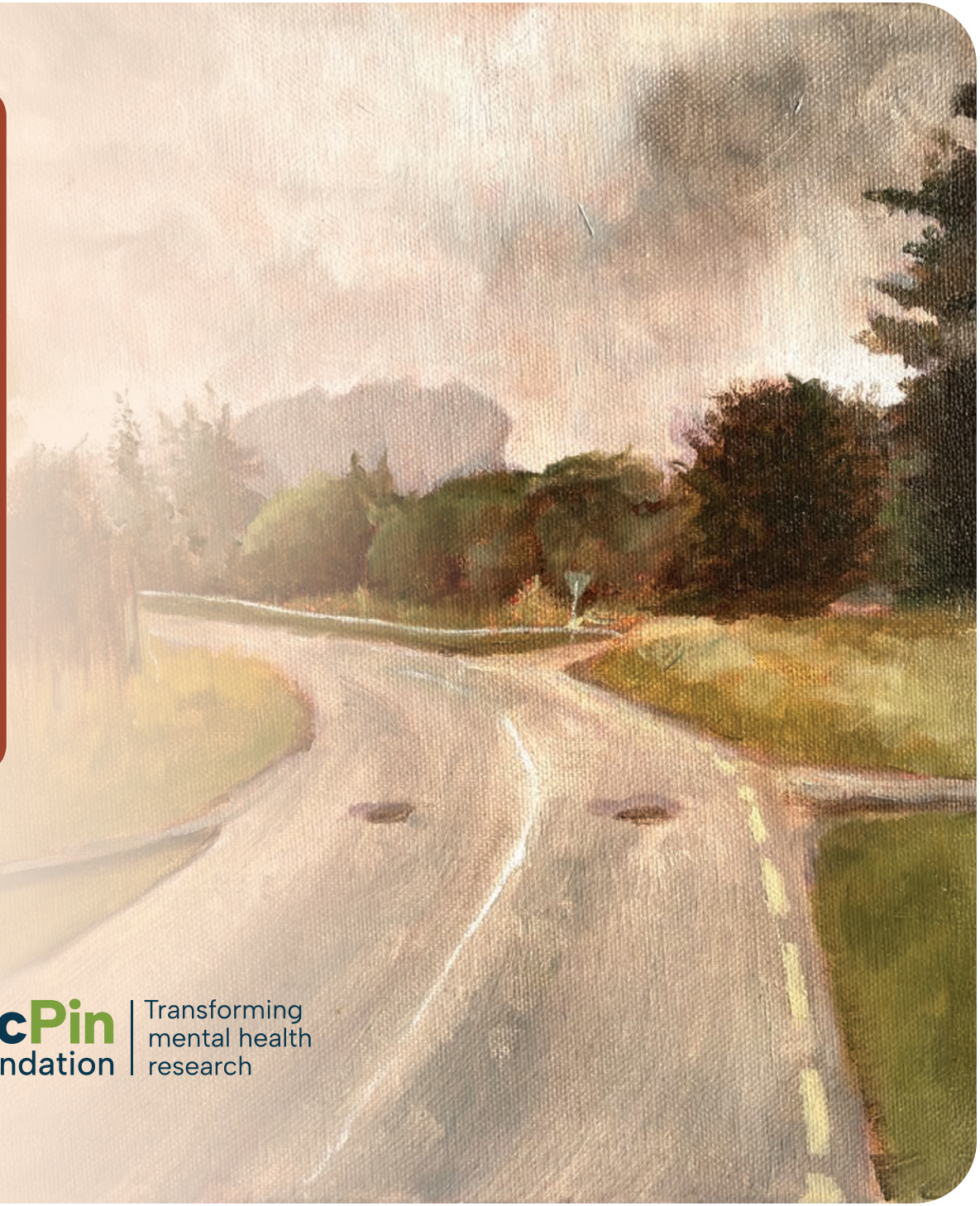
More likely to be **female**, **older**, and **widowed** than other patients

7% died on or near the **anniversary** of a bereavement

Enquiring about significant dates should be a routine part of assessment

State of the Nation Report 2024

Audit of Early Intervention in Psychosis Provision in England and Wales in 2022/23 and 2023/24



HQIP
Healthcare Quality Improvement Partnership

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

NCAP
NATIONAL CLINICAL AUDIT OF PSYCHOSIS

McPin Foundation
Transforming mental health research

Publication date February 2025.

