Local Action Plan for taking on NABCOP 2020 Annual Report Recommendations	
The provider should complete the following details to allow for ease of review:	
Audit title & aim:	The National Audit for Breast Cancer in Older Patients (NABCOP). Evaluates the processes of care and outcomes for women aged 70+ years with a diagnosis of breast cancer, compared with those among women diagnosed with breast cancer aged 50-69 years.
NHS organisation:	
Audit lead:	
Action plan lead:	

When making your action plan, make sure to keep the objectives SMART – **S**pecific, **M**easurable, **A**ssignable, **R**ealistic, **T**ime-related.

Note: Organisation-level data relating to each recommendation listed below can be found in the **'NABCOP Annual Report 2020 NHS Organisation Data Viewer'** here:

https://www.nabcop.org.uk/resources/nabcop-2020-annual-report-supplementary-materials/

Key 1 (for the action status)
1: Awaiting plan of action
2: Action in progress
3: Action fully implemented
4: No plan to action recommendations (state reasons)
5: Other (provide information)

Key 2 (for the action priority)
HIGH: requires urgent action, and local audit
MEDIUM: requires prompt action, and consider local audit
LOW: requires no immediate action or local audit

No.	**Recommendation** (*Guidance available – Full detail on final page*) [Related report section]	**Action required?** *(Yes/No; state intended action OR reason for no action)*	**Action activities**			
			Responsible individual(s)	Agreed deadline	Status *(see Key 1)*	Priority *(see Key 2)*
Rec 1	**Fitness Assessment** Ensure all patients aged 70 years and over, at the initial clinic visit for suspicion of breast cancer, have the following information recorded: Clinical Frailty Scale, Abbreviated Mental Test Score, indication of whether or not the patient has an established diagnosis of dementia and severe comorbidities. [Chapter 3]	*Suggested actions:* *Breast care teams should agree and implement a standardised measure of capturing patient fitness for women aged 70 years and over in breast clinic, such as the NABCOP fitness assessment form[1].*				

[1] https://www.nabcop.org.uk/resources/fitness-assessment-tool/

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Rec 2	**Fitness Assessment** Strive to submit the fitness assessment data items to NCRAS as part of COSD V9.0 submissions[2]. [Chapter 3]	*Suggested actions:* *Ensure the designated individual(s) for managing NCRAS data feeds is aware of the location and correct completion of the new fitness assessment data items in COSD.* *Perform local audit to understand the reasons if parts of the fitness assessment are incomplete, and take action to increase data completeness.*				
Rec 3	**Completeness of data items** Identify a clinician responsible for reviewing and feeding back, to staff within their breast units, on their data returns. [Chapter 4]	*Suggested actions:* *Ensure your MDT team know who in their organisation is responsible for ensuring data is routinely uploaded. Ensure there is a good link with this person/team. Also, identify a senior clinician to provide advice on data accuracy, data flows and the use of local and national data in governance activities. Is there a clinical lead for this?* *All data from your organisation requires review and sign-off from an allocated individual; be clear on who this is and make them aware of this audit.*				
Rec 4	**Completeness of data items** (*NICE guidelines NG101: 1.6.5*) Review data uploads regularly, and ensure the following are uploaded to NCRAS and Canisc: tumour size; T (tumour), N (nodal) and M (metastasis) stage; WHO performance status; ER and HER2 status for invasive breast cancer. [Chapter 4]	*Suggested actions:* *Look at the data completeness of these key data items for your organisation on the 'DQ_Summary' tab in the NHS organisation data viewer; the NABCOP data completeness target is 90% for all key data items.* *NHS trusts in England can access CancerStats[3] to see their data uploads in real time.*				

[2] For English NHS organisations only.
[3] https://www.nabcop.org.uk/resources/cancerstats-area/

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Rec 5	**Completeness of data items** (*NICE guidelines NG101: 1.3.3*) Review how to improve the recording of recurrence in local medical records and ensure this information is uploaded to NCRAS and Canisc. [Section 10.2]	*Suggested actions:* *Does your organisation have a protocol for how all breast cancer recurrences are recorded? For English organisations, a patient presenting with a recurrence can be recorded in the core dataset of COSD[4].*				
Rec 6	**Recorded molecular marker status** (*NICE guidelines NG101: 1.6.5*) Carry out and record full tumour characterisation, including assessment of ER and HER2 status, for all patients with invasive breast cancer for use at multidisciplinary team meetings; in line with NICE guidance. [Section 5.2]	*Suggested actions:* *Look at the data completeness of ER and HER2 status for women with invasive breast cancer in your organisation on the 'DQ_Summary' tab in the NHS organisation data viewer.* *NHS trusts in England can access CancerStats to see their data uploads in real time to see any gaps in their data.*				
Rec 7	**Diagnosis and supportive care** (*NICE Breast Cancer Quality Standard 12; Quality Statement 1: Timely diagnosis.* *NICE CSG1 Rapid and accurate diagnosis)* Ensure women receive all components of the triple diagnostic assessment (TDA) at their initial clinic visit for suspected breast cancer. [Section 6.2]	*Suggested actions:* *Look at how your organisation compares to the figures for "All NABCOP NHS organisations" in the Chp6_TDA tab on the NHS Organisation Data Viewer.* *Does this reflect what happens in your organisation? If not, what steps can you take to improve data completeness? What action needs to be taken?*				
Rec 8	**Diagnosis and supportive care** Submit data on triple diagnostic assessment in a single visit to NCRAS as part of COSD V9.0[5] submissions. [Section 6.2]	*Suggested actions:* *The new data item on triple diagnostic assessment is within the breast specific section of COSD V9. Make sure that the data manager within your organisation is aware to fill in this field for breast cancer patients.*				

