

**SOUTH EAST SCOTLAND CANCER NETWORK
PROSPECTIVE CANCER AUDIT**

**HEAD AND NECK CANCER 2017 – 2018
Quality Performance Indicators (QPI)
Comparative Report**

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SCAN Report Number: SA HN01/19

HEAD AND NECK CANCER 2017-18 COMPARATIVE AUDIT REPORT

Patients diagnosed 1 April 2017 – 31 March 2018

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DOCUMENT HISTORY

Version	Circulation	Date	Comments
Version 1	Lead Clinicians' Sign off Group	20/11/2018	Circulated in advance of the Leads meeting
Version 2	SCAN Head and Neck Lead Clinicians	03/12/2018	Action points and comments agreed
Version3	SCAN Head and Neck Group	25/02/2019	For final comment from SCAN Group
Final Version	SCAN Audit Reporting Framework (SCAN Group and Clinical Governance teams)	12/03/2019	Potentially disclosive data removed in preparation for web version
Web Version	Published to SCAN Website		

Comment by Chair of the SCAN Head and Neck Group

Following a period of difficulty with data collection, the SCAN Head and Neck Group are now able to provide QPI data for the year 2017-18.

This data has been collected and discussed within the group and will be discussed at a national level on 6/12/18.

Areas of current non compliance include nutritional screening, speech therapy, smoking cessation referral, access to chemo-radiation and clinical trials enrolment. Within these QPIs there are distinct groups.

All patients should have a nutritional assessment and we fall well short of the QPI in this regard (73% versus 95%). However, this seems incongruent with our clinical impression. All patients who attend the MDT clinic have weight routinely recorded on arrival. However, this has proven difficult to access for the data collection team. Efforts are being made to improve this data collection in order to address this QPI issue.

Smoking cessation will be reported at a later date. However, nationally it has proven difficult to evidence referral for data collection. Efforts are being made to add smoking cessation to the electronic order system to facilitate this and in addition this is now collected at the weekly MDT.

Access to chemotherapy is again a national issue. With an elderly and co-morbid population in the SCAN network we have reviewed our numbers and do not feel that a significant number of eligible patients are being excluded from appropriate therapy. At the most recent meeting to revise the QPIs the issue of age was raised but felt not suitable to apply to a national QPI. Therefore the threshold has been lowered. However, it still may be too high.

Clinical trials enrolment is again a national issue and one we have failed to meet in 2017-18. However, since 2018 two members of the team now have dedicated research time and this figure is likely to rise as a result.

Therefore the only issues that, in my opinion, are of significance are the failure to comply with the aim that all patients receive speech therapy and dental review prior to treatment (QPI 5 data is not reported for 2017/18 but the QPI attainment summary for years 1-3 is shown). Our group's position has been that given the resources available we have focused these resources on those patients most likely to benefit. This is now being considered by the dental and speech therapy groups in order to decide how best to proceed.

In terms of the speech therapy group, changes to inclusion criteria are likely to impact positively on the performance levels (54% versus target 90%). However, even with those changes it is likely that resources across the network will prevent us achieving the target. This issue affects Borders, Fife and Lothian patients differently as local speech therapy services provide pre treatment assessment.

There has been much focus on the dental QPI over the past year which in part relates to who provides the service rather than *that* the service is provided. Although we are compliant with the personnel providing the service we are not in terms of which patients are reviewed. In particular patients who are edentulous (without teeth) and go on to be managed non surgically are felt to be the group who most often do not receive dental review prior to treatment.

In summary, we have had no QPI data for the past few years. Therefore this report represents a significant step forward. There remain significant challenges in collecting accurate data which are possible to iron out now that we have access to data which has allowed us to identify areas of challenge in this regard. Changes in the clinical team put us in a stronger position with regards to research. In terms of compliance with chemotherapy, it will be of interest to compare our outcomes with that of the national group. It remains to be seen how we respond to challenge of meeting speech therapy and dental targets but now that we have data to inform the team plans can be made to address this issue going forward.

Mr I Nixon
Chair SCAN Head and Neck Group
November 2018

ACTION POINTS

Head and Neck QPI Action Points 2015-2017. As no data was formally reported from 2015-16 and 2016-17 from SCAN, no action point plans were created.

Head and Neck QPI Action Points 2017-2018.

QPI	Action	Person responsible	Date for update
QPI 2(i)	Improve recording and capture of diagnostic excision biopsies in Lothian, ensuring correct exclusion of patients.	All Lothian Clinicians	Relevant surgeries reviewed in this report and going forward.
QPI 6	All boards to look to improve recording of MUST scores. Specific action required for Fife to improve data extraction from Tayside dietetics system/s.	All Lead Clinicians SCAN	Next SCAN Group meeting
QPI 7	A lack of resource in Speech and Language Therapy was noted. Additionally it was queried whether assessments are taking place, but after first treatment. Audit to consistently record date of first SLT assessments post treatment so this can be looked at.	All audit staff	Next SCAN Group meeting
QPI 10	Table giving standardised drop down for patients not receiving chemoradiotherapy to be included in comparative reports	Audit staff	Included in this report and going forward.
QPI 11b	No action identified.	N/A	N/A
QPI 12	Clinicians to record patients who are given a trial Patient Information Sheet but who decline to enter a trial.	All Clinicians	Next SCAN Group meeting

