



NPaCA

National Pancreatic
Cancer Audit

Local Action Plan for taking on NPaCA State of the Nation Report 2024 Recommendations

Complete the following details for your organisation

Audit title & aim:	National Pancreatic Cancer Audit (NPACA) To assess the processes of care and outcomes for people with pancreatic cancer in England and Wales
NHS organisation:	
Audit lead:	
Action plan lead:	

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

This quality improvement template is designed to be used in conjunction with the NPaCA State of the Nation Report 2024 data tables and quality improvement resources available on our website.

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

Key 1 (for the action status)

1. Awaiting plan of action
2. Action in progress
3. Action fully implemented / resolved
4. No local action planned
5. Other (provide information)

No.	Recommendation	Is local action required? (Y/N)	Planned action (or reason for no planned action)	Action details			
				Responsible individual(s)	Agreed deadline	Priority (High / Medium / Low)	Status and date of review (Key 1)
1	Review referral pathways in centres which diagnose pancreatic cancer to ensure that all people who receive a diagnosis of pancreatic cancer, including those with non-resectable disease, are discussed by a multidisciplinary team (MDT).		<p><i>Examples:</i></p> <ul style="list-style-type: none"> <i>Review local pathways of how referrals to MDTs are made and develop protocols to increase rates of referral – eg. At the end of a clinically suspicious scan report, radiology team to state ‘ensure patient is referred to HPB MDT’</i> <i>Ensure MDTs are prepared for increased workload related to a higher volume of patients coming through the MDT – consider extending timings of MDT</i> 				
2	Ensure that all NHS pancreatic cancer service providers review their diagnostic pathways and implement hepatopancreatobiliary (HPB) cancer pathway guidance, which sets out recommended sequencing of events for the diagnostic process.		<p><i>Examples:</i></p> <ul style="list-style-type: none"> <i>MDT lead to review local diagnostic services and pathway and identify how an optimal diagnostic pathway would work in their local centre</i> <i>Review MDT wait times - consider an audit for diagnostic pathway timings and review key areas for improvement or rate-limiting step, eg. Obtaining an ERCP slot</i> <i>Estimate how many imaging and endoscopy slots are required per week to get patients through this pathway promptly</i> <i>Monitor turn-around time for radiology and pathology reports and develop local plans to increase radiology and endoscopy capacity</i> 				

			<ul style="list-style-type: none"> • <i>Feedback quarterly data reports on waiting times to the wider MDT</i> 				
3	<p>Ensure a personalised approach is taken to optimise a person's fitness, nutrition and medication to prevent deconditioning prior to starting treatment. This may include the implementation of prehabilitation, oncogeriatric services and dietetic support.</p>		<p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Consider early dietetic and physiotherapy review of pancreatic cancer patients prior to starting treatment to identify areas in which patients could be supported</i> • <i>Consider an older patients service review for more frail patients for a comprehensive medical review of pre-existing conditions</i> • <i>Review and optimise current medications at the first patient consultation to ensure medical conditions are stable prior to starting treatment</i> 				
4	<p>Review provision of clinical nurse specialists (CNS) in organisations which have a shortfall of newly diagnosed people being reviewed by a CNS, and ensure that everyone diagnosed with pancreatic cancer has access to a specialist CNS, ideally from the point of diagnosis.</p>		<p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Review how CNS staffing levels compare to the patient workload</i> • <i>Identify clinics where new patients with pancreatic cancer will be reviewed. Allocate a CNS to be present on these clinic days.</i> 				
5	<p>Consider implementing protocols to ensure that all people diagnosed with pancreatic cancer are assessed for eligibility for pancreatic enzyme</p>		<p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Ensure documentation of whether patients require PERT, or reasons for not offering PERT (or patients declining it)</i> 				

	replacement therapy (PERT), and that PERT is offered as recommended in national guidance		<ul style="list-style-type: none"> • Consider a local audit of PERT prescribing to review if there are any particular patient groups who are not receiving this treatment • Early dietitian review of all pancreatic cancer patients with clear recommendations on whether patients would benefit from PERT, and whether patients have been educated in how to adjust doses • Raise the profile of PERT prescribing at the specialist and local MDTs 				
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References

1. National Pancreatic Cancer Audit - State of the Nation Report 2024: <https://www.natcan.org.uk/audits/pancreatic>
2. NICE guideline [NG85]: Pancreatic cancer in adults: diagnosis and management - [Overview](#) | [Pancreatic cancer in adults: diagnosis and management](#) | [Guidance](#) | [NICE](#)
3. Optimal care pathway for pancreatic cancer, Pancreatic Cancer UK: [Optimal Care Pathway for pancreatic cancer - Pancreatic Cancer UK](#)