Head and Neck Cancer
Quality Performance Indicators

Patients diagnosed during April 2014 to March 2015

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Contents

Introduction

The Better Cancer Care plan, published in 2008, included a commitment to 'develop a work programme which will define how we will take forward… quality indicators for cancer services'.

To achieve this, the Scottish Cancer Taskforce established the National Cancer Quality Steering Group (NCQSG), which includes responsibility for:

- The development of small sets (approximately 10-15 indicators) of tumour specific national quality performance indicators (QPIs) as a proxy measure of quality care.
- Overseeing the implementation of the national governance framework that underpins the reporting of performance against these national QPIs.

The QPIs have been developed collaboratively with the three Regional Cancer Networks: North of Scotland Cancer Network (NOSCAN), South East Scotland Cancer Network (SCAN), West of Scotland Cancer Network (WoSCAN), Information Services Division (ISD), and Healthcare Improvement Scotland. The QPIs are published on the Healthcare Improvement Scotland website.

These indicators, used to drive quality improvement in cancer care across NHSScotland are kept under regular review; NHS Boards will be required to report against QPIs as part of a mandatory national cancer quality programme.

ISD support NHS Boards in improving the quality of local data collection and reporting through the production of data validation specifications, and measurability criteria for QPIs. The current data sets are outlined on the Cancer Audit website.

A rolling programme of reporting is planned across many tumour sites. National reports will include comparative reporting of performance against QPIs at NHS Board level across NHS Scotland, trend analysis and survival analysis (where applicable). This approach will help overcome existing issues relating to the reporting of small volumes in any one year.

This report assesses performance against 11 Head and Neck Cancer QPIs using clinical audit data relating to patients diagnosed with head and neck cancer for the period from April 2014 to March 2015. This was the first year of QPI data collection; therefore, this report provides the first opportunity to review performance against these new measures and to review the effectiveness of the measures themselves. Therefore, this report contains only one year, rather than three years of data, as will be the norm in future publications. As a result of this, the information in this report may be impacted by the effect of small numbers. Future reporting of Head and Neck Cancer QPIs may include changes or refinements to indicator definitions and measurability criteria based on a review of this first publication.

Data collection and analysis

Head and Neck cancer QPI data for patients diagnosed between April 2014 and March 2015 were collected by NHS Boards, supported by the regional cancer networks, and then analysed against the Head and Neck cancer measurability document. Aggregated analysed data were then submitted to ISD via a data collection template for collation to allow comparisons at NHS Board level.

To support the national reporting of QPIs and to provide context in their interpretation, an analysis of Head and Neck cancer survival was undertaken. A cohort of patients diagnosed with Head and Neck cancer during 2010 to 2012, and registered on the Scottish Cancer Registry, was used and linked to deaths data (up to December 2015) to provide 3 years of follow up for all patients (and up to 5 years of follow up for some).

Data quality and completeness

Small numbers:

Where the number of cases meeting the denominator criteria for any indicator is between one and four, the percentage calculation has not been shown on any associated charts or tables. This is to avoid any unwarranted variation associated with small numbers and to minimise the risk of disclosure. Any charts or tables impacted by this are denoted with a dash (-). However, any commentary provided by NHS Boards relating to the impacted indicators will be included as a record of continuous improvement.

QPI 8 – Surgical Margins and QPI 10 - Post Operative Chemoradiotherapy:

A review of the measurability criteria for these QPIs, specifically relating to the definition of a positive surgical margin, is necessary to ensure the accuracy and comparability of the figures is as robust as possible. Therefore, no national figures for these measures will be reported at this time. These will continue to be monitored locally and national figures will be available in future reporting of these QPIs once the measurability criteria have been refined.

Baseline Review:

Following analysis and reporting of year 1 QPI results, the data were reviewed with the aim of identifying any potential refinements to the QPIs which are required to ensure the QPIs are fit for purpose. Any refinements will be based clearly on the criteria set out below:

- QPIs may be revised only and cannot be added or removed.
- Any revisions to the QPI target level can only be made where it makes the QPI more challenging.
- New data items cannot be added to the tumour specific minimum core dataset and existing data items, and the associated data validations, cannot be amended.
- Measurability can be changed in order to ensure that the QPIs are reliable, valid and non-counterproductive, within the confines of the existing dataset.

Consequently, the information presented in this report has been subject to review and may be impacted by various issues raised consistent with the criteria above, which may affect the accuracy and comparability of these measures. Subsequent changes to the QPIs will be reflected in future reporting of these QPIs where accuracy and comparability is expected to improve.

Private Patients:

There may be differences across the regions in the inclusion or exclusion of private patients within this dataset. In WoSCAN, patients diagnosed privately, but treated within the NHS, are included in any figures reported by hospital of surgery/treatment but excluded when reported by hospital of diagnosis. This differs in the approach adopted by the other regions where private patients are also included in QPIs reported by NHS Board of diagnosis. These differences, though, will account for very small numbers across the regions.

Foreword from Head and Neck Cancer Clinical Leads

Following the success of the first National Collaborative Head & Neck Meeting in 2012, our second event was held in the Royal College of Physicians and Surgeons of Glasgow on 4th December 2015. Approximately 120 delegates attended from across all three Scottish Managed Clinical Networks (MCN's).

As expected, presenting the comparative performance of each MCN within each Quality Performance Indicator (QPI) domain attracted an enthusiastic, wide ranging and open debate. Specific QPI modifications were then recorded at a formal Baseline Review meeting, attended by Regional Cancer Clinical Leads, Information Managers and ISD representatives. A strategy for change was agreed by this group, including the formation of specific groups to progress QPI modifications ahead of the QPI formal review which will take place following year three reporting.

The importance of ongoing QPI refinement, to create and maintain cancer specific and evidence based outcome measures, was emphasised by delegates. QPI 8, for example, demanded an in-depth discussion around the application of published clinical evidence to the assessment of surgical performance and the attainment of clear surgical margins. Applying this evidence to clinical practice in an appropriate and meaningful way, to facilitate the assessment of surgical 'success' and 'failure', formed the basis of proposed modifications to QPI 8, subsequently endorsed by the Baseline Review group.

All participants in the 2015 National Collaborative Head & Neck Meeting were thanked for their valuable contribution to another successful day and the following Key Recommendations were noted:

QPI 2 Imaging – varying performance across Scotland.

A more targeted audit of 2014/15 data was recommended to explore further the case mix in each region (including site breakdown) and establish which patients are failing which part of the QPI (i.e. neck, primary site or chest assessment).

QPI 3 MDT – differing MDT constitutions across regions.

Standardisation of MDT constitutions was considered, across Scotland, to ensure relevant clinical groups attend MDT. WoSCAN and SCAN agreed to share constitutions with NoSCAN.

QPI 4 Smoking Cessation – potential variation in recording of smoking status across boards.

It was agreed to gather information on data collection methodology from audit staff and to request clarification of ISD definitions if necessary.

QPI 6 Nutritional Screening

All regions to ensure MUST (Malnutrition Universal Screening Tool) score is incorporated into standard MDT proforma. Regions to work with Dietitians to develop a more outcome focussed measure ahead of formal QPI review after year three.

QPI 7 Speech and Language Therapy (SALT) Access

It was agreed that a more evidence based outcome measure should be developed – a small working group, including representatives from Speech and Language Therapy, will be set up to consider alternative QPIs on this subject. This QPI will then be subject to a full review at the 3 year formal review stage.

QPI 9 Intensity Modulated Radiotherapy (IMRT)

This QPI has achieved what it set out to achieve as IMRT is now widely available. Consideration to be given to a more outcome focussed radiotherapy QPI ahead of formal review following year three reporting.

QPI 11 - 30 day mortality

It was agreed at the Baseline Review to add reporting of 90 day mortality rates to bring in line with other tumour groups.

Mr Stuart Robertson
Consultant ENT Head & Neck Surgeon
WoSCAN Clinical Lead

Mr Guy Vernham
ENT Clinical Lead
SCAN Chair

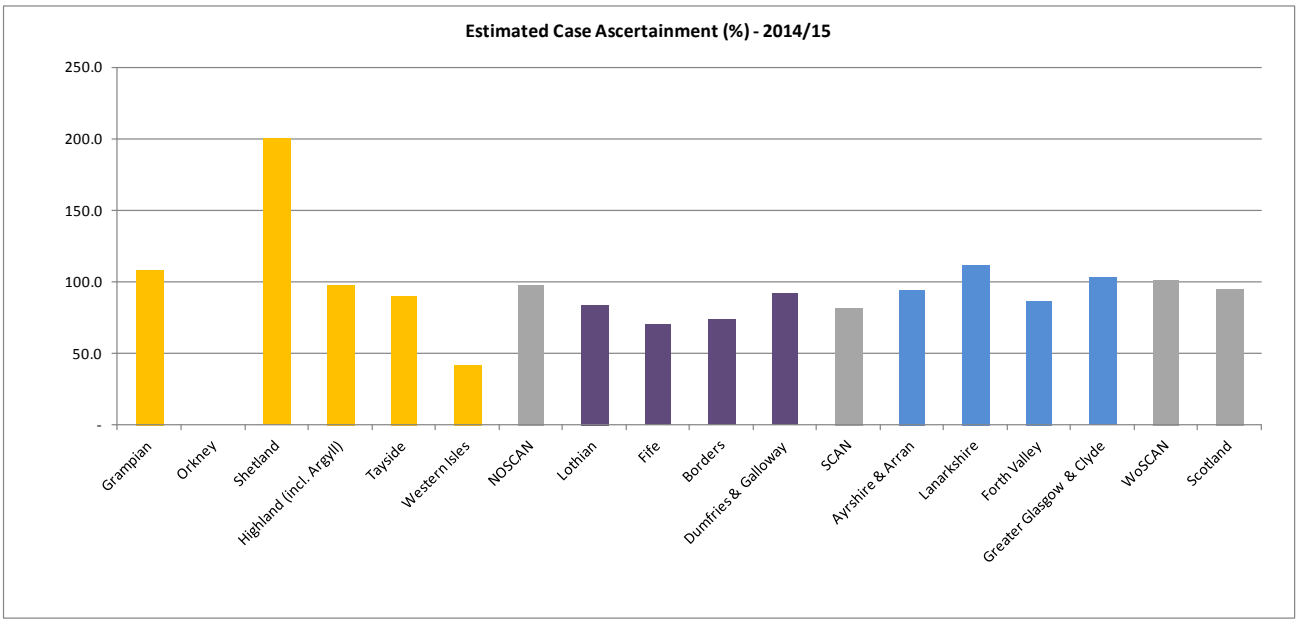
Mr Michael Rogers,
Consultant Otolarygologist Head & Neck Surgeon
NOSCAN Clinical Lead.

Results and Commentary

Case Ascertainment

Case ascertainment is a measure of data quality and is calculated by comparing the number of new patients captured by the cancer audit with a five year average of the numbers recorded on the cancer registry. A five year average is used for registry data as the information is not available until sometime after the year under examination. This is due to data collection and verification processes. As the number of cases will vary each year, it is possible for case ascertainment to be over or under 100%. Therefore, the figures presented should be seen as an indication only.