Head and Neck QPI Attainment Summary 2017-18	Target%	Borders			D&G			Fife			Lothian			SCAN		
QPI 1 Pathological Diagnosis of Head and Neck Cancer	95	N 13	100%	N 23	95.8%	N 73	100%	N 158	97.5%	N 267	98.2%					
		D 13		D 24		D 73		D 162		D 272						
QPI 2(i) Imaging	95	N 13	100%	N 19	79.2%	N 69	94.5%	N 152	98.1%	N 253	95.5%					
		D 13		D 24		D 73		D 155		D 265						
QPI 3 Multi-disciplinary Team Meeting (MDT)	95	N 15	100%	N 22	91.7%	N 71	97.3%	N 162	98.8%	N 270	97.8%					
		D 15		D 24		D 73		D 164		D 276						
QPI 6 Nutritional Screening	95	N 13	81.3%	N 4	16.7%	N 52	71.2%	N 139	80.8%	N 208	73.0%					
		D 16		D 24		D 73		D 172		D 285						
QPI 7 Specialist Speech and Language Therapist Access	90	N 4	40.0%	N 10	58.8%	N 5	9.4%	N 89	76.2%	N 109	55.6%					
		D 10		D 17		D 53		D 116		D 196						
QPI 8 Surgical Margins - <i>presented by hospital of surgery</i>	<10	N 0	N/A	N 0	N/A	N 0	N/A	N 2	5.3%	N 2	5.3%					
		D 0		D 0		D 0		D 38		D 38						
QPI 9 Intensity Modulated Radiotherapy (IMRT)	95	N 7	100%	N 13	100%	N 29	100%	N 85	100%	N 134	100%					
		D 7		D 13		D 29		D 85		D 134						
QPI 10 Post Operative Chemoradiotherapy	55	N 0	N/A	N 0	0.0%	N 1	25.0%	N 5	33.3%	N 6	30.0%					
		D 0		D 1		D 4		D 15		D 20						
QPI 11a 30 Day Mortality (surgery) <i>presented by hospital of surgery</i>	<5	N 0	N/A	N 0	0.0%	N 0	N/A	N 0	0.0%	N 0	0.0%					
		D 0		D 1		D 0		D 62		D 63						
QPI 11a 90 Day Mortality (surgery) <i>presented by hospital of surgery</i>	<5	N 0	N/A	N 0	0.0%	N 0	N/A	N 2	3.2%	N 2	3.2%					
		D 0		D 1		D 0		D 62		D 63						
QPI 11b 30 Day Mortality (radiotherapy)	<5	N 0	0.0%	N 0	0.0%	N 0	0.0%	N 2	6.3%	N 2	3.6%					
		D 4		D 5		D 15		D 32		D 56						
QPI 11b 90 Day Mortality (radiotherapy)	<5	N 0	0.0%	N 0	0.0%	N 0	0.0%	N 2	6.3%	N 2	3.6%					
		D 4		D 5		D 15		D 32		D 56						
QPI 11c 30 Day Mortality (chemoradiotherapy)	<5	N 0	0.0%	N 0	0.0%	N 0	0.0%	N 0	0.0%	N 0	0.0%					
		D 4		D 5		D 18		D 45		D 72						
QPI 11c 90 Day Mortality (chemoradiotherapy)	<5	N 0	0.0%	N 0	0.0%	N 0	0.0%	N 0	0.0%	N 0	0.0%					
		D 4		D 5		D 18		D 45		D 72						
Clinical Trial QPI NB: N = patients consented to Trials and on SCRN database, D = 5 year average Cancer Registry Data	15	N 3	16.7%	N 0	0.0%	N 3	4.6%	N 12	6.3%	N 18	5.8%					
		D 18		D 35		D 65		D 191		D 310						

N = Numerator, D = Denominator, % = % Performance

QPIs 2 (ii), 4 and 5 will not be reported in Year 4 following formal review, additional data items are required

Introduction and Methods

Cohort and Personnel

This report presents comparative data on patients newly diagnosed with Head and Neck cancer in South East Scotland Cancer Network (SCAN) at the following hospitals: Borders General Hospital (NHS Borders), Dumfries and Galloway Royal Infirmary (NHS Dumfries & Galloway), Victoria Hospital, Kirkcaldy (NHS Fife), St John's Hospital, Livingstone (NHS Lothian), New Royal Infirmary, Edinburgh (NHS Lothian), Lauriston Buildings, Edinburgh (NHS Lothian) and Western General Hospital, Edinburgh (NHS Lothian). The report covers data on patients newly-diagnosed in the twelve months from 1 April 2017 to 31 March 2018.

Lead Clinicians and staff involved in audit were as follows

SCAN Region	Hospital	Lead Clinician	Audit Support
NHS Borders	Borders General Hospital	Mr Esmond Carr	Fiona Gardiner
NHS Dumfries & Galloway	Dumfries & Galloway Royal Infirmary	Ms Marissa Botma	Laura Halliday Martin Keith
NHS Fife	Queen Margaret Hospital Victoria Hospital	Mr Justin Yeo	Mimi Bjelogrljic
NHS Lothian & SCAN	Royal Infirmary of Edinburgh Western General Hospital St John's Hospital	Mr Iain Nixon	Fiona Gardiner
	Edinburgh Cancer Centre	Dr Joanna Mackenzie	

Audit Processes and data recording

Data was analysed by the audit facilitators in each NHS Board according to the measurability document provided by ISD. SCAN data was collated by Fiona Gardiner, SCAN Audit Facilitator for Head and Neck cancer.

Data capture is focused round the process for the weekly multidisciplinary meetings i.e. ensuring that data covering patient referral, investigation, and diagnosis is being picked up through the routine process.

Surgical and Oncology data is obtained either from the clinical records (electronic systems and case notes) or by download from the Department of Clinical Oncology database within the Edinburgh Cancer Centre (ECC).

Radiotherapy is provided centrally in Edinburgh Cancer Centre. Patients living closer to either Carlisle or Dundee may opt to have treatment outwith the SCAN region. All QPIs will be analysed and presented by Hospital of Diagnosis for data verification/sign off purposes with additional reports by Hospital of Surgery as appropriate.

The process remains dependent on audit staff for capture and entry of data, and for data quality checking

All data was recorded on ECase.

Dataset and Definitions

The QPIs have been developed collaboratively with the three Regional Cancer Networks, Information Services Division (ISD), and Healthcare Improvement Scotland. QPIs will be kept under regular review and be responsive to changes in clinical practice and emerging evidence.

