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

Local Collaborative Leads

Royal College of Anaesthetists | Centre for Research and Improvement | Centre for Perioperative Care | HQIP Healthcare Quality Improvement Partn

NCAPC Summary

3 Year project	6 Project team members	23 Clinical Reference Group members	8 Strategic Oversight Board members
1400 Standards evaluated	10 Key metrics required	250+ Clinicians & patients engaged with	300+ Hospitals contacted

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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.

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Aims

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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.

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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.

PQIP

NELA
National Emergency Laparotomy Audit

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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

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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

Bob Evans
PPI Representative

Eligibility Criteria

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
- Elective major surgery;
  - Planned
  - Surgery that involves general, regional or neuraxial anaesthesia with an anaesthetist present
  - Expected inpatient stay
  - Post-operative length of stay > 1 day

Exclusion:

- Emergency surgery
- Cardiac Surgery
- Elective procedures undertaken within a hospital provider spell that commenced as an emergency admission
- Outpatient/day surgery
- Minor or aesthetic surgery
- People aged 17 years or under at the time of surgery

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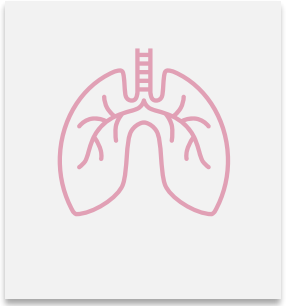
Phase 1 - Specialty Selection

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

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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

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

Attend NCAPC training & workshops

Support MDT training & development

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

Complete Organisational Survey

To learn more about becoming an LCL, scan this QR code →

NCAPC - Local QI

Drives meaningful improvement, not just measurement

Improves national/local data quality

Creates shared ownership of patient outcomes

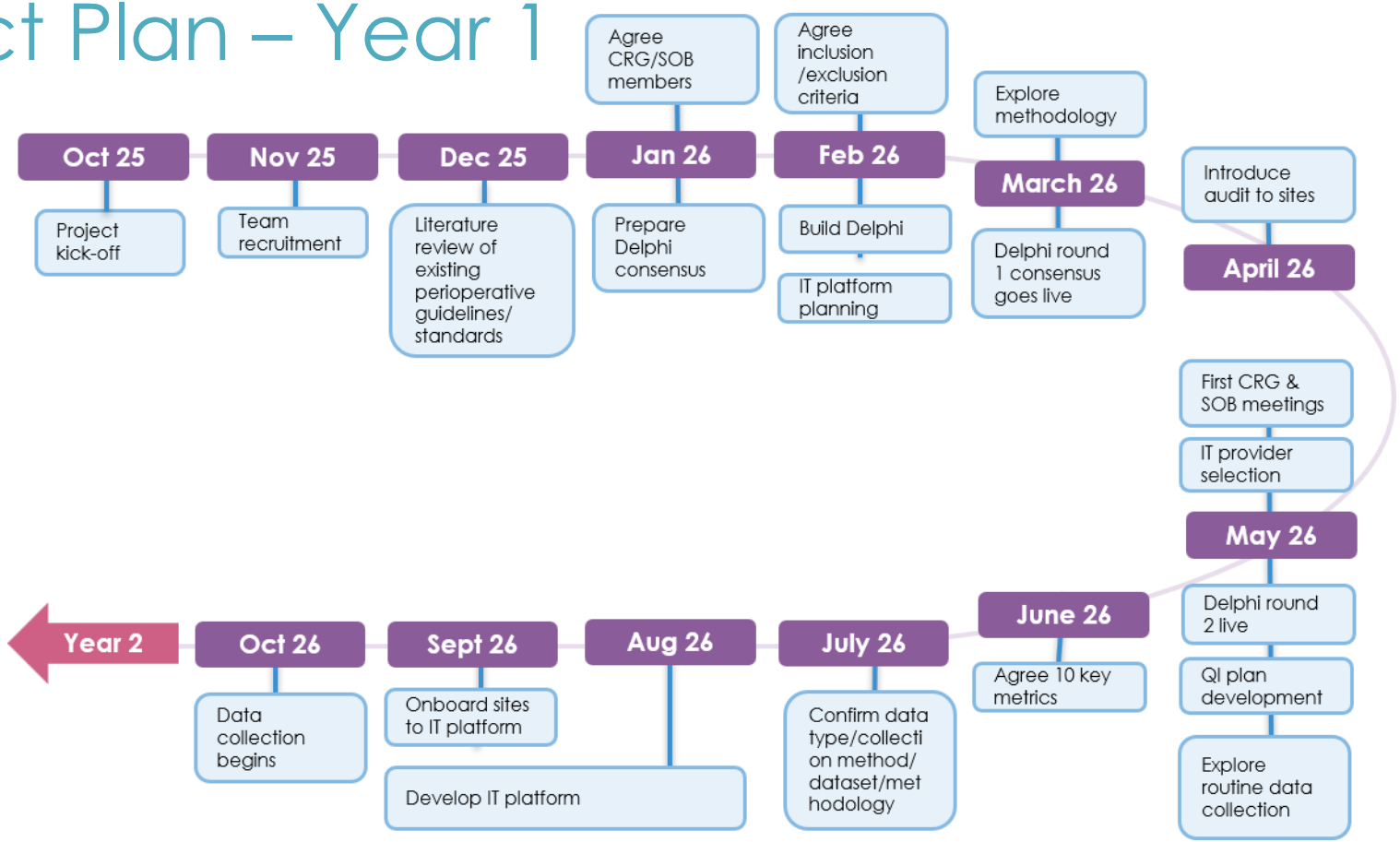
Accelerates digital maturity

Supports benchmarking and local improvement

Keeps patients at the centre

Collaboration transforms a reporting exercise into a tool for local quality improvement and improving patient care.

Project Plan – Year 1



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Thank you!

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