Performance improvements over time in England and Wales

Why improvements in care matters

"Good mental health care means we're not facing things alone. It's about having the support and tools we need to stay well, feel connected, and keep moving forward with confidence and independence." Service User and Carer Reference Group (SUCRG)

England and Wales

Improvements in performance have been seen since the start of the audit in 2018/19 on the majority of the NICE quality standards, except **Access and Waiting Times** (AWT) in England and provision of **Cognitive Behavioural Therapy for Psychosis** (CBTp) in Wales.

England

- **Greatest improvement** is in outcome measurement and recording: **Up from 22% in 2018/19 to 66% in 2023/24**.
- **Marked improvements** in offer and uptake of family intervention (FI): **Up from 21% in 2021/22 to 29% in 2023/24**.
- **Marked improvement** in offer and uptake of carer focused education and support: **Up from 52% in 2021/22 to 62% in 2023/24**.
- **Marked improvements** in physical health screening **up from 64% in 2018/19 to 85% in 2023/24** and referral for physical health interventions from **55% to 79%** over the same period.

Wales

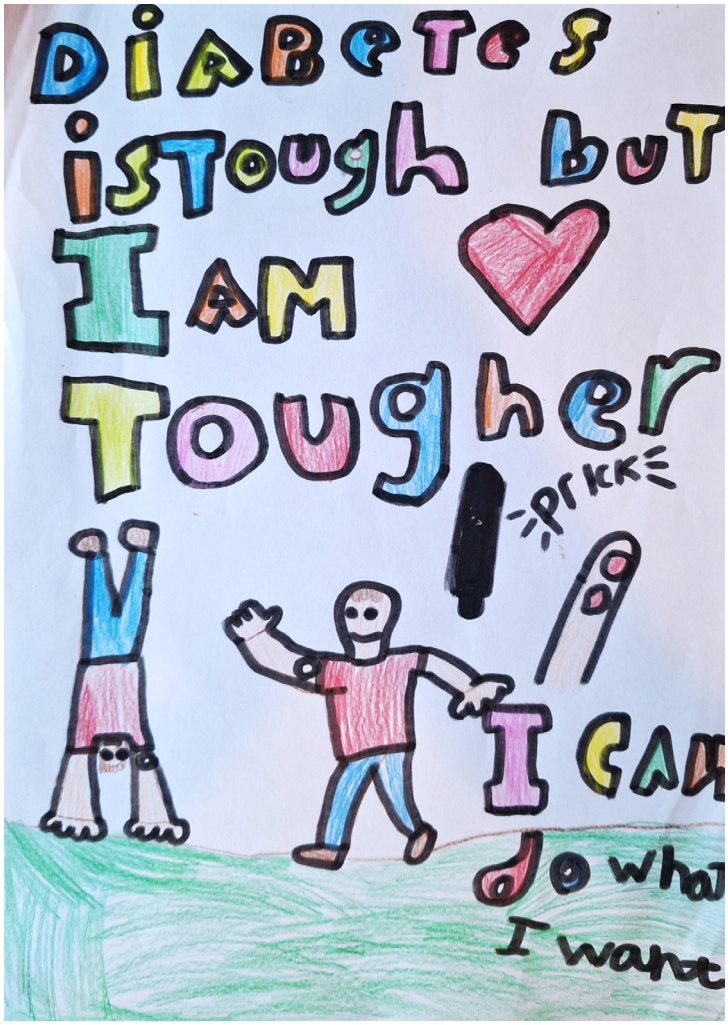
- **Improvement** in geographical inequalities of provision in terms of access to an EIP team across health boards: **Increase from 6 teams in 2021/22 to 8 EIP teams in 2023/24**.
- **Marked improvement** in offer of Clozapine **from 55% in 2018/19 to 87% in 2023/24**.
- **Marked improvements** in physical health screening **up from 15% in 2018/19 to 77% in 2023/24** and referral for physical health Interventions **from 12% in 2018/19 to 71% in 2023/24**.
- **Marked improvements** in offer/uptake of carer education and support programmes: **Up from 23% in 2020/21 to 45% in 2023/24**.