The overarching aim of the cancer quality work programme is to ensure that activity at NHS board level is focussed on areas most important in terms of improving survival and patient experience whilst reducing variance and ensuring safe, effective and person-centred cancer care.

Following a period of development, public engagement and finalisation, each set of QPIs is published by Healthcare Improvement Scotland.

Accompanying datasets and measurability criteria for QPIs are published on the ISD website. NHS boards are required to report against QPIs as part of a mandatory, publicly reported, programme at a national level.

The QPI dataset for Head and Neck was implemented from 01/04/2017. Following Year 3 results the QPIs were subject to a formal review and revised documents for data collection were published in July 2018. Some of the revisions following formal review will not be implemented until Year 5, depending on whether new data items were required or not. Accordingly QPIs 2 (spec ii), 4 and 5 will only be reported in Year 5.

The standard QPI format is shown below:

QPI Title:	Short title of Quality Performance Indicator (for use in reports etc.)	
Description:	Full and clear description of the Quality Performance Indicator.	
Rationale and Evidence:	Description of the evidence base and rationale which underpins this indicator.	
Specifications:	Numerator:	Of all the patients included in the denominator those who meet the criteria set out in the indicator.
	Denominator:	All patients to be included in the measurement of this indicator.
	Exclusions:	Patients who should be excluded from measurement of this indicator.
	Not recorded for numerator:	Include in the denominator for measurement against the target. Present as not recorded only if the patient cannot otherwise be identified as having met/not met the target.
	Not recorded for exclusion:	Include in the denominator for measurement against the target unless there is other definitive evidence that the record should be excluded. Present as not recorded only where the record cannot otherwise be definitively identified as an inclusion/exclusion for this standard.
	Not recorded for denominator:	Exclude from the denominator for measurement against the target. Present as not recorded only where the patient cannot otherwise be definitively identified as an inclusion/exclusion for this standard.
Target:	Statement of the level of performance to be achieved.	

Data Quality

Clinical Sign-Off: This report compares data from reports prepared for individual hospitals and signed off as accurate following review by the lead clinicians from each service. Additionally, the collated SCAN results are reviewed jointly by the lead clinicians, including the lead Oncologist, to assess variances and provide comments on results.

External QA: SCAN Audit participates in external quality assurance (QA) of data by ISD Scotland, (i.e. when a sample of data is compared with the data definitions). A QA of the QPI Head and Neck dataset took place for Year 1 data and performance was well above the ISD minimum requirement and Scotland average.

Most patients are identified through weekly multidisciplinary meetings. The following sources are used to check for additional patients:

1. Pathology records
2. GRO Death lists
3. ACaDMe (Acute, Cancer, Deaths and Mental Health); a data mart part of NHS National Services Scotland.

Estimated Case Ascertainment

An estimate of case ascertainment (the percentage of the population with head and neck cancer recorded in the audit) is made by comparison with the most recent Scottish Cancer Registry five year average data from 2012 to 2016. High levels of case ascertainment provide confidence in the completeness of the audit recording and contribute to the reliability of results presented. Levels greater than 100% may be attributable to an increase in incidence. Allowance should be made when reviewing results where numbers are small and variation may be due to chance.

Number of cases recorded in audit: patients diagnosed 01.04.2017 to 31.03.2018

Estimate of case ascertainment: calculated using the average of the most recent available five years of Cancer Registry Data

	Borders	D&G	Fife	Lothian	SCAN
Cases from Audit	16	24	73	172	285
Cancer Registry 5 Year Average	18	35	65	191	310
Case Ascertainment %	88.9%	68.6%	112.3%	90.1.0%	91.9%

Source: Scottish Cancer Registry, ISD. Data extracted from ACaDMe on 30/10/2018.

Death certificate only cases have been excluded. Cases that have been diagnosed in the private sector but received any treatment in NHS hospitals have been included.

Actions for Improvement

After final sign off, the process is for the report to be sent to the Clinical Governance groups within the four health boards and to the Regional Cancer Planning Group. Action plans and progress with plans will be highlighted to the groups. The report will be placed on the SCAN website once it has been fully signed-off and checked for any disclosive material.

Fiona Gardiner
SCAN Audit Facilitator

DIAGNOSIS AND STAGING

QPI 1: Pathological Diagnosis of Head and Neck Cancer

Target = 95%

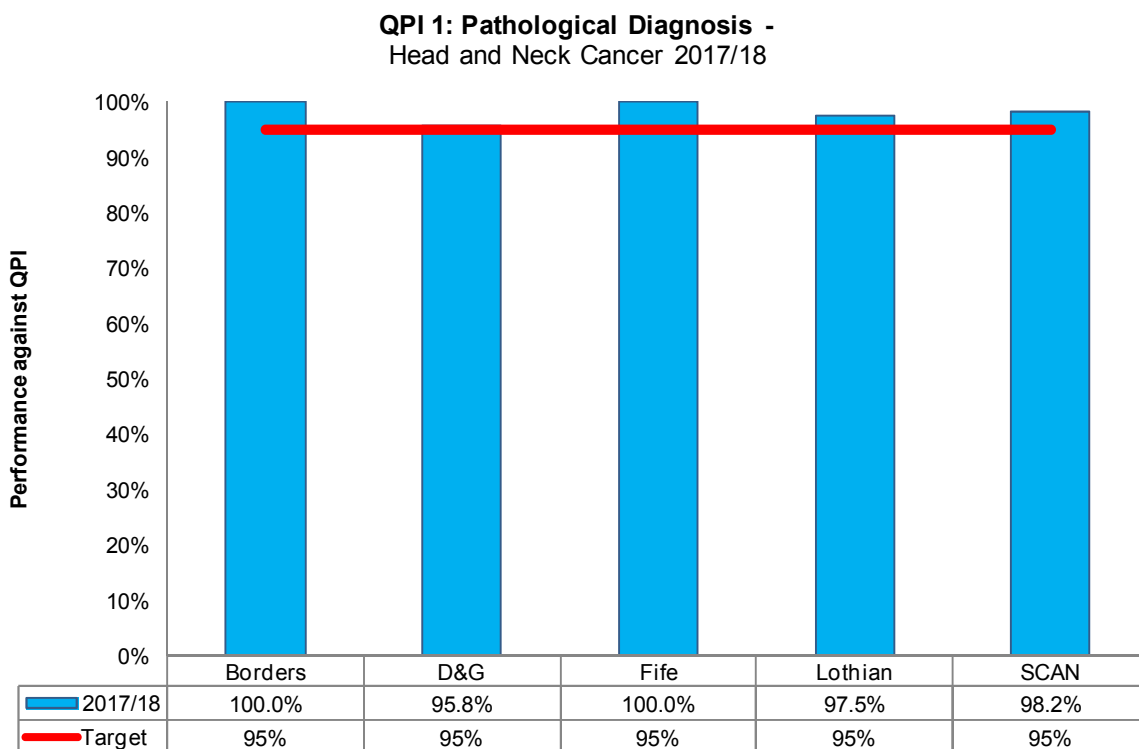
Numerator = Number of patients with head and neck cancer who have a cytological or histological diagnosis before treatment.