In 2013/14, the average case ascertainment across the NHS Boards was 95.4%:



	No. of Audit Records Diagnosed in 2014/15	Average No. of Cancer Registrations (2009-2013)	Estimated Case Ascertainment %
NOSCAN	**275**	**281**	97.9
Grampian	111	103	107.8
Orkney		2	0.0
Shetland	2	1	200.0
Highland (incl. Argyll)	70	72	97.2
Tayside	91	101	90.1
Western Isles	1	2	41.7
SCAN	**255**	**314**	81.2
Lothian	167	199	83.9
Fife	47	67	70.4
Borders	12	16	73.2
Dumfries & Galloway	29	32	91.2
WoSCAN	**619**	**610**	101.5
Ayrshire & Arran	84	90	93.8
Lanarkshire	118	106	111.3
Forth Valley	48	56	86.0
Greater Glasgow & Clyde	369	359	102.8
Scotland	**1149**	**1205**	**95.4**

Overall Performance Summary

The tables below summarise the overall performance across the country for each QPI.

QPI Summary table – Head and Neck Cancer by Health Board

QPI	Target	Grampian	Shetland	Highland	Tayside	Western Isles	NOSCAN	Lothian	Fife	Borders	Dumfries and Galloway	SCAN	Ayrshire and Arran	Lanarkshire	Forth Valley	Greater Glasgow and Clyde	WoSCAN	Scotland
QPI 1: Pathological Diagnosis of Head and Neck Cancer	≥ 95%	91.9%	-	97.1%	97.8%	-	94.9%	94.0%	97.9%	91.7%	89.7%	94.1%	100.0%	94.9%	97.9%	96.5%	96.8%	95.7%
QPI 2: Imaging	≥ 95%	73.0%	-	92.9%	81.3%	-	81.1%	85.0%	95.7%	100.0%	89.7%	88.2%	100.0%	90.7%	97.9%	94.6%	94.8%	90.1%
QPI 3: Multi-Disciplinary Team Meeting (MDT)	≥ 90%	95.4%	-	94.2%	92.2%	-	94.1%	84.2%	95.7%	91.7%	96.4%	88.1%	98.8%	92.3%	97.9%	96.4%	96.1%	93.8%
QPI 4: Smoking Cessation	≥ 95%	2.0%	*	*	23.5%	*	10.7%	0.0%	5.3%	0.0%	0.0%	0.9%	16.0%	26.0%	60.0%	8.0%	16.0%	11.6%
QPI 5: Oral Assessment	≥ 90%	26.0%	-	78.7%	22.7%	-	37.7%	21.5%	77.8%	11.1%	51.9%	32.5%	76.1%	14.7%	71.4%	47.1%	46.7%	41.3%
QPI 6: Nutritional Screening	≥ 95%	72.7%	-	95.7%	30.8%	-	64.2%	63.5%	89.4%	33.3%	17.2%	61.6%	0.0%	69.5%	79.2%	54.5%	51.9%	57.0%
QPI 7: Specialist Speech and Language Therapist Access	≥ 90%	78.7%	-	13.6%	11.3%	-	37.9%	40.7%	4.9%	45.5%	7.7%	30.3%	22.1%	40.6%	88.9%	44.4%	44.2%	39.7%
QPI 9: Intensity Modulated Radiotherapy (IMRT)	≥ 80%	96.6%	-	100.0%	68.8%	*	90.1%	98.5%	95.2%	100.0%	75.0%	93.6%	96.4%	88.7%	100.0%	86.7%	89.3%	90.4%
QPI 11 - 30 Day Mortality	≤ 5%																	
Surgery		0.0%	*	0.0%	0.0%	*	0.0%	0.0%	0.0%	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Radical Radiotherapy		4.5%	*	0.0%	0.0%	*	2.1%	4.2%	0.0%	-	0.0%	3.0%	0.0%	0.0%	0.0%	1.4%	0.6%	1.2%
Chemoradiotherapy		2.8%	-	0.0%	0.0%	*	1.3%	0.0%	0.0%	-	0.0%	0.0%	0.0%	0.0%	-	1.2%	0.8%	0.5%

Clinical Trials Summary Table – by Scottish Cancer Research Network (SCRN)

Clinical Trials	Access to Clinical Trials		SCRN - North & East	SCRN - South East	SCRN - West
	Interventional	> 7.5%	0.4%	1.0%	2.0%
	Translational	> 15%	5.3%	0.0%	3.3%

- Data not shown due to small numbers

* No data matching QPI criteria

Target not met

Met or exceeded target

Quality Performance Indicators

The following section includes a detailed summary of each of the Head and Neck cancer QPIs (excluding QPI 8 and QPI 10) outlining the variation at NHS Board level. Charts are colour coded by network. Where performance at either level is shown to fall below the target, commentary from the relevant NHS Board is included to provide context to the variation. Unless otherwise stated, information in this report is shown by the Health Board of diagnosis. Further information at hospital level is available from the data tables, where applicable.

QPI 1: Pathological Diagnosis of Head and Neck Cancer - Patients with head and neck cancer should have a cytological or histological diagnosis before treatment.

A definitive diagnosis is valuable in helping inform patients and carers about the nature of the disease, the likely prognosis and treatment choice.

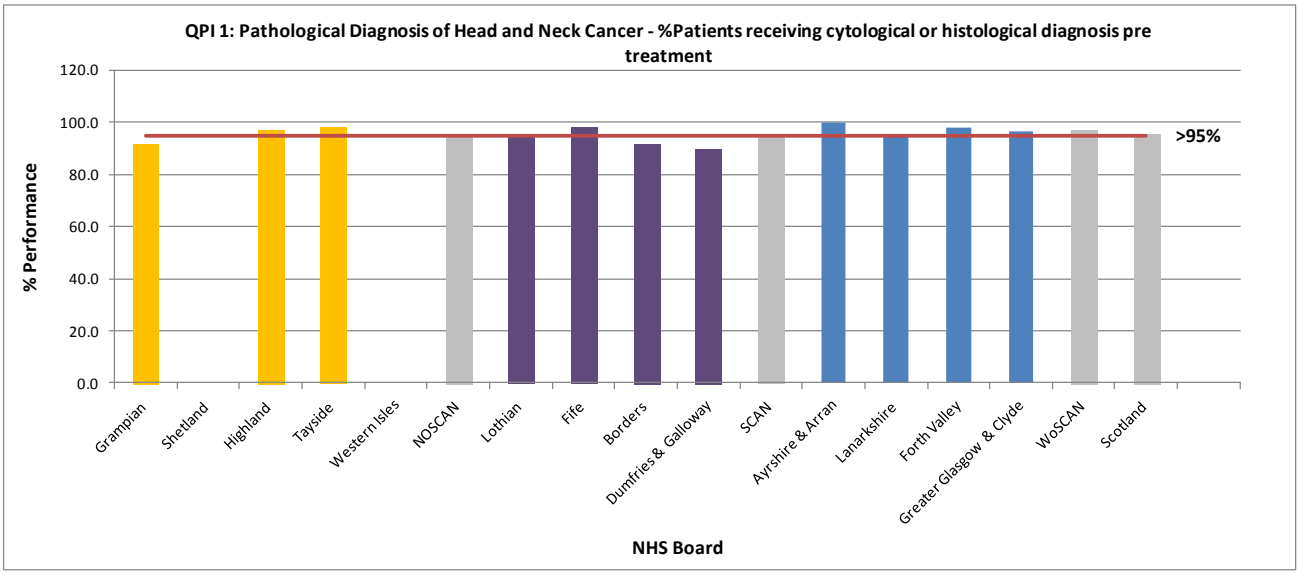
Numerator: Number of patients with head and neck cancer who have a cytological or histological diagnosis before treatment.

Denominator: All patients with head and neck cancer.

Exclusions: No exclusions

Target: 95%

Of the 1,149 patients diagnosed in Scotland with head and neck cancer in the year to the end of March 2015, 96% (1,100) had a definitive diagnosis recorded prior to treatment. Therefore, at a national level this target was achieved. At NHS Board level, performance was varied with NHS Grampian, NHS Shetland (small numbers), NHS Borders, NHS Dumfries & Galloway and NHS Lothian all missing the 95% target.



	% Performance	Numerator	Denominator	Not Recorded for Numerator	% Not Recorded for Numerator	Not Recorded for Exclusion	% Not Recorded for Exclusion	Not Recorded for Denominator
Grampian	91.9	102	111					
Shetland	-	-	-					
Highland	97.1	68	70					
Tayside	97.8	89	91					
Western Isles	-	-	-					
NOSCAN	94.9	261	275					
Lothian	94.0	157	167					
Fife	97.9	46	47					
Borders	91.7	11	12					
Dumfries & Galloway	89.7	26	29					
SCAN	94.1	240	255					
Ayrshire & Arran	100.0	84	84					
Lanarkshire	94.9	112	118					
Forth Valley	97.9	47	48					
Greater Glasgow & Clyde	96.5	356	369					
WoSCAN	96.8	599	619					
Scotland	95.7	1100	1149					

Source: Cancer audit
- Data not shown due to small numbers
* No data matching QPI criteria

Several NHS Boards commented that the inclusion of patients who refuse treatment (and, therefore, have no treatment date) in this QPI could impact the figures. For example, NHS Lothian would have achieved this QPI if the 7 patients who refused treatment (6 of whom did have a pathological diagnosis) were excluded from the denominator. Similar comments were made by NHS Borders, NHS Dumfries & Galloway, NHS Fife and NHS Grampian.

This issue was discussed at the baseline review and it was decided that the measurability document would be updated to ensure patients who die before first treatment or refuse treatment would pass the QPI criteria rather than adding exclusion categories for these patients.

Both NHS Shetland and NHS Highland also commented that some patients not meeting this QPI were intended for active supportive care only.

QPI 2: Imaging - Patients with head and neck cancer should undergo computerised tomography (CT) and/or magnetic resonance imaging (MRI) of the primary site and draining lymph nodes with CT of the chest before the initiation of treatment.

Radiological staging should be carried out before treatment. This will allow for the multi-disciplinary team to determine an accurate stage. Accurate staging is important to ensure appropriate treatment is delivered to patients with head and neck cancer.

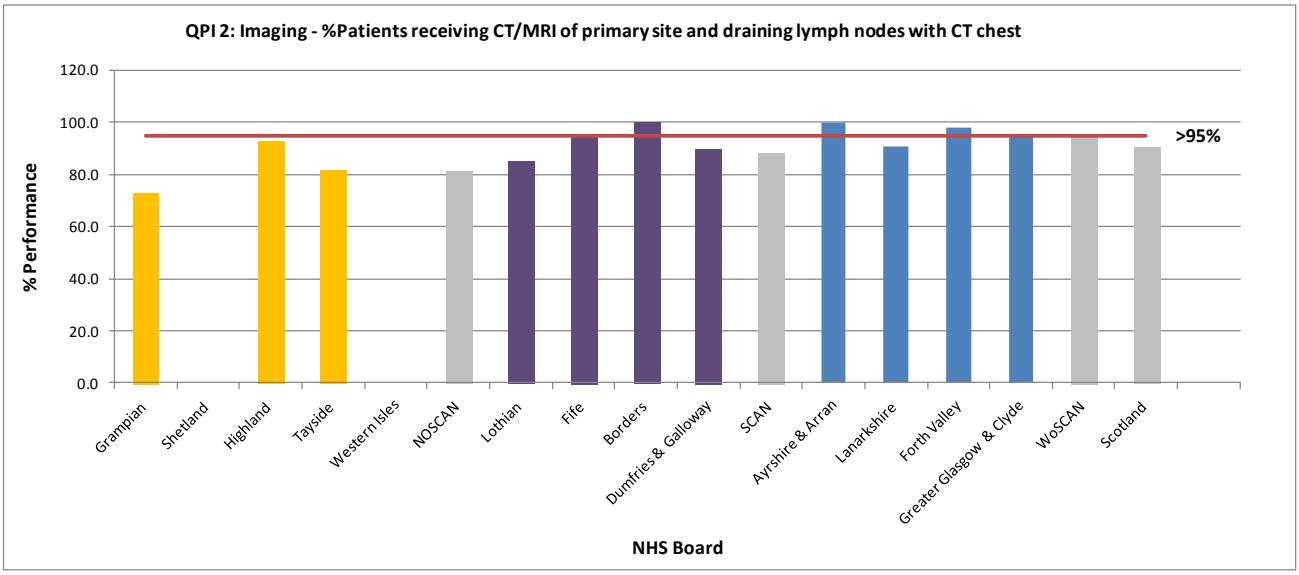
Numerator: Number of patients with head and neck cancer who undergo CT and/or MRI of the primary site and draining lymph nodes with CT of the chest before the initiation of treatment.