[4] For more information on the COSD dataset see: http://www.ncin.org.uk/collecting_and_using_data/data_collection/cosd
[5] For English NHS organisations only

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Rec 9	**Diagnosis and supportive care** (*NICE guideline NG101: 1.2.2*) Ensure that women are assigned a named breast clinical nurse specialist to provide information and support. Data on the assignment of a named breast clinical nurse specialist should be submitted to NCRAS and Canisc. [Section 6.3]	*Suggested actions:* *Look at how your organisation compares to the figures for "All NABCOP NHS organisations" in the Chp6_CNS tab on the NHS Organisation Data Viewer.* *Does this reflect what happens in your organisation?* *Is data on CNS contact reported for all women diagnosed at your organisation?*				
Rec 10	**Diagnosis and supportive care** (*NICE clinical guideline CG138: 1.3.3 & 1.3.5*) Ensure patients have sufficient information about their care and treatment and are engaged in a shared decision-making process by asking patients for feedback at regular intervals. [Chapters 6-9]	*Suggested actions:* *Consider creating an older patients focus group to understand how to ensure local breast cancer services are meeting patients' needs.*				
Rec 11	**Treatment for Ductal Carcinoma In Situ** (*NICE guideline NG101: 1.10.9*) Consider adopting a more prescriptive policy concerning the management of DCIS that covers the use of surgery and adjuvant therapies in older women, in the context of any comorbidities and frailty. [Chapter 7]	*Suggested actions:* *Look at how your organisation compares to the figures for "All NABCOP NHS organisations" in the Chp7_DCIS_Surgery and Chp7_DCIS_RT tabs on the NHS Organisation Data Viewer.* *Does this reflect what happens in your organisation?* *Do you know the recurrence rate for patients with DCIS? What action needs to be taken?* *Review the key data items to ensure they are complete.*				

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Rec 12	**Treatment for early invasive breast cancer: Surgery** (*NICE guideline NG101: 1.7.1*) Investigate and address any shortfalls in care within NHS organisations with a comparatively low rate of surgery for women aged 70+ years with ER positive breast cancer. [Section 8.1]	*Suggested actions:* *Look at how your organisation compares to the figures for "All NABCOP NHS organisations" in the relevant tabs on the NHS Organisation Data Viewer.* *Does this reflect what happens in your organisation?* *What action needs to be taken?* *Review the key data items to ensure they are complete.* *Tabs relevant to these recommendations =* *Chp8_EIBC_Surgery*				
Rec 13	**Treatment for early invasive breast cancer: Radiotherapy** (*NICE guideline NG101: 1.6.6-7; 1.10.10-11*) Counsel women with high risk early invasive breast cancer on the benefits and risks of adjuvant radiotherapy based on tumour characteristics and objective assessment of patient fitness, rather than chronological age alone. [Section 8.2]	*Suggested actions:* *Look at how your organisation compares to the figures for "All NABCOP NHS organisations" in the relevant tabs on the NHS Organisation Data Viewer.* *Does this reflect what happens in your organisation?* *What action needs to be taken?* *Review the key data items to ensure they are complete.* *Tabs relevant to these recommendations =* *Chp8_EIBC_RT*				

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Rec 14	**Treatment for early invasive breast cancer: Chemotherapy** (*NICE guideline NG101: 1.6.6-7; 1.8.4-5*) Provide an objective assessment of the anticipated benefits and risks of chemotherapy, based on tumour factors and patient fitness, for all women, irrespective of age, with (1) ER negative, HER2 negative early invasive breast cancer with malignant lymph nodes or (2) HER2 positive early invasive breast cancer. [Section 8.3]	*Suggested actions:* *Look at how your organisation compares to the figures for "All NABCOP NHS organisations" in the relevant tabs on the NHS Organisation Data Viewer.* *Does this reflect what happens in your organisation?* *What action needs to be taken?* *Review the key data items to ensure they are complete.* *Tabs relevant to these recommendations = Chp8_EIBC_HER2CT*				
Rec 15	**Women with metastatic breast cancer** (*NICE guideline NG101: 1.6.5.* *NICE clinical guideline CG81: 1.3.1; 1.3.3*) Ensure that all women with metastatic breast cancer have their tumour's ER status assessed and recorded; those with ER positive breast cancer should be offered endocrine therapy as part of their treatment package. [Chapter 9]	*Suggested actions:* *Consider performing local audit of women with metastatic breast cancer and recording of ER status for your organisation.* *Discuss what steps could be taken within your breast cancer team to improve recording of ER status if your audit finds low levels of data completeness.*				
Rec 16	**Women with metastatic breast cancer** (*NICE clinical guideline CG81: 1.3.2*) Ensure that, for women considered for chemotherapy, there is an objective assessment of potential benefit and predicted life expectancy. Consideration should not be based on chronological age alone. [Chapter 9]	*Suggested actions:* *Look at how your organisation compares to the figures for "All NABCOP NHS organisations" in the Chp9_M1_CT tab on the NHS Organisation Data Viewer.* *Does this reflect what happens in your organisation?* *What action needs to be taken?* *Review the key data items to ensure they are complete.*				