Denominator = All patients with head and neck cancer.

Exclusions = (a) Patients who die before first treatment (b) Patients who refuse treatment.

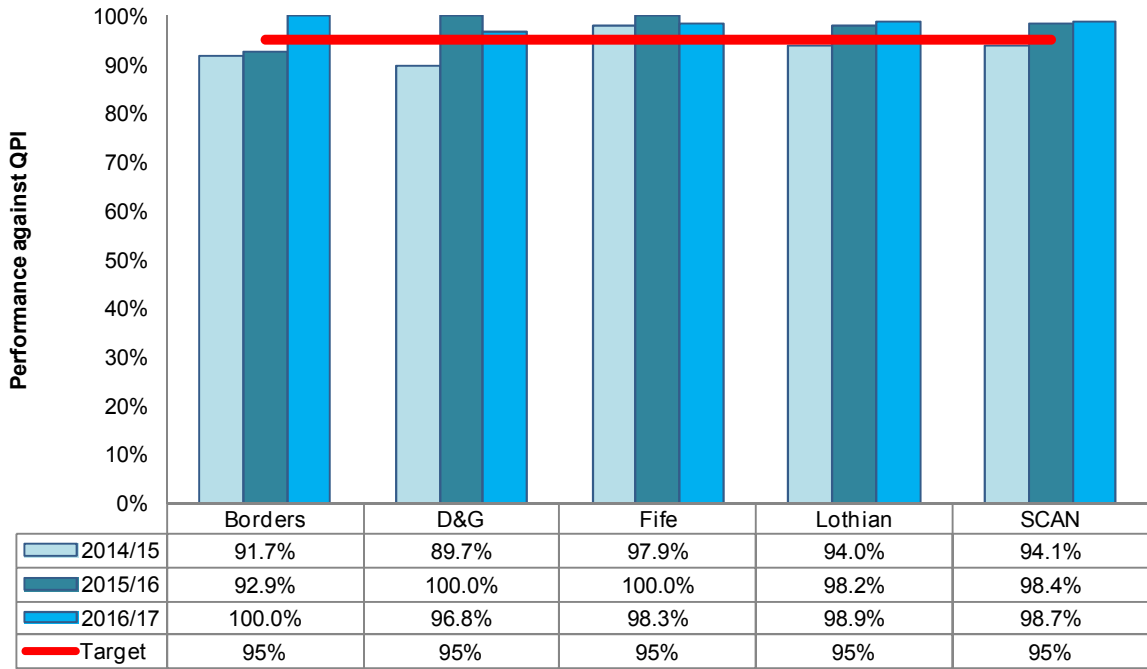
Target 95%	Borders	D&G	Fife	Lothian	SCAN
2017-2018 Cohort	16	24	73	172	285
Ineligible for this QPI	3	0	0	10	13
Numerator	13	23	73	158	267
Not Recorded for the Numerator	0	0	0	0	0
Denominator	13	24	73	162	272
Not Recorded for Exclusion	0	0	0	0	0
Not Recorded for Denominator	0	0	0	0	0
% Performance	100.0%	95.8%	100.0%	97.5%	98.2%

All boards reporting data met the QPI.



Following formal review after Year 3, QPI 1 was updated. Patients who die before first treatment or refuse treatment were excluded. So data is not directly comparable with the first 3 years of data collection which are shown on the next chart.

**QPI 1: Pathological Diagnosis -
Head and Neck Cancer 2015/16 to 2016/17**



QPI 2(i): Imaging

Target = 95%

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.