Denominator: All patients with head and neck cancer.

Exclusions: No exclusions

Target: 95%

In 90% of cases in Scotland, patients received radiological staging with CT and/or MRI prior to treatment, falling short of the 95% target. There was considerable variation in performance both between and within networks. At NHS Board level, NHS Fife, NHS Borders, NHS Ayrshire & Arran and NHS Forth Valley surpassed the target for this QPI.



	% Performance	Numerator	Denominator	Not Recorded for Numerator	% Not Recorded for Numerator	Not Recorded for Exclusion	% Not Recorded for Exclusion	Not Recorded for Denominator
Grampian	73.0	81	111					
Shetland	-	-	-					
Highland	92.9	65	70					
Tayside	81.3	74	91	1	1.1			
Western Isles	-	-	-					
NOSCAN	81.1	223	275	1	0.4			
Lothian	85.0	142	167					
Fife	95.7	45	47					
Borders	100.0	12	12					
Dumfries & Galloway	89.7	26	29					
SCAN	88.2	225	255					
Ayrshire & Arran	100.0	84	84					
Lanarkshire	90.7	107	118					
Forth Valley	97.9	47	48					
Greater Glasgow & Clyde	94.6	349	369					
WoSCAN	94.8	587	619					
Scotland	90.1	1035	1149	1	0.1			

Source: Cancer audit
- Data not shown due to small numbers
* No data matching QPI criteria

Again, the issue of inclusion of patients who refuse treatment was cited by some Boards as a factor contributing to reduced compliance with this QPI. In NHS Dumfries & Galloway, for example, all patients had the appropriate imaging performed but the inclusion of 3 patients who either refused treatment or died before treatment resulted in this QPI not being met. NHS Lothian, NHS Highland, NHS Tayside and NHS Grampian also commented about the inclusion of patients who refuse treatment or died before treatment but for these NHS Boards, excluding these patients would still have resulted in a failure to meet the target.

As per QPI 1, at the baseline review it was agreed that the measurability criteria will be updated to ensure patients who die before first treatment or refuse treatment will pass the QPI criteria. In addition to this, it was also agreed that patients who undergo diagnostic excision biopsies should be excluded from this QPI. The measurability criteria will be updated with these proposed changes and future reporting of this QPI will reflect these changes.

In other cases, patients underwent imaging after definitive treatment – this was common to most NHS Boards who did not meet target. It was acknowledged, however, that there were valid clinical reasons for receiving imaging post treatment.

QPI 3: Multi-Disciplinary Team Meeting (MDT) - Patients with head and neck cancer should be discussed by a multidisciplinary team before definitive treatment.

Evidence suggests that patients with cancer managed by a multidisciplinary team have a better outcome.

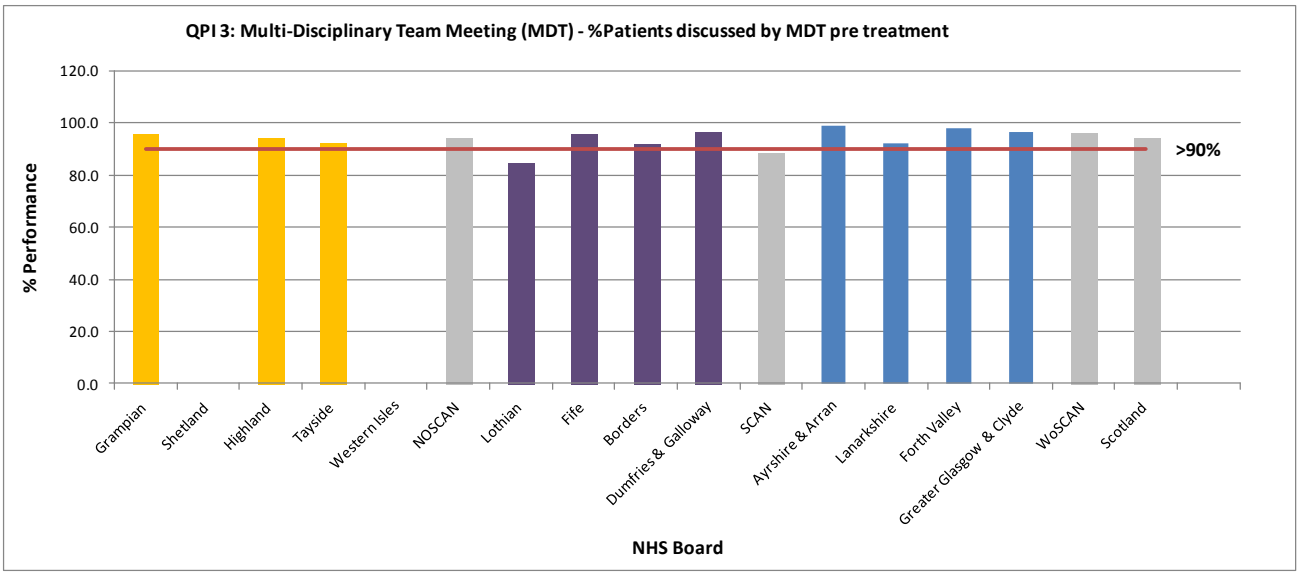
Numerator: Number of patients with head and neck cancer discussed at the MDT before definitive treatment.

Denominator: All patients with head and neck cancer.

Exclusions: Patients who died before first treatment.

Target: 90%

In NHS Lothian, only 84% of patients with head and neck cancer were discussed at the MDT prior to treatment. This impacted on the regional performance for SCAN but all other NHS Boards and networks managed to achieve target. Overall in Scotland 1,067 patients (93%) received definitive treatment after being discussed by the multi disciplinary team.



	% Performance	Numerator	Denominator	Not Recorded for Numerator	% Not Recorded for Numerator	Not Recorded for Exclusion	% Not Recorded for Exclusion	Not Recorded for Denominator
Grampian	95.4	103	108					
Shetland	-	-	-					
Highland	94.2	65	69					
Tayside	92.2	83	90					
Western Isles	-	-	-					
NOSCAN	94.1	254	270					
Lothian	84.2	139	165	2	1.2			
Fife	95.7	45	47					
Borders	91.7	11	12					
Dumfries & Galloway	96.4	27	28					
SCAN	88.1	222	252	2	0.8			
Ayrshire & Arran	98.8	83	84					
Lanarkshire	92.3	108	117					
Forth Valley	97.9	47	48					
Greater Glasgow & Clyde	96.4	353	366					
WoSCAN	96.1	591	615					
Scotland	93.8	1067	1137	2	0.2			

Source: Cancer audit
- Data not shown due to small numbers
* No data matching QPI criteria

Despite NHS Lothian missing target and impacting on SCAN overall, SCAN commented that there were no concerns over the appropriateness of the timing of the MDT discussions.

A decision was made at the baseline review to modify the measurability for this QPI to exclude patients undergoing excision biopsy as the definitive treatment. This enables the QPI to focus on patients that require treatment urgently. Consequently, the target will be increased to 95%.

QPI 4: Smoking Cessation - Patients with head and neck cancer who smoke should be referred to smoking cessation.

Evidence shows that patients who are active smokers should be referred to smoking cessation without delay. Smoking, while undergoing treatment for head and neck cancer, can increase the risks of disease recurrence and treatment failure. It can also increase the risk of side effects.

Numerator: Number of patients with head and neck cancer who smoke who are referred to smoking cessation before first treatment

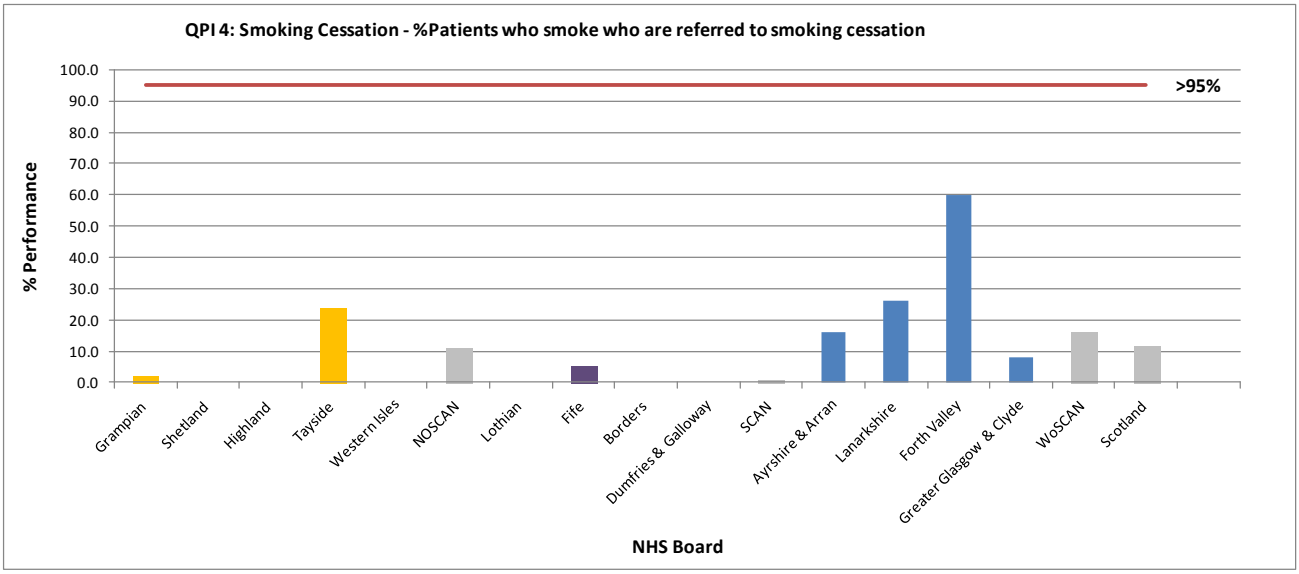
Denominator: All patients with head and neck cancer who smoke.

Exclusions: No exclusions

Target: 95%

In Scotland during the reporting period there were 499 patients diagnosed with head and neck cancer who were recorded as being current smokers. Documentation of a referral to smoking cessation services was demonstrated in only 12% of patients prior to first treatment.

Many NHS Boards commented on the lack of documentation regarding smoking cessation referrals resulting in significant under-recording of this QPI. This is illustrated by the high percentage of 'not recorded' figures: in 34% of cases, it was not possible to definitively identify whether a smoking cessation referral took place.