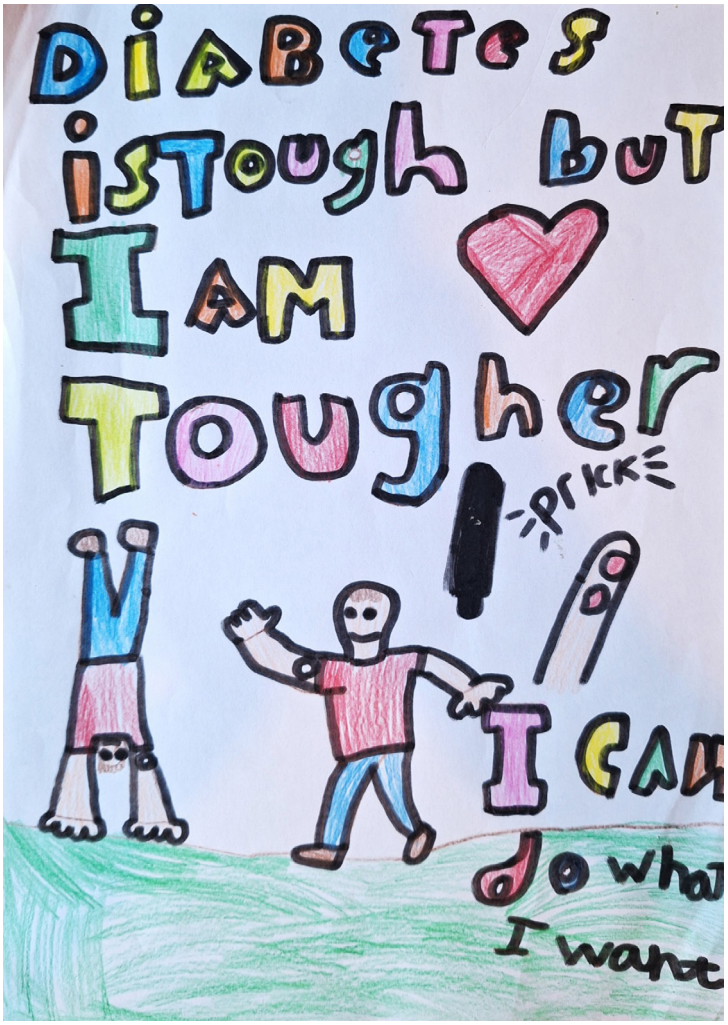
NOTE: This infographic summary compares performance data from both 2022/23 and 2023/24 audit cycles for England and Wales with published performance data from earlier years.

NPDA
National Paediatric Diabetes Audit

RCPCH Audits

National Paediatric Diabetes Audit (NPDA) 2025 Report on Care and Outcomes 2023/24





HQIP
Healthcare Quality Improvement Partnership

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children's Health

NPDA National Paediatric Diabetes Audit

RCPCH Royal College of Paediatrics and Child Health
Leading the way in Children's Health

Summary report on 2023/24 data – Results at a Glance

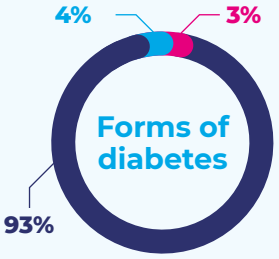
The National Paediatric Diabetes Audit measures care outcomes for children and young people with diabetes in England and Wales. It drives quality of care by highlighting areas in need of improvement to local health teams and informs policy makers.