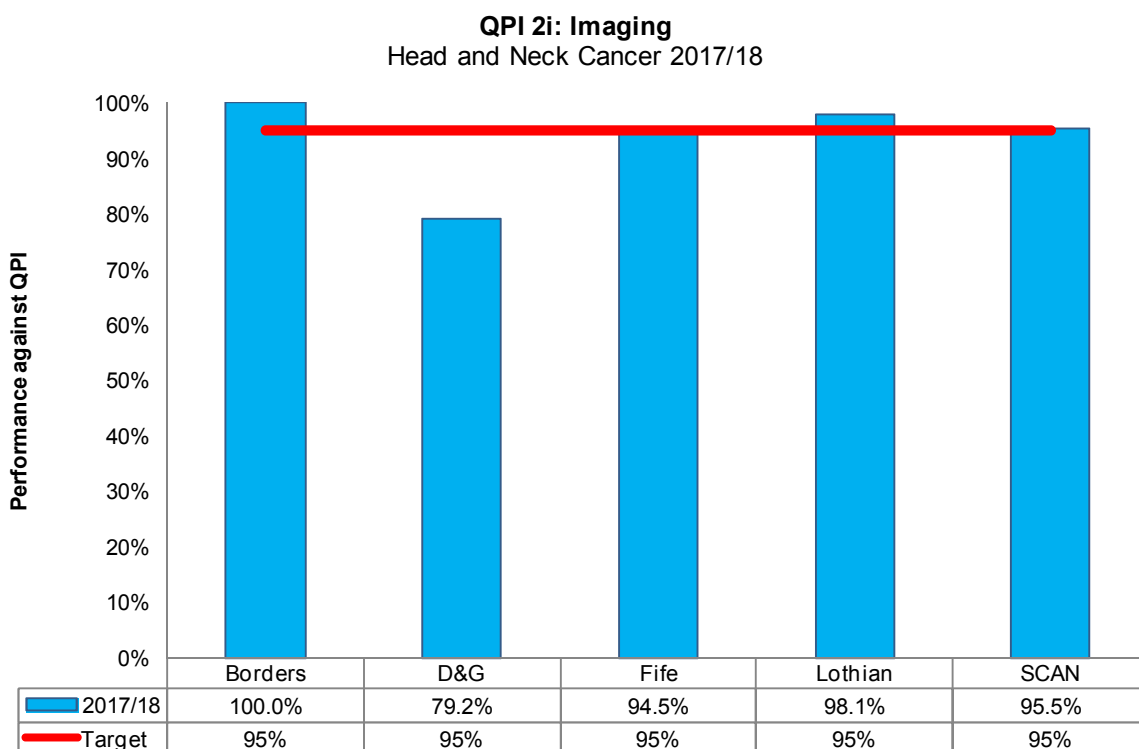
Exclusions = (a) Patients who undergo diagnostic excision biopsy as the definitive surgery
(b) Patients who die before first treatment (c) Patients who refuse treatment.

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2017-18 Cohort	16	24	73	172	285
Ineligible for this QPI	3	0	0	17	20
Numerator	13	19	69	152	253
Not Recorded for Numerator	0	0	0	0	0
Denominator	13	24	73	155	265
Not Recorded for Exclusions	0	0	0	0	0
Not Recorded for Denominator	0	0	0	0	0
% Recorded	100.0%	79.2%	94.5%	98.1%	95.5%

Comments where the QPI was not met

D&G: The target was not met showing a shortfall of 15.8% (5 cases). 1 patient was for BSC (scan would not have altered opinion for BSC). 1 patient had dysplasia on biopsy and was diagnosed at surgery. 1 patient had no chest CT performed prior to treatment. 1 patient had CT neck only as was thought to be recurrence. 1 patient had CT of parotids only and a negative biopsy.

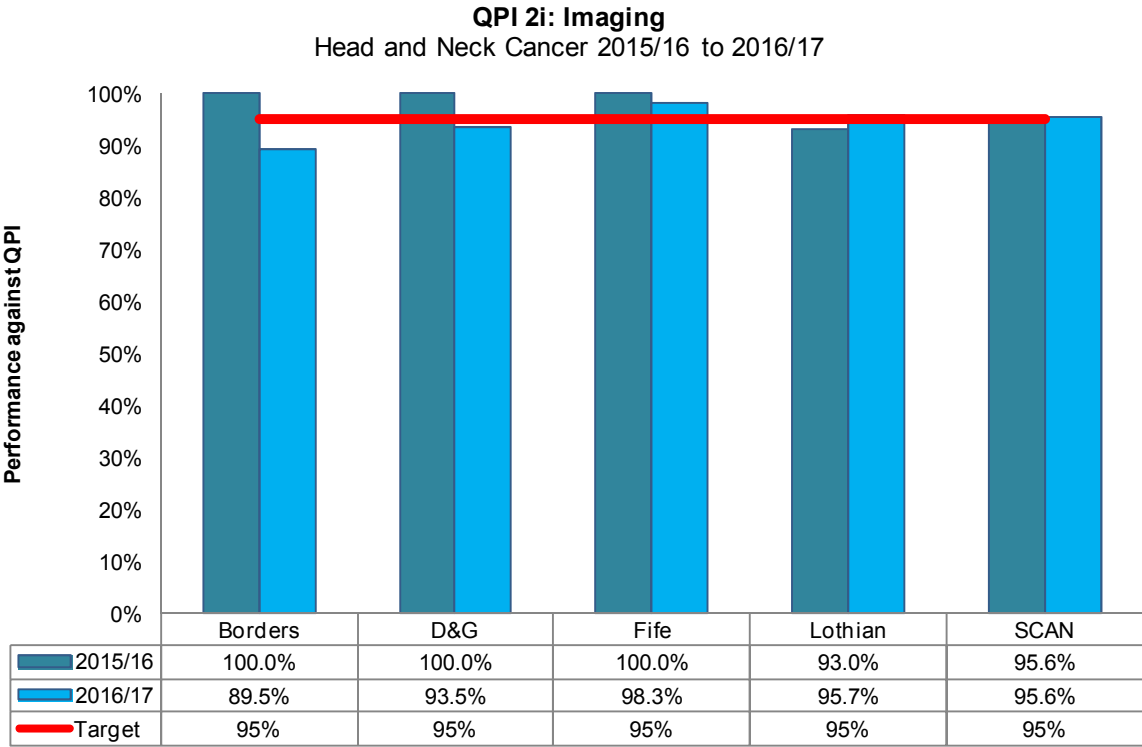
Fife: The target was not met showing a shortfall of 0.5% (4 cases). For 1 patient scan was not indicated for treatment, 1 patient had scans completed after first treatment, 1 patient was not fit, and 1 patient deemed untreatable by clinical diagnosis.



Action: Improve recording and capture of diagnostic excision biopsies in Lothian, ensuring correct exclusion of patients. No other actions identified.

Following formal review after Year 3, QPI 2 was updated. Additional exclusions were added; Patients who die before first treatment or refuse treatment and patients who undergo diagnostic excision biopsy as the definitive surgery. Part (ii) has also been added to the QPI to measure where the imaging report is available within 2 weeks, however this will not be reported till year 5 as additional data items are required to be collected.

