

|  |
| --- |
| Local Action Plan for adoption of NAoMe State of the Nation Report 2024 Recommendations |
| The provider should complete the following details to allow for ease of review |
| Audit title & aim:  | National Audit of Metastatic Breast Cancer - *An audit of care received by people diagnosed with metastatic breast cancer**in England and Wales*  |
| NHS organisation: |  |
| Audit lead: |  |
| Action plan lead: |  |

When making your action plan, make sure to keep the objectives SMART – Specific, Measurable, Assignable, Realistic, Time-related

|  |
| --- |
| **Key 1 (for the action status)**  |
| 1. Awaiting plan of action
2. Action in progress
3. Action fully implemented
4. No plan to action recommendation (state reason)
5. Other (provide information)
 |

|  |
| --- |
| **Key 2 (for the action priority)**  |
| High: requires urgent attention (local audit)Medium: requires prompt action (consider local audit)Low: requires no immediate action (or local audit)  |

|  |  |
| --- | --- |
|  | **Action activities** |
| **No.** | **Recommendation** | **Action required?** | **Responsible individual(s)** | **Agreed deadline** | **Status (Key 1)** | **Priority (Key 2)**  |
| **1** | Ensure the care for patients newly diagnosed with MBC (either de-novo or recurrent) is discussed within a multidisciplinary team (MDT) meeting. | *Suggested actions:** *Review your organisations performance of discussing patients with de-novo or recurrent MBC at MDT using the corresponding tab on the NHS organisations data viewer.*
* *Identify the pathways by which patients with de-novo or recurrent MBC present and implement protocols to ensure each patient is listed for discussion at MDT.*
* *Integrate data collection into MDT meetings, ensuring the MDT discussion is recorded by an assigned individual in COSD during the meeting.*
 |  |  |  |  |
| **2** | Examine biopsy rates for MBC and aim to increase this where feasible if the results may have therapeutic implications. | *Suggested actions:** *Review your organisations rates of biopsy of metastatic lesions using the corresponding tab on the NHS organisations data viewer.*
* *Perform a local audit of biopsies for metastatic lesions to identify when biopsies led to a change in treatment planning and in order to inform who might benefit from a biopsy in the future.*
* *Identify barriers to biopsy of a metastatic lesion in your organisation.*
 |  |  |  |  |
| **3** | Confirm breast multidisciplinary teams (MDT) have a data lead responsible for ensuring the quality of national data submissions at MDT. Reviews of data completeness within breast MDTs should include full tumour characterisation, ER\* and HER2\*\* status, performance status, the [NABCOP fitness assessment](https://www.nabcop.org.uk/resources/fitness-assessment-tool/) data items (for people aged 70+ years) and contact with Clinical Nurse Specialists (CNS). *(Recommendation aligned with the* [*report for the National Audit of Primary Breast Cancer*](https://www.natcan.org.uk/audits/primary-breast/reports-2/)*.)* | *Suggested actions:** *Breast care teams should agree and implement a standardised process of capturing data items.*
* *Appoint a data lead within the multidisciplinary team (MDT) with protected time for reviewing and checking the team’s data returns and for championing improvements in the completeness of key data items.*
* *Ensure the designated individual(s) for managing the submission of data to the National Cancer Registration and Analysis Service (NCRAS) in England or the Wales Cancer Network (WCN) in Wales checks the completeness of:*
	1. *full tumour characterisation;*
	2. *ER and HER2 status (for patients with invasive breast cancer);*
	3. *performance status;*
	4. *whether or not a triple diagnostic assessment (TDA) was completed;*
	5. *CNS contact;*
	6. *the NABCOP fitness assessment indicators (for patients aged 70+ years).*
* *Raise the profile of data completeness across the wider MDT at governance meetings or by sharing data.*
* *Feedback quarterly data quality reports to the wider MDT.*
* *Integrate data collection into MDT meetings with the aim of achieving 90% completeness of key data items.*
 |  |  |  |  |
| **4** | Ensure the recording of date and type of breast cancer recurrence in cancer datasets by:a) Education on the recording of recurrence, sharing the “[NAoMe Guide to collecting COSD data for breast cancer recurrence](https://www.natcan.org.uk/resources/guide-to-collecting-cosd-data-for-breast-cancer-recurrence/)” with NHS organisations.b) Reviewing the process of capturing these data within a breast multidisciplinary team (MDT), and ensuring these data are uploaded to cancer datasets. *(Recommendation aligned with the* [*report for the National Audit of Primary Breast Cancer*](https://www.natcan.org.uk/audits/metastatic-breast/reports-2/)*.)* | *Suggested actions:** *Review the “NAoMe Guide to collecting COSD data for breast cancer recurrence” and use this as a tool to educate your multidisciplinary team (MDT).*
* *Assign a timepoint and individual responsible for recording recurrence in the core dataset of COSD. This may be best recorded at the diagnostic MDT where clinicians should make pragmatic decisions to ensure the relevant sections are completed with emphasis on completing date of recurrence.*
* *Appoint a data lead within the MDT with protected time for reviewing and checking the team’s data returns and for championing improvements in the completeness of recurrence records.*
 |  |  |  |  |

**Notes:** \*ER status = oestrogen receptor status, \*\*HER2 status = human epidermal growth factor receptor 2 status.

The NAoMe welcome your feedback on this quality improvement template to be used in conjunction with the NAoMe State of the Nation Report 2024 provider level results and quality improvement resources presented on our [website](https://www.natcan.org.uk/audits/metastatic-breast/).

Please contact the NAoMe team breastcanceraudits@rcseng.ac.uk if you have any questions related to your results, data collection, or service improvement.

**References**

1. NAoMe State of the Nation Report 2024. Available from: <https://www.natcan.org.uk/audits/metastatic-breast/reports-2/>
2. NICE Guidelines – Advanced Breast Cancer: diagnosis and treatment (2017) NICE guideline [CG81]. Available from: <https://www.nice.org.uk/guidance/CG81>
3. NICE Quality Standard 12 – Breast Cancer (2016). Available from: <https://www.nice.org.uk/guidance/qs12>
4. 5th ESO-ESMO international consensus guidelines for advanced breast cancer (ABC 5). Available from: <https://pubmed.ncbi.nlm.nih.gov/32979513/>