	% Performance	Numerator	Denominator	Not Recorded for Numerator	% Not Recorded for Numerator	Not Recorded for Exclusion	% Not Recorded for Exclusion	Not Recorded for Denominator
Grampian	2.0	1	50	35	70.0			
Shetland	*	*	*					
Highland	**	**	**					
Tayside	23.5	8	34	18	52.9			3
Western Isles	*	*	*					
NOSCAN	10.7	9	84	53	63.1			3
Lothian	0.0	0	74	74	100.0			
Fife	5.3	1	19	18	94.7			
Borders	0.0	0	5	5	100.0			
Dumfries & Galloway	0.0	0	17	13	76.5			
SCAN	0.9	1	115	110	95.7			
Ayrshire & Arran	16.0	4	25					
Lanarkshire	26.0	13	50					14
Forth Valley	60.0	15	25					
Greater Glasgow & Clyde	8.0	16	200	7	3.5			
WoSCAN	16.0	48	300	7	2.3			14
Scotland	11.6	58	499	170	34.1			17

Source: Cancer audit
- Data not shown due to small numbers
* No data matching QPI criteria
** Data unavailable due to lack of resources

NHS Ayrshire and Arran commented that smoking cessation is discussed at multiple points in the pathway with all patients who smoke at the time of diagnosis (and the risk of smoking is discussed with those who have given it up). It may not be appropriate to refer all patients to smoking cessation without prior discussion and agreement.

NHS Highland stated that this QPI should measure the numbers of patients offered referral rather than actual numbers referred as some patients give up smoking without the involvement of smoking cessation and others refuse. Due to lack of resources, it has not been possible to collect data from central smoking cessation service and GP practices – patients are being offered referral but referring is dependent on the patient accepting the offer.

NHS Tayside stated that an improvement in the documentation of smoking cessation referrals is expected in the next audit cycle since the implementation of a new system to capture this information.

The overall poor performance of this QPI prompted the baseline review group to consider the effectiveness of the QPI as currently defined. Whilst it was acknowledged that the relevance of smoking status to patient outcome is highly significant, simply recording the proportion of patients referred to smoking cessation may not represent a meaningful assessment of clinical performance. Specifically, it was noted that many patients openly refuse smoking cessation referral when offered by clinical staff. Therefore, it was agreed that a more evidence based outcome measure should be developed – a small working group will be set up to consider alternative QPIs on this subject. This QPI will then be subject to a full review at the 3 year formal review stage.

QPI 5: Oral Assessment - Patients with head and neck cancer should have pre-operative oral assessment.

Patients with head and neck cancer should have oral assessment before treatment begins to ensure that any dental work needed can be given before first treatment.

Numerator: Number of patients with head and neck cancer who have pre-operative oral assessment before initiation of treatment.

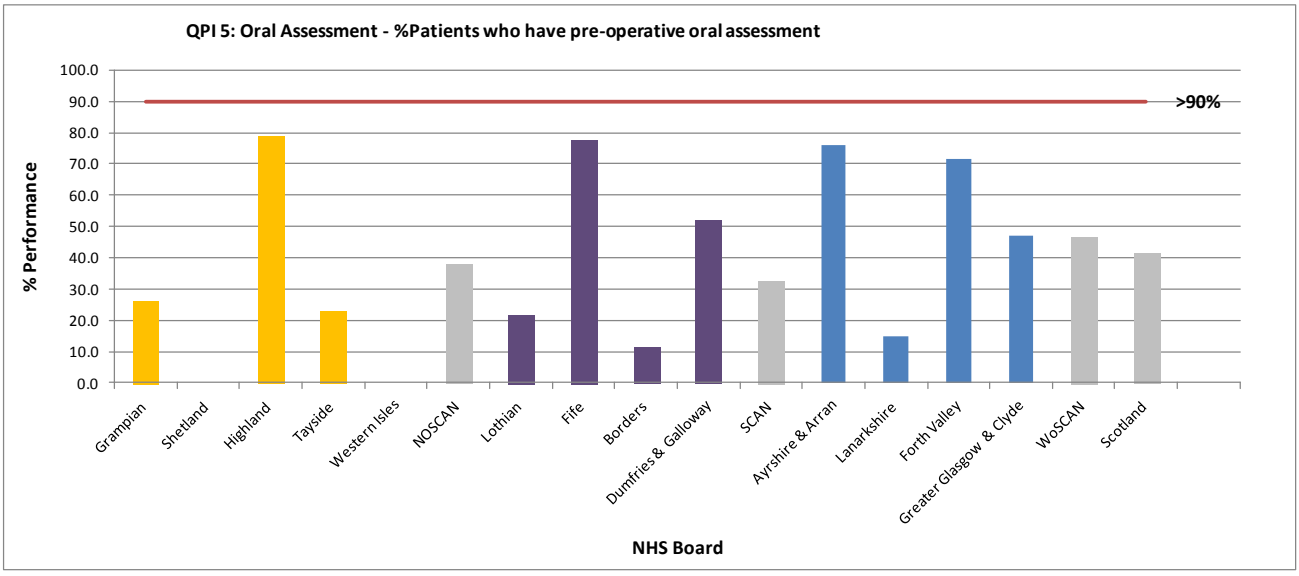
Denominator: All patients with head and neck cancer.

Exclusions: Patients who have T1/T2/N0 Larynx Cancer.

Target: 90%

With the exception of NHS Western Isles (likely due to small numbers), no NHS Board achieved the 90% target for this indicator. These results show only 41% of patients in Scotland receiving a pre-operative oral assessment. Clearly there is a significant opportunity for improvement in performance in oral assessment across the country.

A high number of cases were designated in the 'not recorded for numerator' category across most NHS Boards. There were 202 cases where it was not possible to definitively identify whether a pre-operative oral assessment took place, indicating that evidence for this indicator may be poorly recorded in some areas.



	% Performance	Numerator	Denominator	Not Recorded for Numerator	% Not Recorded for Numerator	Not Recorded for Exclusion	% Not Recorded for Exclusion	Not Recorded for Denominator
Grampian	26.0	26	100	25	25.0	4	4.0	
Shetland	-	-	-					
Highland	78.7	48	61					
Tayside	22.7	20	88	23	26.1	1	1.1	
Western Isles	-	-	-					
NOSCAN	37.7	95	252	48	19.0	5	2.0	
Lothian	21.5	31	144	92	63.9			
Fife	77.8	28	36					
Borders	11.1	1	9	7	77.8			
Dumfries & Galloway	51.9	14	27					
SCAN	32.5	74	228	99	43.4			
Ayrshire & Arran	76.1	54	71					
Lanarkshire	14.7	15	102	11	10.8			
Forth Valley	71.4	30	42	1	2.4			
Greater Glasgow & Clyde	47.1	155	329	43	13.1	1	0.3	
WoSCAN	46.7	254	544	55	10.1	1	0.2	
Scotland	41.3	423	1024	202	19.7	6	0.6	

Source: Cancer audit
- Data not shown due to small numbers
* No data matching QPI criteria

NHS Ayrshire & Arran noted that all surgical patients received oral assessment. The remaining cases who did not meet this QPI received supportive care only and therefore were unlikely to receive surgery. It was felt that this QPI should not apply to supportive care patients and these patients should be excluded. This was a view shared by NHS Highland and NHS Shetland.

NHS Greater Glasgow & Clyde emphasised the importance of identifying patients requiring specialist oral assessment at the time of MDT discussion, with direct liaison between Restorative Dentistry specialists and other team members.

In NHS Forth Valley, a clinical review of all cases not meeting this QPI was undertaken. It was found that 10 of the 13 patients who did not meet target were edentulous and, therefore, it was clinically appropriate to not be seen by a specialist. NHS Lothian also noted that edentulous patients should be excluded from this QPI. This point was discussed at the baseline review where it was highlighted that these patients may have retained roots and therefore should not be excluded.

Ongoing implementation of the WoSCAN Oral Screening pathway in NHS Lanarkshire is expected to lead to a significant improvement in the performance of this QPI within this Board.

There were a number of further points highlighted for discussion at the baseline review. It was agreed that the QPI title should state ‘pre-treatment’ rather than ‘pre-operative’ and that patients with palliative care as first treatment should be excluded. It was also agreed that patients who undergo assessment on the same day as treatment should meet the QPI and, in line with the other QPIs, patients who have had assessment but died prior to first treatment would also meet the QPI. The measurability criteria will be updated accordingly and future reporting of this QPI will reflect these changes.

QPI 6: Nutritional Screening - Patients with head and neck cancer should undergo nutritional screening before first treatment.

Malnutrition is prevalent in patients with head and neck cancer and it is recognised that it negatively affects treatment outcomes and shortens survival times.

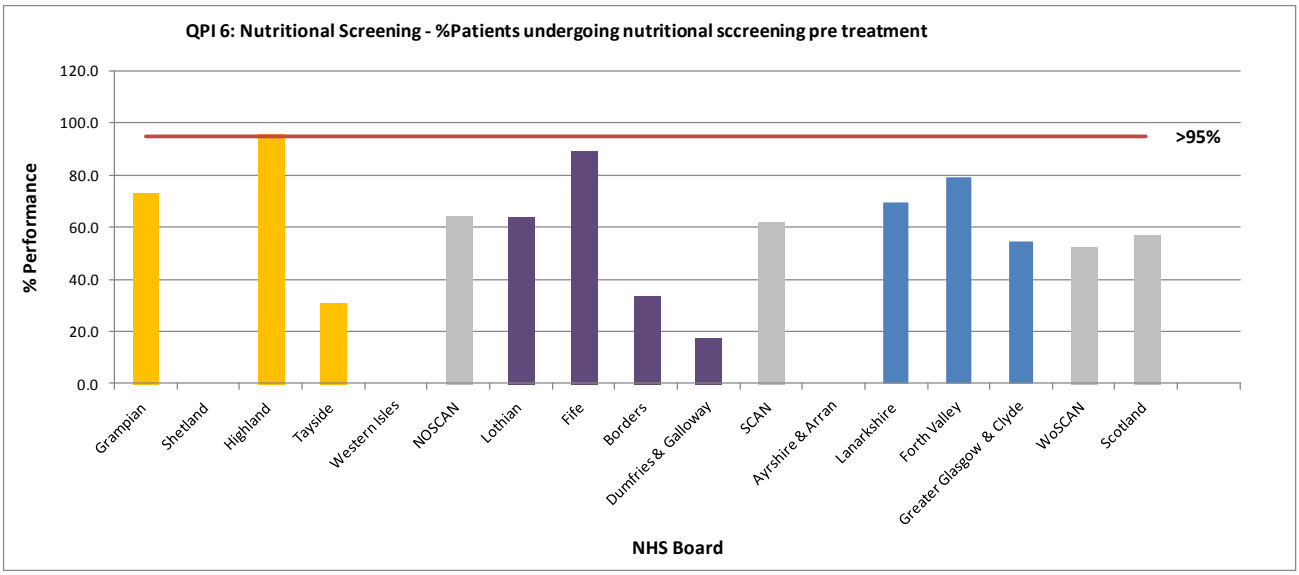
Numerator: Number of patients with head and neck cancer who undergo nutritional screening with the Malnutrition Universal Screening Tool (MUST) before first treatment.

Denominator: All patients with head and neck cancer.

Exclusions: No exclusions

Target: 95%

The target is for 95% of head and neck cancer patients to undergo nutritional screening before first treatment yet only NHS Highland managed to achieve that. Again there may be a data recording issue with this QPI given that 23% of cases were in the 'not recorded for numerator' category meaning that it was not possible to determine definitively if they received nutritional screening.