This poster summarises the results reported in the 2023/24 national report, and is based on data from April 2023 to March 2024

Care from paediatric diabetes services

35,122
children and young people with diabetes were being managed by paediatric diabetes services in England and Wales.

There has been a **16% increase in the number of children and young people with diabetes** receiving care from a paediatric diabetes unit (PDU), compared to before the COVID-19 pandemic in 2019/20.



There were
3233
new diagnoses of **Type 1 diabetes** and
292
new diagnoses of **Type 2 diabetes** being managed in paediatric diabetes clinics.

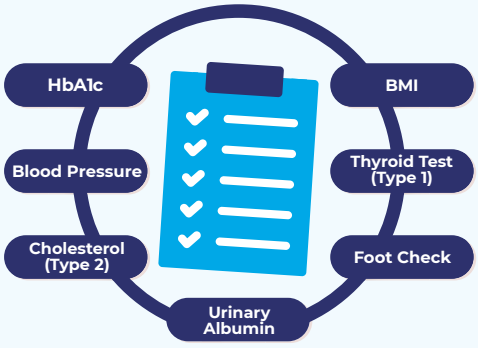
Care at diagnosis of Type 1 diabetes

88%
received **level three carbohydrate counting education** within a fortnight of diagnosis, compared to 85% in 2022/23.

92%
received **screening for thyroid disease** within three months of diagnosis, compared to 92% in 2022/23.

87%
received **screening for coeliac disease** within three months of diagnosis, compared to 88% in 2022/23.

Completion of recommended health checks†



Percentage of young people aged 12 and above who received **all required health checks:**

Type 1 Diabetes
66% (63% in 2022/23)

Type 2 Diabetes
37% (36% in 2022/23)

† Please see the full report for details of the outcomes of these health checks.

NPDA

National Paediatric Diabetes Audit

Average HbA1c

There was an **improvement** (reduction) in national average HbA1c for children and young people with Type 1 diabetes. However, the national average HbA1c for children and young people with Type 2 diabetes **increased.**

Type 1 Diabetes

60.0 mmol/mol (60.5 mmol/mol in 2022/23)

The median HbA1c at PDU level ranged from 55.0 mmol/mol to 70.5 mmol/mol.

Type 2 Diabetes

50.0 mmol/mol (49.3 mmol/mol in 2022/23)

These reductions continue the trend for annual improvements (reductions) in HbA1c for children and young people with Type 1 diabetes, meaning fewer children are at risk of developing diabetes-related complications. However, the mean HbA1c is higher amongst black children and young people, and those living in deprived areas.

Use of diabetes-related technologies
(Type 1 diabetes)

55%

were **using an insulin pump**, compared to 45% in 2022/23.

36%

were using a **hybrid closed loop system**, compared to 15% in 2022/23.

79%

were using a **real time continuous glucose monitor** (rtCGM); either combined with insulin injections or a pump, compared to 49% in 2022/23.

Only 15% were using a **flash glucose monitor** in 2023/24, compared to 37% in 2022/23.

Lower HbA1c was associated with use of a rtCGM or hybrid closed loop. Technology usage is less prevalent amongst ethnic minority groups and those living in deprived areas.

Further information and resources

NPDA national reports and recommendations:

The NPDA State of the Nation report for 2023-24, which includes key messages and recommendations based on the data submitted this year, is available at: **www.rcpch.ac.uk/resources/npda-annual-reports**

Service and region level reporting:

Paediatric diabetes teams can access detailed PDF reports and posters to show their results for this year at: **www.rcpch.ac.uk/resources/npda-annual-reports**

The NPDA provides quarterly updates on key metrics at PDU, regional network, NHSE region, local health board, ICB and country level. **www.rcpch.ac.uk/resources/NPDA-dashboard**

How we use information:

To find out more about how we use data submitted to the NPDA, please see our privacy notice. Please visit: **www.rcpch.ac.uk/resources/national-paediatric-diabetes-audit-transparency-open-data** or scan the QR code with your phone.

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