

Introduction to the National Clinical Audit of Perioperative Care (NCAPC):

Local Collaborative Leads

NCAPC Summary

3

Year project

6

Project team
members

23

Clinical
Reference Group
members

8

Strategic
Oversight Board
members

1 400

Standards
evaluated

10

Key metrics
selected

250+

Clinicians &
patients
engaged with

300+

Hospitals
contacted

Introduction

The National Clinical Audit of Perioperative Care (NCAPC) is a national audit to assess the quality and safety of perioperative services across NHS settings in England and public health services in Jersey.

NCAPC is part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). It is run by the Royal College of Anaesthetists (RCoA), commissioned by the Healthcare Quality Improvement Partnership (HQIP) and funded by NHS England.

Aims

Improve the
quality of
perioperative
care

Identify and
reduce health
inequalities

Share and
promote best
practice

Reduce
variation in
compliance
with evidence-
base and
national
guidance

Highlight the
opportunities
and benefits of
high-quality
perioperative
care

Background

National standards consistently emphasise a whole-pathway approach to perioperative care, including:

- Early referral
- Shared decision making
- Screening
- Needs-based assessment
- Optimisation/prehabilitation
- Perioperative risk assessment
- Postoperative recovery and rehabilitation

Despite this, implementation of evidence remains inconsistent. The above areas are variable, meaning that patients may not consistently receive care aligned with best evidence.

Background

National audits such as NELA and PQIP have demonstrated the power of benchmarking and transparent reporting. However, there is currently no national audit focused on generic, cross-cutting perioperative processes across adult elective surgery.

NCAPC has been designed to address this gap.



NCAPC Timelines

NCAPC officially began on 1 October 2025 and will run for three years until September 2028.



Year 1

- Standard identification
- Metric definition
- Delphi consensus
- Dataset build



Year 2

- Data collection
- QI system evaluation



Year 3

- QI collaborative intervention
- Programme evolution
- State of Nation Report

Governance

- **Leadership Roles & Responsibilities**

Our Clinical Co-Leads provide strategic leadership with dedicated time to ensure effective audit delivery.

- **Quality Improvement Leadership**

Our Quality Improvement Lead embeds methodologies to support continuous audit lifecycle enhancements.

- **Operational Delivery Team**

The project team manages daily operations with support from statisticians, analysts, and IT staff.

- **Governance & Oversight**

Strategic Oversight Board and Clinical Reference Group ensure high-level assurance and multidisciplinary guidance.

- **PPI Collaboration**

PPI representatives will contribute to improvement goals, develop metrics and oversee activities via the Strategic Oversight Board and Project Team.

NCAPC Project Team



Dr Tim Baker
Clinical Co-lead



Prof Malcolm West
Clinical Co-lead



Dr Samantha Warnakulasuriya
QI Lead



Christine Taylor
Project Manager



Esme Wilson
Project Coordinator



Michelle Deans
PPI Representative

Eligibility Criteria & Procedures List

If your site does not meet the inclusion criteria, please let us know by emailing NCAPC@rcoa.ac.uk.

Inclusion:

- England and Jersey
- Adults 18 and above
- Undergoing major, elective, non-cardiac surgery across any of the key specialities:
 - Lower gastrointestinal surgery
 - Thoracic surgery
 - Orthopaedic major lower joint replacement surgery
 - Gynaecological surgery

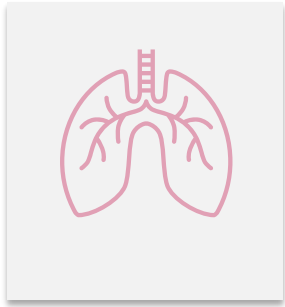
Exclusion:

- Emergency surgery
- Outpatient/day surgery
- Minor or cosmetic surgery
- People aged 17 years or under at the time of surgery
- Privately-funded surgery, both self-pay and insured care

The list of surgical procedures included in NCAPC can be found on our [webpage](#).

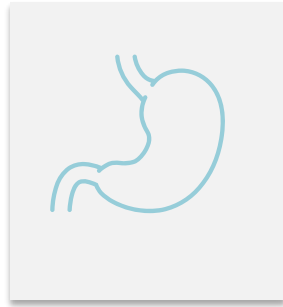
Phase 1 - Specialty Selection

Due to the large volume of surgical procedures delivered every year in England and Jersey, NCAPC is focusing on four key specialities that represent a diverse patient population:



Thoracic surgery

Represents complex, high-risk surgery above the diaphragm



Lower gastrointestinal (LGI) surgery

High-volume, performed at specialty/non-specialist centers OR performed in both secondary and tertiary care



Gynecological surgery

Ensures representation of surgical care affecting women



Orthopedic surgery

High-volume major surgery, often involving older and frail patients

Local Collaborative Leads - Overview

We are looking for clinicians to champion the NCAPC locally and help ensure thorough engagement with processes for the audit. Local champions will serve as first point of contact for the NCAPC central team, liaise with local clinical and non-clinical teams, and will help drive local quality improvement. If you would like to be involved with, please email us at NCAPC@rcoa.ac.uk.

In preparation for participation in this audit, please help us to identify and connect with the individual/team responsible for national datasets and data extraction at your hospital, ideally your analytics or data lead. We ask this as the audit may require both clinical and data expertise input in the future.

Data collection will begin in October 2026 – ahead of this we will be in touch with further details regarding next steps.

