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| Local Action Plan: NOGCA State of the Nation Report, January 2025 |
| Complete the following details for your organisation |
| Audit title & aim:  | National Oesophago-Gastric Cancer Audit (NOGCA)An audit of the care received by people diagnosed with oesophageal and gastric 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 local action plan template is designed to be used in conjunction with the NOGCA State of the Nation Report, January 2025, [data tables](https://www.nogca.org.uk/reports/data-tables-january-2025/) and [quality improvement resources](https://www.nogca.org.uk/resources/quality-improvement-resources/) available on our website.

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| **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)
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|  | **Action details** |
| **No.** | **Recommendation** | **Is local action required? (Y/N)** | **Planned action (or reason for no planned action)** | **Responsible individual(s)** | **Agreed deadline** | **Priority (High / Medium / Low)** | **Status and date of review****(Key 1)**  |
| **1** | In regions with high rates of emergency and late-stage diagnosis, conduct individual patient root cause analysis to look for earlier diagnosis opportunities and to understand how many are potentially preventable; use the resulting findings to develop appropriate local action plans. |  | *Examples:** *Conduct individual patient root cause analysis for people diagnosed as an emergency with stage 4 cancer, to identify opportunities for earlier diagnosis that may have been missed.*
* *Determine the number of people who were diagnosed as emergencies whilst waiting for a suspected cancer referral; review local referral and diagnostic pathways to identify causes of delays.*
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| **2** | Ensure that all providers of OG cancer care review their patients’ diagnostic and treatment pathways against best practice guidance in order to identify and address barriers to providing timely treatment. |  | *Examples:** *MDT lead to review local diagnostic services and pathway to identify priority areas for change; identify how elements of* [*best practice*](https://www.england.nhs.uk/long-read/implementing-a-timed-oesophago-gastric-cancer-diagnostic-pathway/#28-day-best-practice-timed-pathway)*/*[*optimal*](https://executive.nhs.wales/functions/networks-and-planning/cancer/wcn-documents/clinician-hub/csg-pathways-and-associated-documents/gastric/) *pathways could be implemented.*
* *Consider an audit of diagnostic pathway timings and review key areas for improvement or rate-limiting steps.*
* *Review treatment wait times and identify rate-limiting steps.*
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| **3** | Prioritise improving the flow of pathology data in England, to ensure patients’ surgical pathology outcome data are submitted to the Cancer Outcomes and Services Data set (COSD) and are available in national cancer datasets.  | *N/A* | *This is a national level recommendation.*  |  |  |  |  |

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| **4** | Regions with high rates of 30-day mortality among people receiving palliative chemotherapy should review the care of people who died within this period, to identify potential issues with patient selection, and ensure that treatment is only offered if appropriate and likely to benefit the patient. |  | *Examples:** *Review the records of patients who died within 30 days of starting palliative chemotherapy in a local mortality or clinical governance meeting; consider whether patient selection for treatment was appropriate in these cases.*
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