A logo with blue and black text

Description automatically generated

|  |  |
| --- | --- |
| Local Action Plan for adoption of NAoPri 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 Primary Breast Cancer - *An audit of care received by people diagnosed with primary 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 that people with breast cancer have access to Triple Diagnostic Assessment (TDA) in a single visit and, if required, identify methods to increase the provision of this service. | *Suggested actions:*   * *Review the TDA provision for your organisation in the corresponding tab on the NHS organisation data viewer.*   *Perform a local audit of TDA provision and identify areas where the service can be improved to increase access to TDA.* |  |  |  |  |
| **2** | Review the use of neo-adjuvant chemotherapy (NACT) for all patients with early invasive breast cancer in order to reduce the levels of unexplained regional variation. | *Suggested actions:*   * *Review the use of NACT in your organisation in the corresponding tab on the NHS organisations data viewer.*   *Using national and international guidelines, identify sub-groups of patients within your organisation who may benefit from improved utilisation of NACT.* |  |  |  |  |
| **3** | Confirm breast multidisciplinary teams (MDT) have a data lead responsible for ensuring the quality of national data submissions. Reviews of data completeness within breast MDTs should include full tumour characterisation, ER\* and HER2\*\* status (for invasive breast cancer), performance status, the [NABCOP fitness assessment data items](https://www.nabcop.org.uk/resources/fitness-assessment-tool/) (for people aged 70+ years) as well as data on Triple Diagnostic Assessment (TDA) and contact with Clinical Nurse Specialists (CNS).  *(Recommendation aligned with the* [*report for the National Audit of Metastatic Breast Cancer*](https://www.natcan.org.uk/audits/metastatic-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 Metastatic 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.* |  |  |  |  |
| **5** | Review rates of immediate reconstruction and, where rates are identified as below the mean, act to improve access to immediate reconstruction by ensuring it is offered to all women, unless precluded by comorbidity or adjuvant therapies. | *Suggested actions:*   * *Review the immediate reconstruction rates in your organisation using the corresponding tab on the NHS organisations data viewer.* * *Identify barriers to immediate reconstruction in your organisation.* * *Develop local plans to increase surgical capacity for immediate reconstruction in collaboration with local Plastic Surgery services where applicable.* |  |  |  |  |

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

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

Please contact the NAoPri team [breastcanceraudits@rcseng.ac.uk](mailto:breastcanceraudits@rcseng.ac.uk) if you have any questions related to your results, data collection, or service improvement.

**References**

1. NAoPri State of the Nation Report 2024. Available from: <https://www.natcan.org.uk/audits/primary-breast/reports-2/>

2. NICE Guidelines – Early and locally advanced breast cancer: diagnosis and management (2024) NICE guideline [NG101]. Available from: <https://www.nice.org.uk/guidance/ng101>

3. NICE Quality Standard 12 – Breast Cancer (2016). Available from: <https://www.nice.org.uk/guidance/qs12>

4. Association of Breast Surgery – Neoadjuvant Chemotherapy: Multidisciplinary Guidance. Available from: <https://associationofbreastsurgery.org.uk/media/515633/neaoadjuvant-chemotherapy-manual-v1.pdf>