	% Performance	Numerator	Denominator	Not Recorded for Numerator	% Not Recorded for Numerator	Not Recorded for Exclusion	% Not Recorded for Exclusion	Not Recorded for Denominator
Grampian	72.7	80	110	17	15.5			
Shetland	-	-	-	1				
Highland	95.7	67	70					
Tayside	30.8	28	91	35	38.5			
Western Isles	-	-	-	1				
NOSCAN	64.2	176	274	54	19.7			
Lothian	63.5	106	167	30	18.0			
Fife	89.4	42	47	38	80.9			
Borders	33.3	4	12	6	50.0			
Dumfries & Galloway	17.2	5	29	13	44.8			
SCAN	61.6	157	255	87	34.1			
Ayrshire & Arran	0.0	0	84	84	100.0			
Lanarkshire	69.5	82	118					
Forth Valley	79.2	38	48	8	16.7			
Greater Glasgow & Clyde	54.5	201	369	33	8.9			
WoSCAN	51.9	321	619	125	20.2			
Scotland	57.0	654	1148	266	23.2			

Source: Cancer audit
- Data not shown due to small numbers
* No data matching QPI criteria

In WoSCAN, MUST data is now included in standardised MDT slides, presented at both weekly centralised Regional Head & Neck MDT meetings.

Similarly, NHS Tayside and SCAN stated that changes to their documentation processes for recording nutritional screening have been implemented as a result of a data review. The MUST assessment data will now be available as part of the MDT process or recorded in the patient management systems.

The definition states that the nutritional screening assessment should take place before first treatment. However, NHS Lothian commented that the measurability currently does not allow for MUST screening performed on the same day as first treatment. NHS Grampian also cited this as a contributing factor in some of the cases failing target for this QPI. This was discussed at the baseline review and it was agreed that the measurability would be updated to ensure these patients meet the QPI.

As with the other QPIs, the baseline review group agreed that the measurability will be updated to ensure patients who have had nutritional screening and then died prior to first treatment or refused treatment would meet the QPI. It was highlighted that this QPI should be re-written at formal review and a small working group would start the planning process.

QPI 7: Specialist Speech and Language Therapist Access - Patients with oral, pharyngeal or laryngeal cancer should be seen by a Specialist Speech and Language Therapist (SLT) before treatment to assess voice, speech and swallowing.

An SLT who specialises in head and neck cancer should be available to work with every patient whose primary treatment disrupts the ability to speak, eat or swallow. These patients should receive appropriate speech and language therapy to optimise residual swallow function and reduce aspiration.

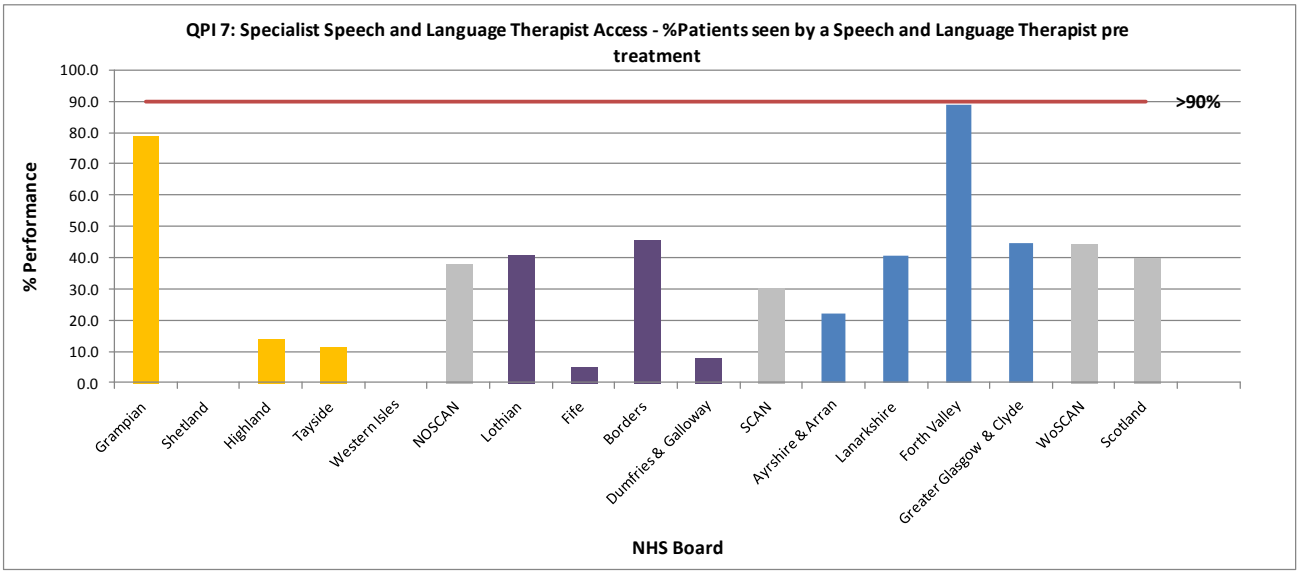
Numerator: Number of patients with oral, pharyngeal or laryngeal cancer who are seen by a Specialist SLT before treatment.

Denominator: All patients with oral, pharyngeal or laryngeal cancer.

Exclusions: Patients who refuse treatment

Targets: 90%

Overall in Scotland, 40% of patients were reviewed by a Speech and Language Therapist (SLT) before treatment – significantly lower than the target of 90%. None of the NHS Boards managed to achieve the target, with only NHS Grampian and NHS Forth Valley approaching 90% compliance.



	% Performance	Numerator	Denominator	Not Recorded for Numerator	% Not Recorded for Numerator	Not Recorded for Exclusion	% Not Recorded for Exclusion	Not Recorded for Denominator
Grampian	78.7	74	94					
Shetland	-	-	-			2		
Highland	13.6	9	66					
Tayside	11.3	9	80	19	23.8	40	50.0	
Western Isles	-	-	-	1		1		
NOSCAN	37.9	92	243	20	8.2	43	17.7	
Lothian	40.7	57	140	14	10.0			
Fife	4.9	2	41	39	95.1			
Borders	45.5	5	11	4	36.4			
Dumfries & Galloway	7.7	2	26					
SCAN	30.3	66	218	57	26.1			
Ayrshire & Arran	22.1	17	77					
Lanarkshire	40.6	41	101					
Forth Valley	88.9	40	45					
Greater Glasgow & Clyde	44.4	148	333	19	5.7	11	3.3	
WoSCAN	44.2	246	556	19	3.4	11	2.0	
Scotland	39.7	404	1017	96	9.4	54	5.3	

Source: SMR01
- Data not shown due to small numbers
* No data matching QPI criteria

In most NHS Boards, the majority of patients were seen by SLT but did not meet the QPI criteria as they were seen after treatment. Specifically this was cited by NHS Ayrshire & Arran, NHS Forth Valley, NHS Grampian, NHS Greater Glasgow & Clyde and NHS Highland as a contributing factor in not meeting the target. Furthermore, NHS Highland noted that patients are only seen by SLT on a reactive basis if swallowing issues develop during treatment – this aspect of the service is to be reviewed.

In SCAN and NHS Tayside, it was stated there were difficulties in recording this information, as evidenced by the 'not-recorded' figures. In future, this information will be recorded on the patient management system as part of the regional MDT process so it is expected performance for this QPI will improve.

The overall poor performance of this QPI prompted the baseline review group to consider the effectiveness of the QPI as currently defined. It was agreed that a more evidence based outcome measure should be developed – a small working group, including representatives from Speech and Language Therapy, will be set up to consider alternative QPIs on this subject. This QPI will then be subject to a full review at the 3 year formal review stage. Accordingly, no changes will be made to the QPI currently, although the measurability will be updated as before to ensure patients who die prior to first treatment or refuse treatment meet the QPI.

QPI 9: Intensity Modulated Radiotherapy (IMRT) - Patients with head and neck cancer undergoing radiotherapy should receive intensity modulated radiotherapy (IMRT).

IMRT allows for the radiation dose to conform more precisely to the three-dimensional (3-D) shape of the tumour. This allows higher radiation doses to be focused to regions within the tumour while minimising the dose to surrounding normal critical structures.

Numerator: Number of patients with head and neck cancer undergoing radiotherapy who receive IMRT.

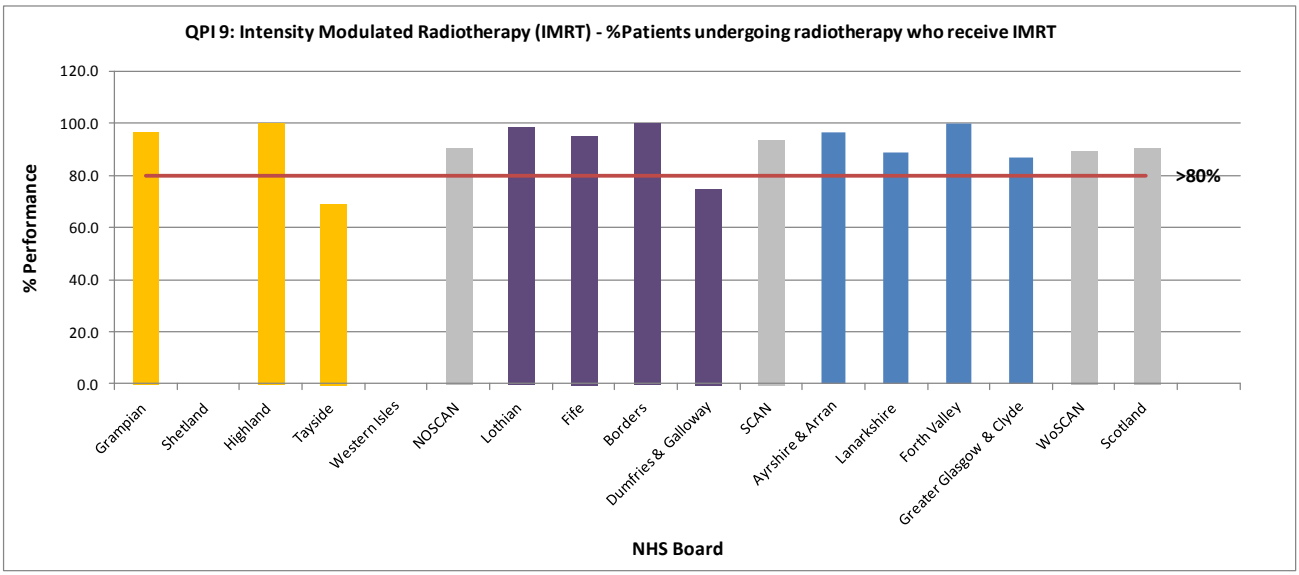
Denominator: All patients with head and neck cancer undergoing radiotherapy.

Exclusions:

- Patients undergoing palliative radiotherapy care.
- Patients with T1/T2/N0 larynx cancer.

Target: 80%

Only NHS Tayside and NHS Dumfries & Galloway failed to meet the target for this QPI. At a national level, the performance was excellent with 90% of patients receiving IMRT treatment.



	% Performance	Numerator	Denominator	Not Recorded for Numerator	% Not Recorded for Numerator	Not Recorded for Exclusion	% Not Recorded for Exclusion	Not Recorded for Denominator
Grampian	96.6	56	58					
Shetland	-	-	-					
Highland	100.0	30	30					
Tayside	68.8	22	32					
Western Isles	*	*	*					
NOSCAN	90.1	109	121					
Lothian	98.5	66	67					
Fife	95.2	20	21	1	4.8			
Borders	100.0	5	5					
Dumfries & Galloway	75.0	12	16	4	25.0			
SCAN	93.6	103	110	5	4.5			
Ayrshire & Arran	96.4	27	28					
Lanarkshire	88.7	47	53					
Forth Valley	100.0	22	22					
Greater Glasgow & Clyde	86.7	137	158	13	8.2			
WoSCAN	89.3	233	261	13	5.0			
Scotland	90.4	445	492	18	3.7			

Source: Cancer audit
- Data not shown due to small numbers
* No data matching QPI criteria

In NHS Tayside, the facility to perform this treatment has only recently been acquired within Ninewells Hospital. All eligible patients will now receive IMRT radiotherapy so the performance of this QPI will improve in the next reporting cycle.