Full detail on relevant guidance, by recommendation.

Rec 4, 6 & 15:	NICE guideline NG101 1.6.5 “Ensure that the ER, (PR) and HER2 statuses are available and recorded at the preoperative and postoperative MDT meetings when systemic treatment is discussed.”
Rec 5:	NICE guideline NG101 1.3.3 “All breast units should audit their recurrence rates after treatment.”
Rec 7:	NICE Breast Cancer Quality standard (QS12) Quality statement 1: Timely diagnosis “People with suspected breast cancer referred to specialist services are offered the triple diagnostic assessment in a single hospital visit.” Triple diagnostic assessment consists of clinical assessment, mammography and/or ultrasound imaging and fine needle aspiration or core biopsy.
	NICE cancer service guideline CSG1 Improving outcomes in breast cancer: Rapid and accurate diagnosis “Routine use of triple assessment can increase the speed and accuracy and reduce the cost of diagnosis.”
Rec 9:	NICE guideline CG80 / NG101 1.2.2 “All people with breast cancer should have a named CNS or other specialist key worker with equivalent skills, who will support them throughout diagnosis, treatment and follow-up.”
Rec 10:	NICE clinical guideline CG138 1.3.3 and 1.3.5
	1.3.3 “Give the patient information about relevant treatment options and services that they are entitled to, even if these are not provided locally.”
	1.3.5 “Review with the patient at intervals agreed with them: their knowledge, understanding and concerns about their condition and treatments; their view of their need for treatment.”
Rec 11:	NICE guideline NG101 1.10.9 “Consider adjuvant radiotherapy for women with DCIS following breast-conserving surgery with clear margins, and discuss with them the possible benefits and risks of radiotherapy.”
	Recommendations on management of older patients with breast cancer issued by International Society of Geriatric Oncology (SIOG) and European Society of Breast Cancer Specialists (EUSOMA): “There is no strong data available for treatment of older women with DCIS.”
Rec 12:	NICE guideline NG101 1.7.1 “Treat patients with early invasive breast cancer, irrespective of age, with surgery and appropriate systemic therapy, rather than endocrine therapy alone, unless significant comorbidity precludes surgery.”
	SIOG/EUSOMA recommends “PET should only be offered to elderly individuals who have a short estimated life expectancy (<2-3 years), who are considered unfit for surgery after optimisation of medical conditions or who refuse surgery.”
Rec 13 & 14:	NICE guideline NG101 1.6.6-7
	1.6.6 “Consider adjuvant therapy after surgery for people with invasive breast cancer, and ensure that recommendations are recorded at the MDT meeting.”
	1.6.7 “Base recommendations about adjuvant therapy on MDT assessment of the prognostic and predictive factors, and the possible risks and benefits of the treatment. Make decisions with the person after discussing these factors.”
Rec 13:	NICE guideline NG101 1.10.10-11
	1.10.10 “Offer adjuvant post mastectomy radiotherapy to people with node-positive (macrometastases) invasive breast cancer or involved resection margins.”
	1.10.11 “Consider adjuvant post mastectomy radiotherapy for people with node-negative T3 or T4 invasive breast cancer.”
Rec 14:	NICE guideline NG101 1.8.4-5
	1.8.4 “Offer adjuvant trastuzumab for people with T1c and above HER2-positive invasive breast cancer, given at 3-week intervals for 1 year in combination with surgery, chemotherapy and radiotherapy as appropriate”
	1.8.5 “Consider adjuvant trastuzumab for people with T1a/T1b HER2-positive invasive breast cancer, taking into account any comorbidities, prognostic features and possible toxicity of chemotherapy.”
Rec 15:	NICE guideline CG81 1.3.1, 1.3.3
	1.3.1 “Offer endocrine therapy as first-line treatment for the majority of patients with ER-positive advanced breast cancer.”
	1.3.3 “For patients with ER-positive advanced breast cancer who have been treated with chemotherapy as their first-line treatment, offer endocrine therapy following the completion of chemotherapy.”
Rec 16:	NICE guideline CG81 1.3.2
	1.3.2 “Offer chemotherapy as first-line treatment for patients with ER-positive advanced breast cancer whose disease is imminently life-threatening or requires early relief of symptoms because of significant visceral organ involvement, providing they understand and are prepared to accept the toxicity.”