Below are QPI 2 figures from Year 2 and Year 3 of QPI collection. QPI 2 was also updated after year 1 (baseline review) to include patients who die before first treatment or refuse treatment. Patients undergoing diagnostic excision biopsy as definitive treatment were also excluded. Year 1 data is therefore excluded from the following graph.



QPI 3: Multi-disciplinary Team Meeting (MDT)

Target = 95%

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

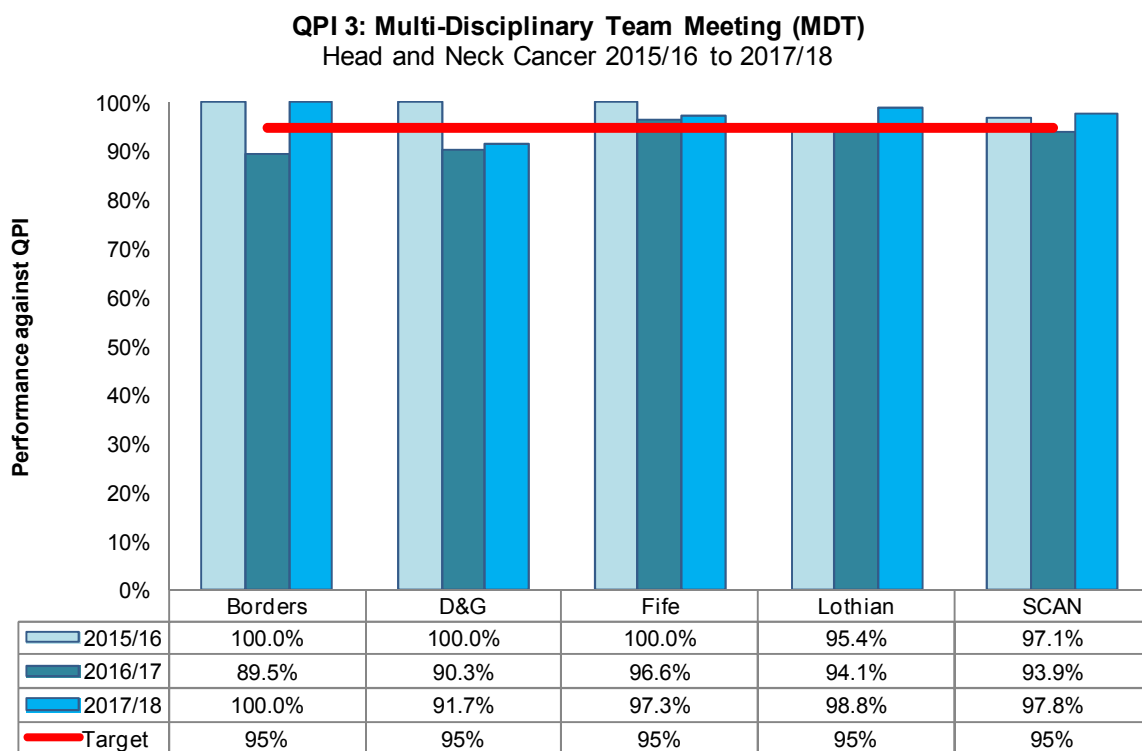
Denominator = All patients with head and neck cancer.

Exclusions = Patients who die before first treatment or who undergo diagnostic excision biopsy as the definitive surgery.

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2017-18 Cohort	16	24	73	172	285
Ineligible for this QPI	1	0	0	8	9
Numerator	15	22	71	162	270
Not Recorded for the Numerator	0	0	0	0	0
Denominator	15	24	73	164	276
Not Recorded for Exclusions	0	0	0	0	0
Not Recorded for the Denominator	0	0	0	0	0
% Percentage	100.0%	91.7%	97.3%	98.8%	97.8%

Comments where the QPI was not met

D&G: The target was not met showing a shortfall of 3.3% (2 cases). 1 was an incidental finding at surgery; MDT discussion occurred post surgery and 1 patient died before MDT.



QPI 3 was updated after Year 1 (baseline review) with exclusion of patients undergoing diagnostic excision biopsy as definitive treatment, so year 1 is excluded from the graph.

Action: No action required

TREATMENT

QPI 4: Smoking Cessation

Target = 95%

Numerator = Number of patient with head and neck cancer who smoke who are offered referral to smoking cessation before first treatment

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

Exclusions = No exclusions.

Following formal review after Year 3, QPI 4 was updated and now requires the collection of additional data items (to be collected from 1st April 2018). This QPI will therefore not be reported until Year 5.

QPI 5: Oral and Dental Rehabilitation Plan

Target = 95%

Specification (i)

Numerator = Number of patients with head and neck cancer undergoing active treatment in whom the decision for requiring pre-treatment assessment has been made jointly by Consultants in Restorative Dentistry and the MDT.

Denominator = All patients with head and neck cancer undergoing active treatment.

Exclusions = Patients with T1/T2/N0 cancer.

Specification (ii)

Numerator = Number of patients with head and neck cancer who are identified as requiring pre-treatment assessment that have assessment carried out before initiation of treatment.

Denominator = All patients with head and neck cancer who are identified by all relevant members of the MDT as requiring dental assessment.

Exclusions = Patients with T1/T2/N0 cancer.

Following formal review after Year 3, QPI 5 was updated and now requires the collection of additional data items (to be collected from 1st April 2018). This QPI will therefore not be reported until Year 5.

QPI 6: Nutritional Screening

Target = 95%

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 (No exclusions)

Target 95%	Borders	D&G	Fife	Lothian	SCAN
2017-18 Cohort	16	24	73	172	285
Ineligible for this QPI	0	0	0	0	0
Numerator	13	4	52	139	208
Not Recorded for Numerator	0	4	21	2	27
Denominator	16	24	73	172	285
Not Recorded for Exclusions	0	0	0	0	0
Not Recorded for Denominator	0	0	0	0	0
% Recorded	81.3%	16.7%	71.2%	80.8%	73.0%

Comments where the QPI was not met

Borders: The target was not met showing a shortfall of 13.7% (3 cases). 2 patients were not assessed and 1 patient declined assessment.