It was acknowledged during group discussion that the relevance of this QPI to current practice may have reduced with time. When QPI 9 was formulated, IMRT was not as widely available in Scotland as it is today.

QPI 11: 30 Day Mortality - Proportion of patients with head and neck cancer who die within 30 days of curative treatment.

Treatment related mortality is a marker of the quality and safety of the whole service provided by the MDT. This indicator will be reported by treatment modality, i.e. surgery, radical radiotherapy and chemoradiotherapy.

Numerator: Number of patients with head and neck cancer who undergo curative treatment who die within 30 days of treatment.

Denominator: All patients with head and neck cancer who undergo curative treatment.

Exclusions: No exclusions

Target: <5%

Overall, the mortality rate within 30 days for head and neck cancer patients following curative treatment is very low. The breakdown by treatment modality is shown below.

Surgery

Of the 419 patients who received curative surgery as treatment for head and neck cancer, all were still alive after 30 days.

Radiotherapy

For those patients receiving radical radiotherapy treatment, 3 patients died within 30 days. Overall, for Scotland, this represents a mortality rate of 1.2%.

Chemoradiotherapy

Following chemoradiotherapy treatment for head and neck cancer, 2 patients out of the 400 treated died within 30 days – a mortality rate of 0.8%.

Future reporting of this QPI will include 90 day mortality rates as agreed at the baseline review.

Clinical Trials

Access to Clinical Trials is a common issue for all cancer types; therefore, a generic QPI was developed to measure performance across the country. Further details on the development and definition of this QPI can be found here. Specifically for Head & Neck cancer, the QPI is defined as follows and Appendix A3 contains a list of Head & Neck cancer trials into which patients have been recruited in Scotland during 2014/15. Information is shown by each Scottish Cancer Research Network (SCRN).

Clinical Trials Access: Proportion of patients with Head & Neck cancer who are enrolled in an interventional clinical trial or translational research.

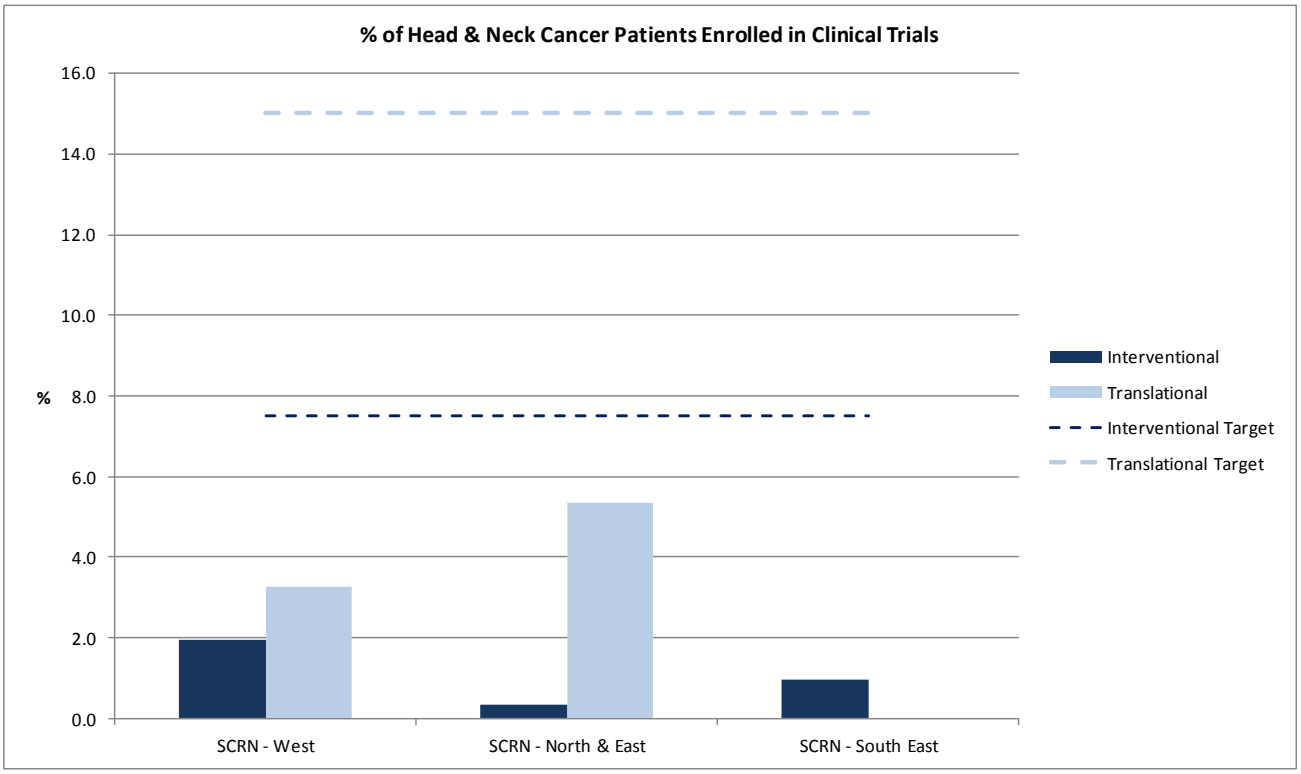
All patients should be considered for participation in available clinical trials, wherever eligible.

Numerator: Number of patients with head and neck cancer enrolled in an interventional clinical trial or translational research.

Denominator: All patients with head and neck cancer
Exclusions: No exclusions.

Target: Interventional clinical trials – 7.5%
Translational research – 15%

The aspiration is to enrol a minimum of **7.5%** of patients into Interventional Clinical Trials and **15%** into Translational research.



		No. of patients enrolled in Interventional Trials	No. of patients enrolled in Translational Research	Average no. of Cancer Registrations
SCRN - West				
	No of patients	12	20	610
	% enrolled	2.0%	3.3%	
SCRN - North & East				
	No of patients	1	15	281
	% enrolled	0.4%	5.3%	
SCRN - South East				
	No of patients	3	0	314
	% enrolled	1.0%	0.0%	

The QPI targets for clinical trials are 7.5% for interventional trials and 15% for translational trials. It should be noted that these targets are particularly ambitious, particularly with the move towards more targeted trials.

In NOSCAN, it was acknowledged that due to exceptional pressures on the Head & Neck service generally across the region during 2014, some NHS Boards have found trial recruitment particularly challenging.

In addition, the highly selective eligibility criteria for most trials have presented specific challenges to recruitment. This combined with the fact that many head and neck cancer trials that are open have very select eligibility criteria and will only be available to a small percentage of people diagnosed with head and neck cancer within a region. This is due to the demise of larger general trials and the advent of genetically selective trials that only target small populations of patients. NOSCAN had 1 interventional trial and 1 translational trial open to recruitment during 2014. NOSCAN screened 32 (11%) patients for translational trials and 1 (0.4%) patients for interventional trials during the reporting period.

All head and neck cancer patients that pass through the cancer centres in NOSCAN are considered for the open trials in head and neck cancer. During the reporting period the number of open head and neck trials was limited due to staffing constraints. Since this time dedicated head and neck consultants have been appointed in Aberdeen and Inverness and the number of open trials is expected to rise.

Survival Analysis

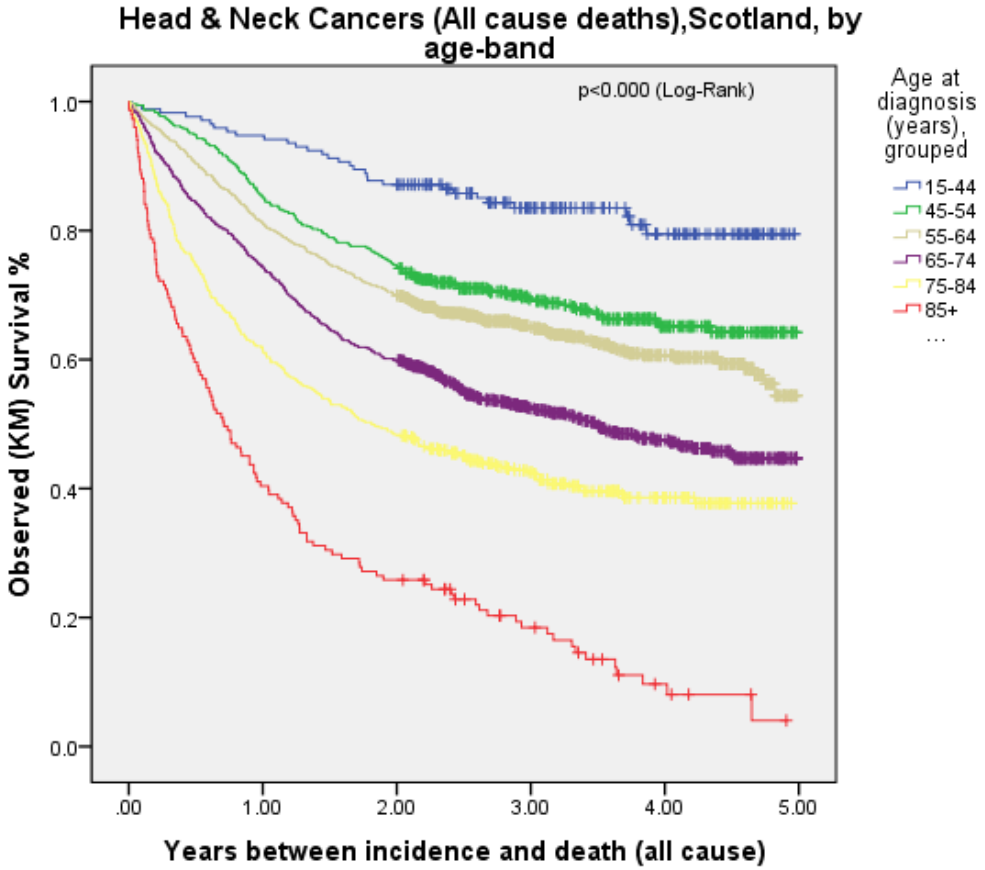
To support the national reporting of QPIs and to provide context in their interpretation, an analysis of Head & Neck cancer survival was undertaken. A cohort of patients diagnosed with Head & Neck cancer during 2010 to 2012, and registered on the Scottish Cancer Registry, was used and linked to deaths data (up to December 2015) to provide 3 years of follow up for all patients (and up to 5 years of follow up for some).

There follows a series of survival curves showing the variation in survival rates for this cohort of patients by the following key criteria:

- Age Group
- Gender
- Primary tumour site
- Deprivation category (SIMD)
- Regional cancer network

Further details on this analysis, including patient characteristics, analysis criteria and additional survival curves are available in the data tables.