Local Collaborative Leads – Responsibilities

Working together, NCAPC Local Collaborative Leads will have responsibility for:

1. Leading the hospital's NCAPC team – ensuring engagement of all relevant specialties and professions.
2. Using NCAPC data to provide QA to executive boards and colleagues that patients needing surgery and anaesthesia are receiving appropriate standards of care.
3. Collecting and using NCAPC data to improve care for patients undergoing specific procedures.
4. Engaging with data analytics/business intelligence teams to facilitate data related activities.
5. Disseminating NCAPC results to the multidisciplinary and management teams.
6. Promoting expert clinical practice in the care of patients to all relevant specialties.
7. Developing, supporting and providing education for multidisciplinary teams in the care of patients undergoing relevant procedures.
8. Supporting and contributing to service development that enhances care of specific surgical patients.

Local Collaborative Leads - Collaboration

As a NCAPC Local Collaborative Lead, you will work with the following teams and colleagues at meetings, events and trainings.

Engage with data analytics/
business intelligence teams to
facilitate data related activities

Liaise with clinical teams to support
data collection

Share performance with MDTs

Liaise with trust digital teams to extract
and transfer data to NCAPC

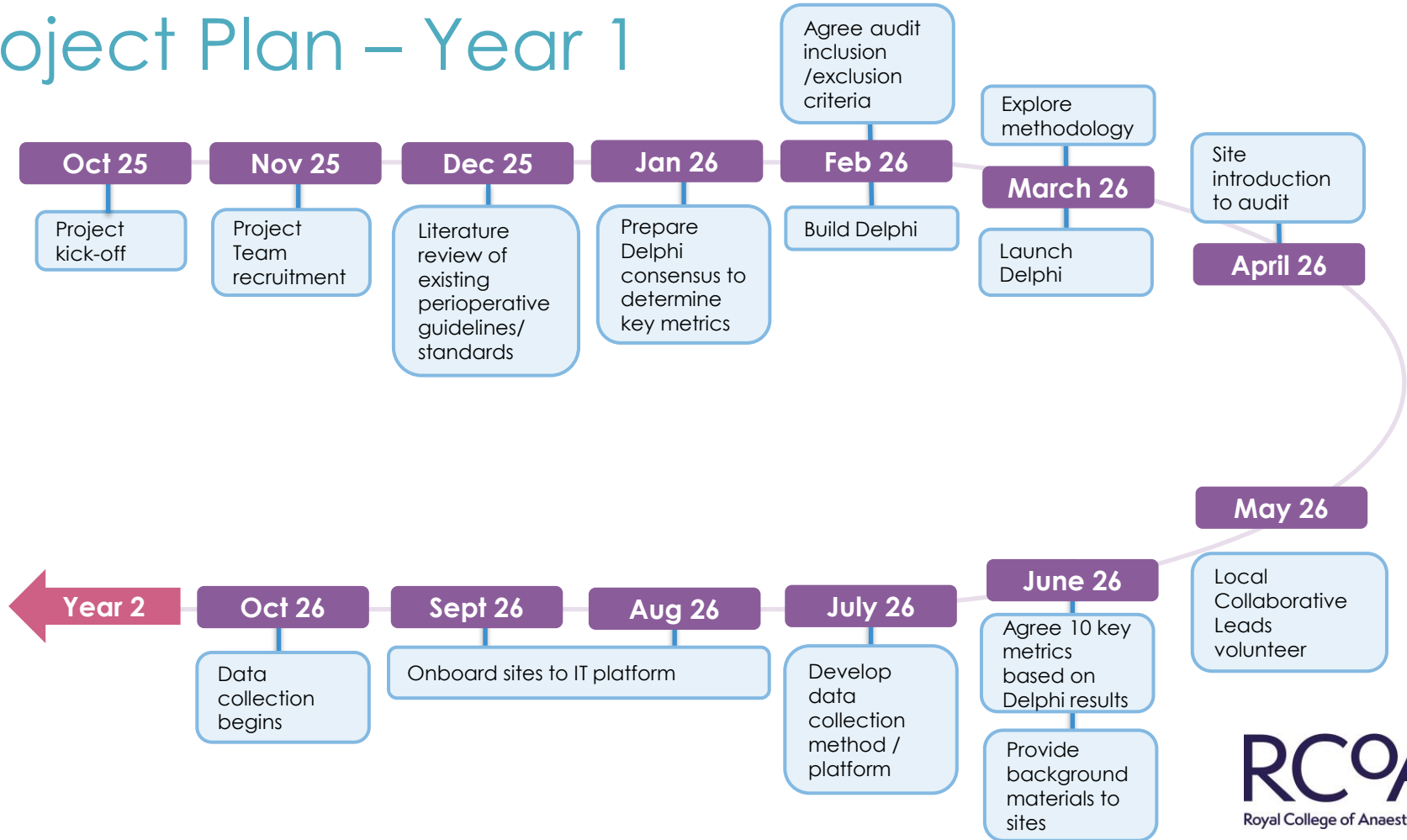
Support MDT training & development

Liaise regularly with hospital senior
leadership teams, including Medical
Directors and executive boards,
providing up to date performance
data

Attend NCAPC training & workshops

Promote to patient engagement
colleagues

Project Plan – Year 1



Thank you!

For questions, please email:
NCAPC@rcoa.ac.uk