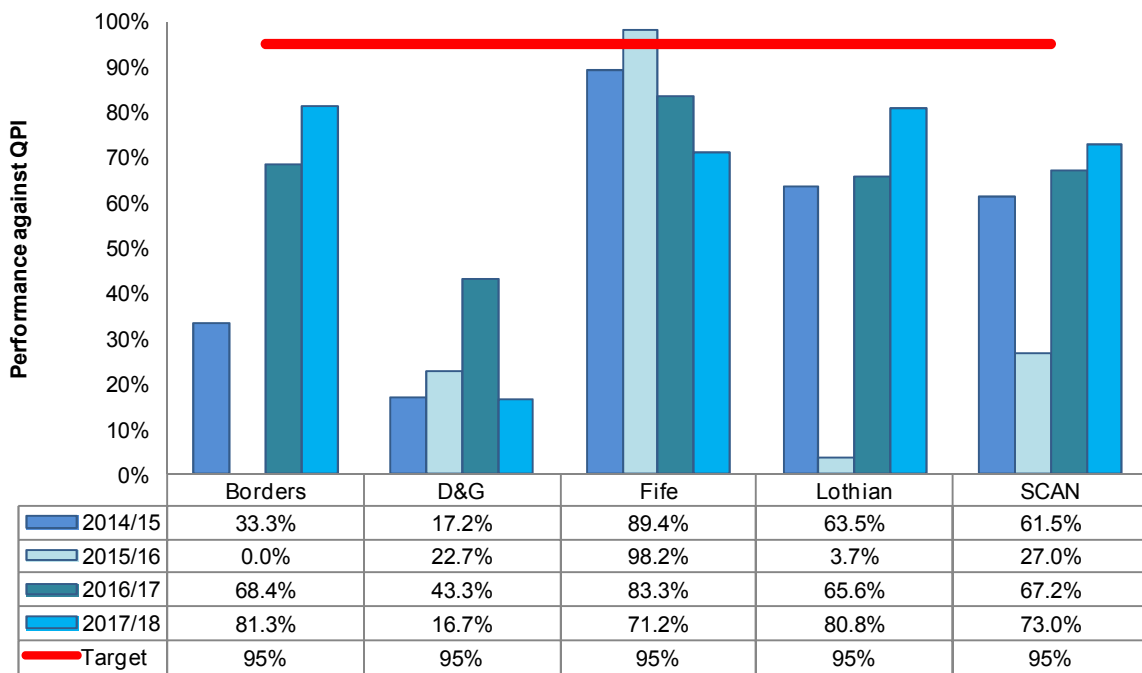
D&G: The target was not met showing a shortfall of 78.3% (20 cases). D&G will be reviewing this data with the clinical team as no record of MUST scores were found in casenotes for out-patients seen in clinic

Fife: The target was not met showing a shortfall of 23.8% (21 cases). For 21 patients data was not recorded (20 patients were treated in NHS Tayside). Dieticians in NHS Tayside use systems for MUST assessments outwith the systems that audit facilitators in Tayside and Fife have access to. This also is a problem for Tayside and Highland figures.

Lothian: The target was not met showing a shortfall of 14.2% (33 cases). 19 patients were not assessed, 9 were assessed after first treatment, 1 patient did not attend assessment, 1 patient was assessed but declined further treatment and 1 patient was not fit for assessment. 2 further patients were assessed but the date of assessment was not recorded.

SCAN: In Lothian the MUST score is now beginning to be recorded in TRAK, but documentation remains a problem throughout SCAN and assessment of dietetic support is not reflected well by the current QPI results.

QPI 6: Nutritional Screening
Head and Neck Cancer 2014/15 to 2017/18



Action: All boards to look to improve recording of MUST scores. Specific action required for Fife to improve data extraction from Tayside dietetics system/s.

QPI 7: Specialist Speech and Language Therapist Access

Target = 90%

Numerator = Number of patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are seen by a specialist Speech and Language Therapist before treatment.

Denominator = All patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent.

Exclusions = Patients who refuse assessment.

Target 90%	Borders	D&G	Fife	Lothian	SCAN
2017-18 Cohort	16	24	73	172	285
Ineligible for this QPI	6	7	20	56	89
Numerator	4	10	5	89	109
Not Recorded for Numerator	1	0	23	1	25
Denominator	10	17	53	116	196
Not Recorded for Exclusions	0	0	25	0	25
Not Recorded for Denominator	0	0	0	0	0
% Recorded	40.0%	58.8%	9.4%	76.7%	55.6%

Comments where the QPI was not met:

Borders: The target was not met showing a shortfall of 50.0% (6 cases). 5 patients were not assessed. 1 patient was assessed but the date was not recorded.