1). Survival Rates by Age Group (age at diagnosis)



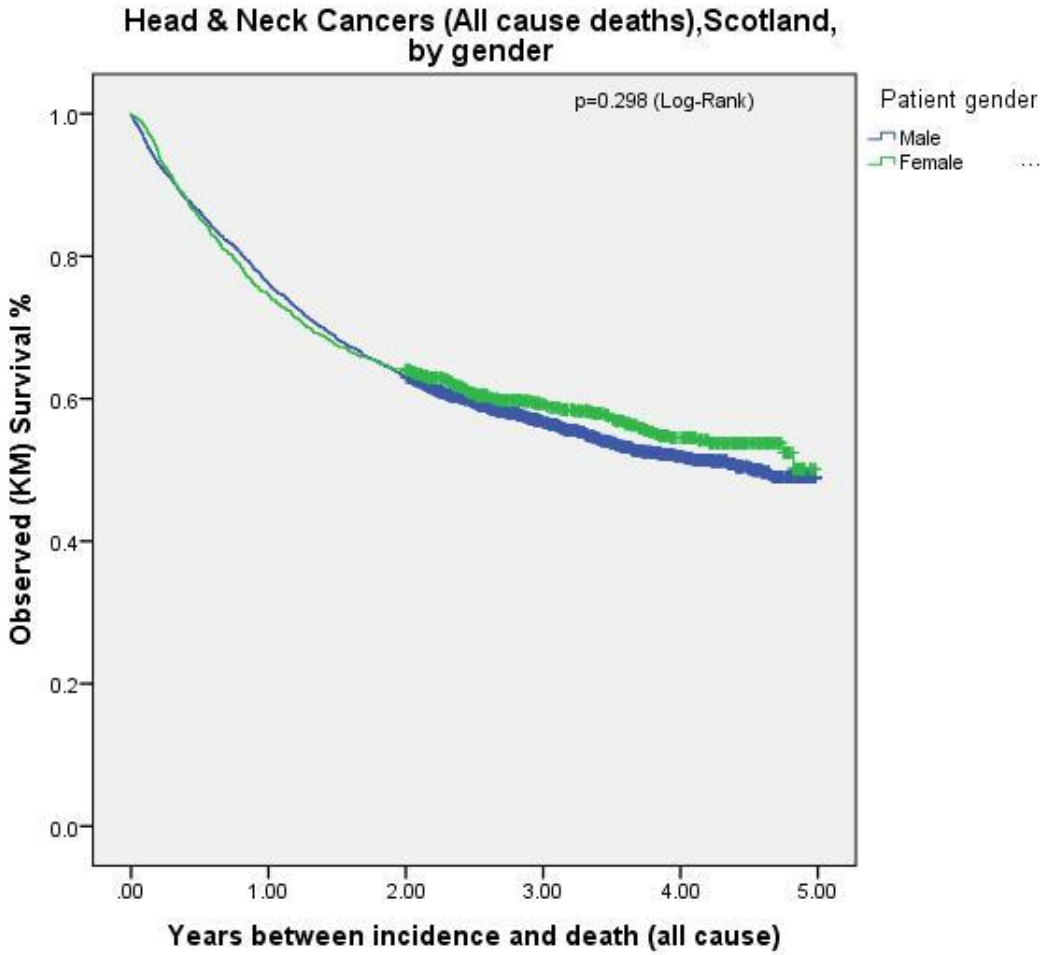
Source: ISD Scotland, Scottish Cancer Registry

	Total Patients	%	Deaths	1-year survival (%)	3-year survival (%)	5-year survival (%)
15-44	171	4.9	30	94.8	83.6	79.6
45-54	526	15.2	169	85.0	68.8	64.0
55-64	1069	30.9	395	81.0	65.0	54.3
65-74	1021	29.5	507	74.4	52.3	44.6
75-84	519	15.0	306	61.6	42.4	37.6
85+	151	4.4	131	40.1	18.3	4.0

P<0.000

Figure 1 shows the survival rates for patients diagnosed with head and neck cancer across a range of age bands (age at diagnosis) at 1, 3 and 5 year intervals.

2). Survival Rates by Gender



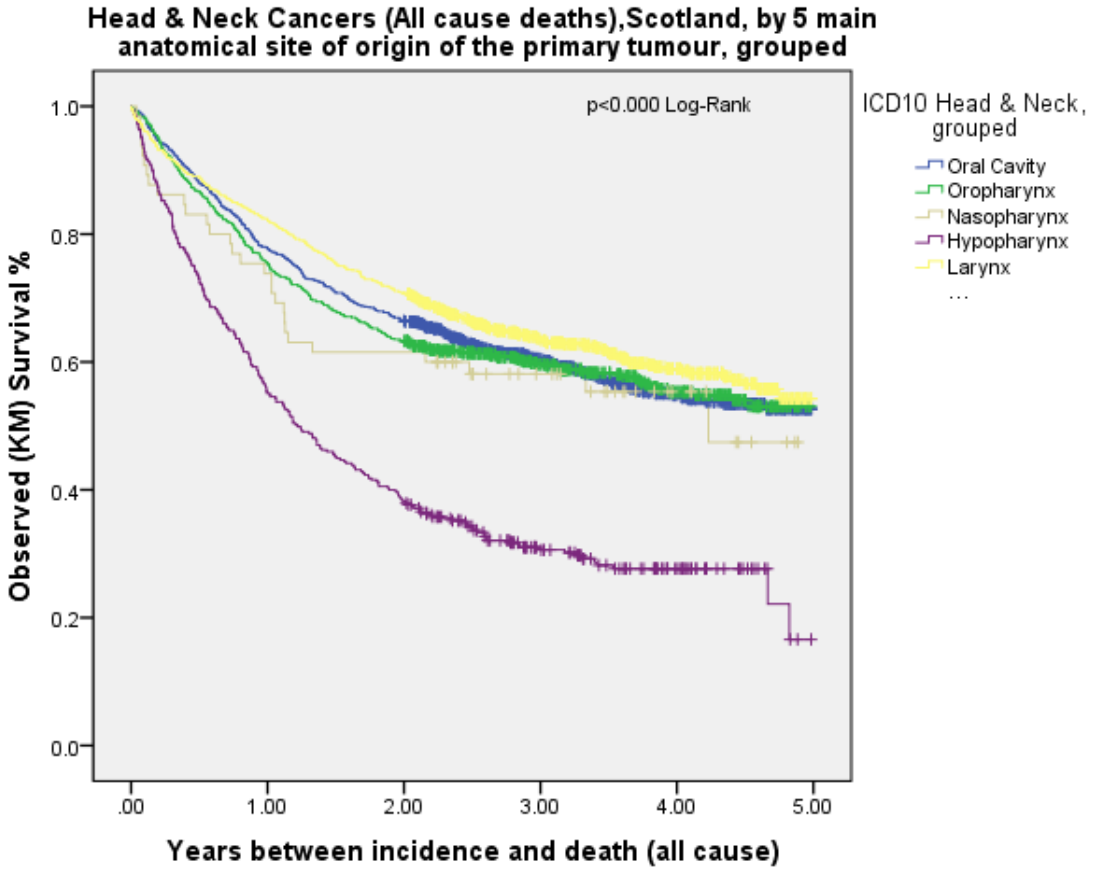
Source: ISD Scotland, Scottish Cancer Registry

	Total Patients	%	Deaths	1-year survival (%)	3-year survival (%)	5-year survival (%)
Male	2395	69.3	1086	76.2	56.6	48.9
Female	1062	30.7	452	74.5	59.2	50.1

p=0.298 (Log Rank (Mantel-Cox))

Figure 2 shows that there are no significant differences in the survival rates for males and females diagnosed with head and neck cancer.

3). Survival Rates by Cancer Site



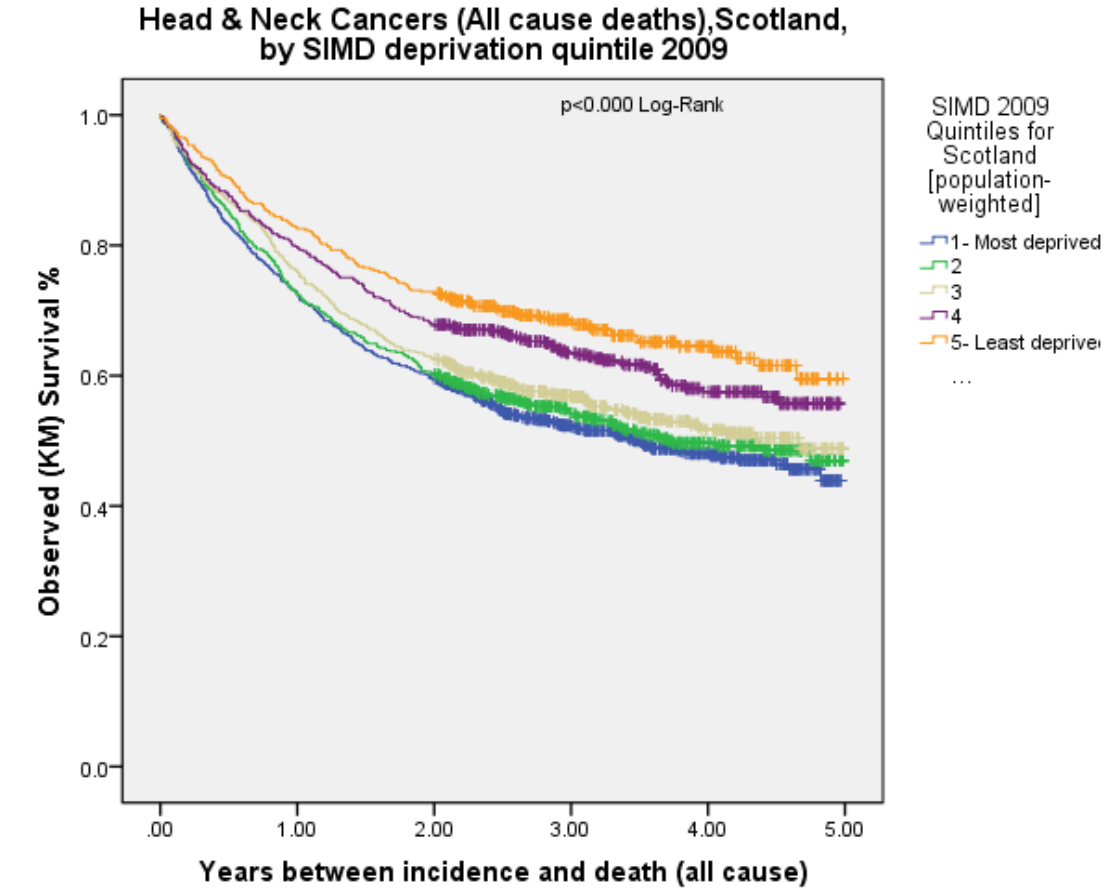
Source: ISD Scotland, Scottish Cancer Registry

	Total Patients	%	Deaths	1-year survival (%)	3-year survival (%)	5-year survival(%)
Oral Cavity	1010	32.1	425	77.7	60.5	52.7
Oropharynx	817	25.9	342	75.4	59.7	53.1
Nasopharynx	65	2.1	29	73.8	58.1	47.4
Hypopharynx	385	12.2	271	55.1	30.6	16.6
Larynx	872	27.7	337	82.2	63.3	54.3

p<0.000 (Log Rank (Mantel-Cox))

For patients diagnosed with cancer of the hypopharynx, the survival rates are significantly lower compared to those patients with cancer of the other main head and neck primary tumour sites.

4). Survival Rates by Deprivation Category (SIMD)



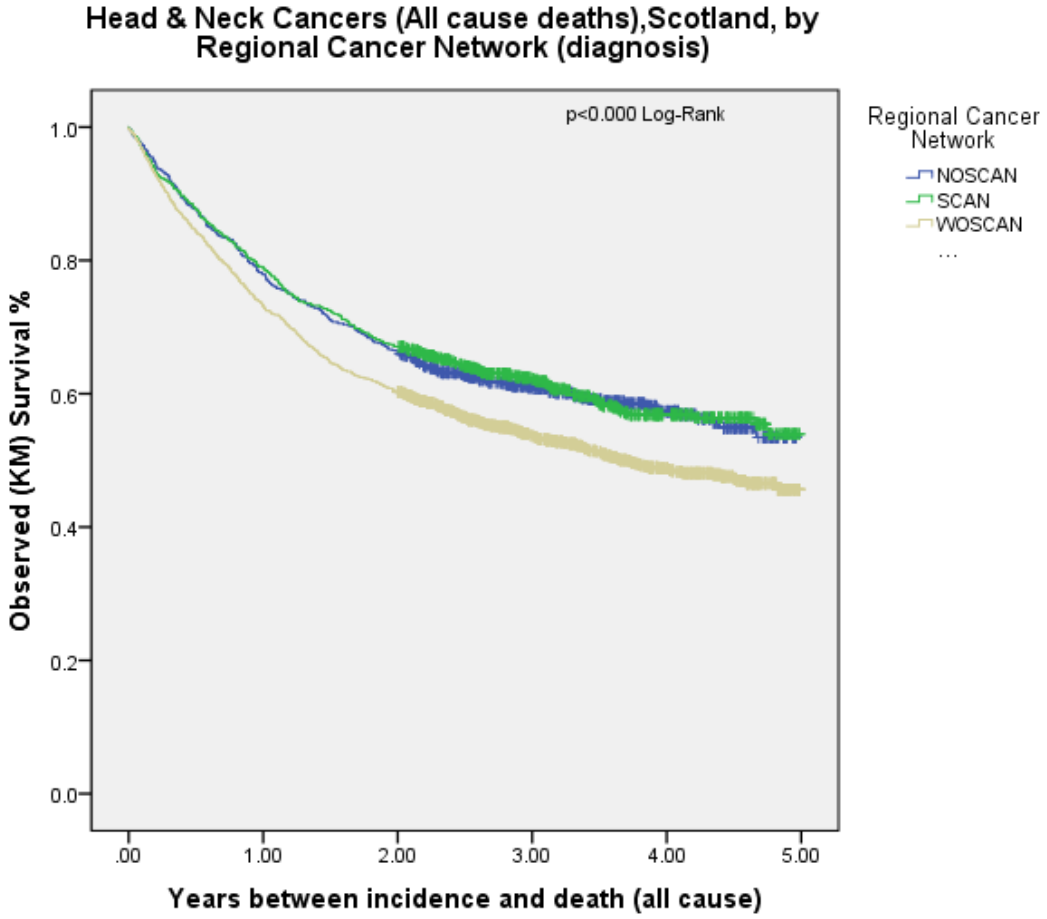
Source: ISD Scotland, Scottish Cancer Registry

	Total Patients	%	Deaths	1-year survival (%)	3-year survival (%)	5-year survival (%)
1 - Most deprived	1003	29.0	496	72.6	52.2	43.9
2	764	22.1	363	72.4	54.1	47.0
3	690	20.0	313	76.1	56.7	48.8
4	565	16.3	219	79.6	63.5	55.7
5 - Least deprived	435	12.6	147	82.5	68.6	59.5

p<0.000 (Log Rank (Mantel-Cox))

The impact of deprivation on head and neck cancer survival rates is shown in Figure 4. Survival rates decrease with increasing levels of deprivation.

5). Survival Rates by Regional Cancer Network



Source: ISD Scotland, Scottish Cancer Registry

	Total Patien	%	Deaths	1-year survival (%)	3-year survival (%)	5-year survival (%)
NOSCAN	820	23.7	342	77.7	59.9	51.7
SCAN	895	25.9	358	78.5	62.1	55.5
WOSCAN	1742	50.4	838	73.2	53.9	45.3

p<0.000 (Log Rank (Mantel-Cox))

Figure 5 shows the survival rates by regional network of residence. No adjustment for demographics, tumour staging, index tumour sites, deprivation scores, or any allowance for competing causes of death within regions was undertaken. Accordingly, further comment on the apparent differences in survival between regions is not possible.

List of abbreviations

QPI	-	Quality Performance Indicator
ISD	-	Information Services Division
NOSCAN	-	North of Scotland cancer network
WoSCAN	-	West of Scotland cancer network
SCAN	-	South East Scotland cancer network
MDT	-	Multidisciplinary team
SCRN	-	Scottish Cancer Research Network
SIMD	-	Scottish Index of Multiple Deprivation
CT	-	Computed Tomography scan
MRI	-	Magnetic Resonance Imaging scan
IMRT	-	Intensity Modulated Radiotherapy
SLT	-	Speech and Language Therapist
MUST	-	Malnutrition Universal Screening Tool

List of Tables

Table No.	Name	Time period	File & size
Data Tables	Head & Neck Cancer QPI Data Tables	April 2014 – March 2015	Excel [115kb]
Survival Analysis	Head & Neck Cancer Survival Analysis	2010 - 2012	Excel [1953kb]

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Further Information

Further information on Cancer Quality Performance Indicators can be found on the Cancer QPI section of the ISD website.

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Appendix

A1 – Background Information

The purpose of the cancer quality work programme and the roles and responsibilities of each organisation are outlined in Chief Executives Letter (CEL 06). This document also provides details of the data collection, quality assurance and governance processes that are critical to the reporting of QPIs.

A2 – Head and Neck Cancer QPIs

The table below shows the list of Head and Neck Cancer QPIs applicable to this publication. Please note that revisions to these QPIs may have been made since the initial data collection – refer to the Healthcare Improvement Scotland website for the latest version of these QPIs.

QPI	Numerator	Denominator	Exclusions	Target
QPI 1: Pathological Diagnosis of Head and Neck Cancer	Number of patients with head and neck cancer who have a cytological or histological diagnosis before treatment.	All patients with head and neck cancer.	No exclusions.	95%
QPI 2: Imaging	Number of patients with head and neck cancer who undergo CT and/or MRI of the primary site and draining lymph nodes with CT of the chest before the initiation of treatment.	All patients with head and neck cancer.	No exclusions.	95%
QPI 3: Multi-Disciplinary Team Meeting (MDT)	Number of patients with head and neck cancer discussed at the MDT before definitive treatment.	All patients with head and neck cancer.	Patients who died before first treatment.	90%
QPI 4: Smoking Cessation	Number of patients with head and neck cancer who smoke who are referred to smoking cessation before first treatment	All patients with head and neck cancer who smoke.	No exclusions.	95%
QPI 5: Oral Assessment	Number of patients with head and neck cancer who have pre-operative oral assessment before initiation of treatment.	All patients with head and neck cancer.	Patients who have T1/T2/N0 Larynx Cancer.	90%
QPI 6: Nutritional Screening	Number of patients with head and neck cancer who undergo nutritional screening with the Malnutrition Universal Screening Tool (MUST) before first treatment.	All patients with head and neck cancer.	No exclusions.	95%
QPI 7: Specialist Speech and Language Therapist Access	Number of patients with oral, pharyngeal or laryngeal cancer who are seen by a Specialist SLT before treatment.	All patients with oral, pharyngeal or laryngeal cancer.	Patients who refuse treatment	90%
QPI 8(i): Surgical Margins - oral resections	Number of patients with head and neck cancer who undergo curative surgical resection where R0 resection is achieved.	All patients with head and neck cancer who undergo curative surgical resection.	Patients undergoing debulking palliative surgery.	85%

QPI 8(ii): Surgical Margins - oropharyngeal resections	Number of patients with head and neck cancer who undergo curative surgical resection where R0 resection is achieved.	All patients with head and neck cancer who undergo curative surgical resection.	Patients undergoing debulking palliative surgery.	80%
QPI 8(iii): Surgical Margins - larynx resections	Number of patients with head and neck cancer who undergo curative surgical resection where R0 resection is achieved.	All patients with head and neck cancer who undergo curative surgical resection.	Patients undergoing debulking palliative surgery.	80%
QPI 9: Intensity Modulated Radiotherapy (IMRT)	Number of patients with head and neck cancer undergoing radiotherapy who receive IMRT.	All patients with head and neck cancer undergoing radiotherapy.	Patients undergoing palliative radiotherapy care. Patients with T1/T2/N0 larynx cancer.	80%
QPI 10: Post Operative Chemoradiotherapy	Number of patients with head and neck cancer with extracapsular spread and/or R1 surgical margins following surgical resection who receive chemoradiation.	All patients with head and neck cancer with extracapsular spread and/or R1 surgical margins following surgical resection.	No exclusions.	85%
QPI 11: 30 Day Mortality	Number of patients with head and neck cancer who undergo curative treatment who die within 30 days of treatment.	All patients with head and neck cancer who undergo curative treatment.	No exclusions.	<5%

A3 –Head and Neck Cancer Clinical Trials

The list of clinical trials in use for Head and Neck cancer patients in Scotland across the Scottish Cancer Research Networks is shown below. Further details on these clinical trials are available from the relevant SCRN.

Study Type	Study Title	SCRN - West	SCRN - South East	SCRN - North & East
Interventional	ART-DECO		✓	
	HOPON			✓
	Head and Neck 5000			✓
Translational				

A4 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Head and Neck Cancer Quality Performance Indicators
Description	This report shows the performance of NHS Boards against eleven Head & Neck Cancer QPIs for the period April 2014 to March 2015. Relevant commentary from NHS Boards is also included to provide local context to the data.
Theme	Health and Social Care
Topic	Cancer services
Format	PDF Document
Data source(s)	Cancer audit, Cancer registry, SMR01
Date that data are acquired	November 2015
Release date	26th March 2016
Frequency	Every 3 years
Timeframe of data and timeliness	Data covering patients diagnosed between April 2014 and March 2015.
Continuity of data	First release of QPI data
Revisions statement	This is the first release of Head & Neck Cancer QPI data. It is expected that QPI definitions and measurability documents will evolve and therefore future publications may contain revisions to previously published information.
Revisions relevant to this publication	Not applicable
Concepts and definitions	QPI definitions and measurability criteria are available from the Cancer Audit section of the ISD website.
Relevance and key uses of the statistics	The reporting of performance against these national QPIs is underpinned by a national governance framework that aims to use these data to improve cancer services in Scotland.
Accuracy	Information on the accuracy of some of the national datasets used within this publication is available on the ISD website. ISD only receives aggregate data from each NHS Board to populate these indicators (with the exception of SMR based

	indicators and case ascertainment). Derivations of the figures and data accuracy are matters for individual NHS Boards.
Completeness	For the reporting period, information based on the SMR01 data completeness can be found here. 100% of QPI aggregate data was returned.
Comparability	The national dataset and data definitions in conjunction with the final quality performance indicators and the accompanying measurability document were agreed in public engagement to ensure data collection is comparable across the country.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.
Coherence and clarity	Statistics for each QPI are presented consistently in chart and table format at NHS Board level, with national figures and performance targets included for comparison and clarity.
Value type and unit of measurement	The units of measure include numbers and percentages.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	Official Statistics
UK Statistics Authority Assessment	Not currently put forward for assessment
Last published	First release
Next published	May 2019
Date of first publication	29th March 2016
Help email	johnconnor@nhs.net
Date form completed	22nd February 2016

A5 – Early Access details (including Pre-Release Access)

Pre-Release Access
Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads

Early Access for Management Information
These statistics will also have been made available to those who needed access to 'management information', i.e. as part of the delivery of health and care:

Members of the National Cancer Quality Operational Group
Members of the National Cancer Quality Steering Group

Early Access for Quality Assurance
These statistics will also have been made available to those who needed access to help quality assure the publication:

Members of the National Cancer Quality Operational Group
Members of the National Cancer Quality Steering Group
Regional and NHS Board Head & Neck Cancer Clinical Leads
Network Lead Clinicians

A6 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.
ISD's statistical publications are currently classified as one of the following:

- National Statistics (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (i.e. still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the ISD website.