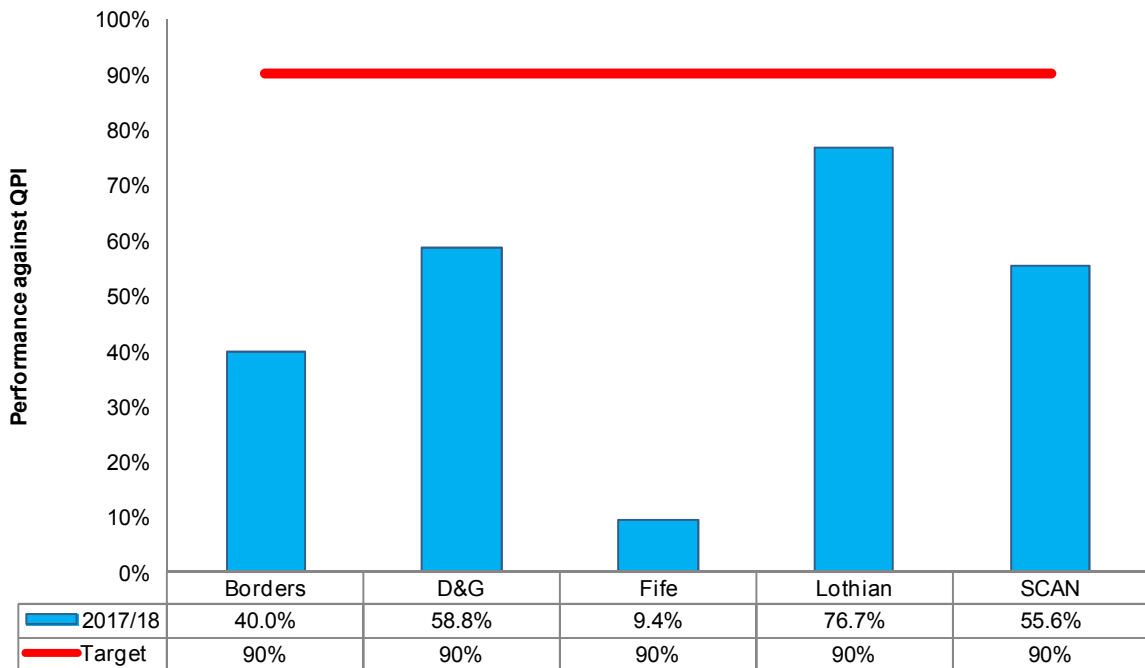
D&G: The target was not met showing a shortfall of 31.2% (7 cases). All 7 patients were not assessed.

Fife: The target was not met showing a shortfall of 80.6% (48 cases). 25 patients were assessed after treatment. All of these patients had been seen by Speech and Language Therapists at NHS Lothian during their treatment. For a further 23 patients data was not recorded (19 of these were treated in NHS Tayside. 4 were treated in NHS Lothian).

Lothian: The target was not met showing a shortfall of 13.3% (27 cases). 21 patients were not assessed, 5 patients were assessed after first treatment, 1 patient did not attend assessment, and 1 patient was assessed but the date not recorded.

Action: A lack of resource in Speech and Language Therapy was noted. Additionally it was queried whether assessments are taking place, but after first treatment. Audit to consistently record date of first SLT assessments post treatment so this can be looked at.

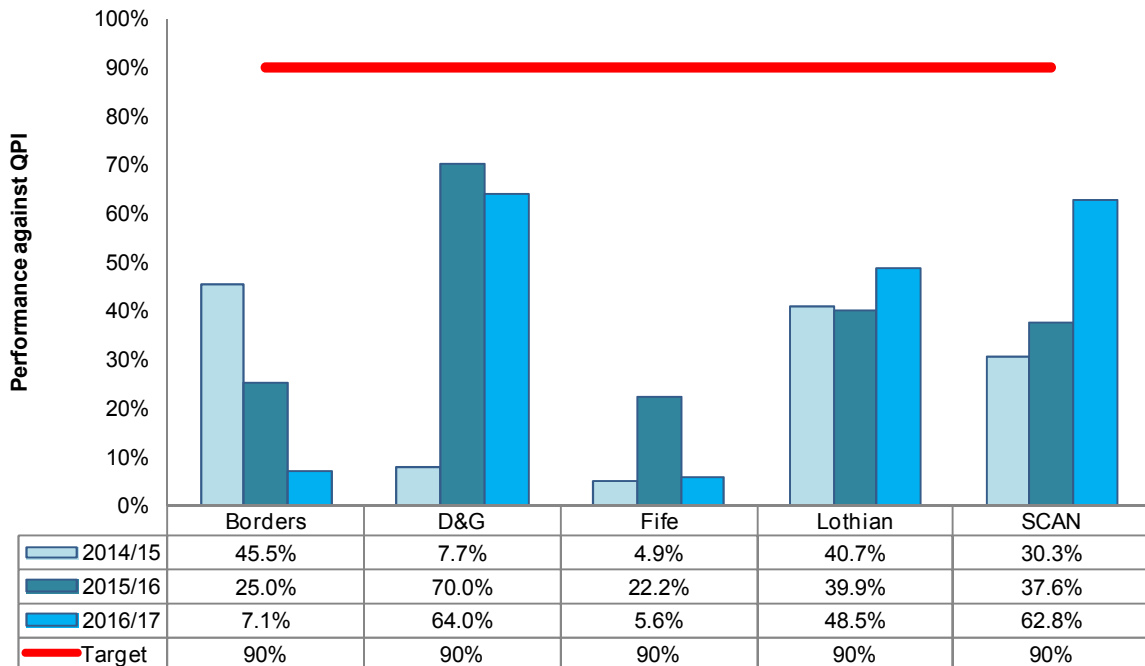
QPI 7: Specialist Speech and Language Therapist Access
Head and Neck Cancer 2017/18



Following formal review after Year 3, QPI 7 was updated. Patients not undergoing treatment with curative intent were excluded from the denominator.

Below are QPI 7 figures from Years 1, 2 and 3 of QPI collection.

QPI 7: Specialist Speech and Language Therapist Access
Head and Neck Cancer 2014/15 to 2016/17



QPI 8: Surgical Margins

Target ≤10%

Numerator = Number of patients with squamous cell carcinoma of the oral cavity, larynx or pharynx who undergo open surgical resection with curative intent with final excision margins of less than 1mm (on pathology report).

Denominator = All patients with squamous cell carcinoma of the oral cavity, larynx or pharynx who undergo open surgical resection with curative intent

Exclusions = Patients with naso-pharyngeal cancer, posterior pharyngeal wall cancer and upper oesophageal cancer.

Data presented by Hospital of Surgery

Target <10%	Borders	D&G	Fife	Lothian	SCAN
Numerator	0	0	0	2	2
Not Recorded for Numerator	0	0	0	0	0
Denominator	0	0	0	38	38
Not Recorded for Exclusions	0	0	0	0	0
Not Recorded for Denominator	0	0	0	0	0
% Recorded	N/A	N/A	N/A	5.3%	5.3%

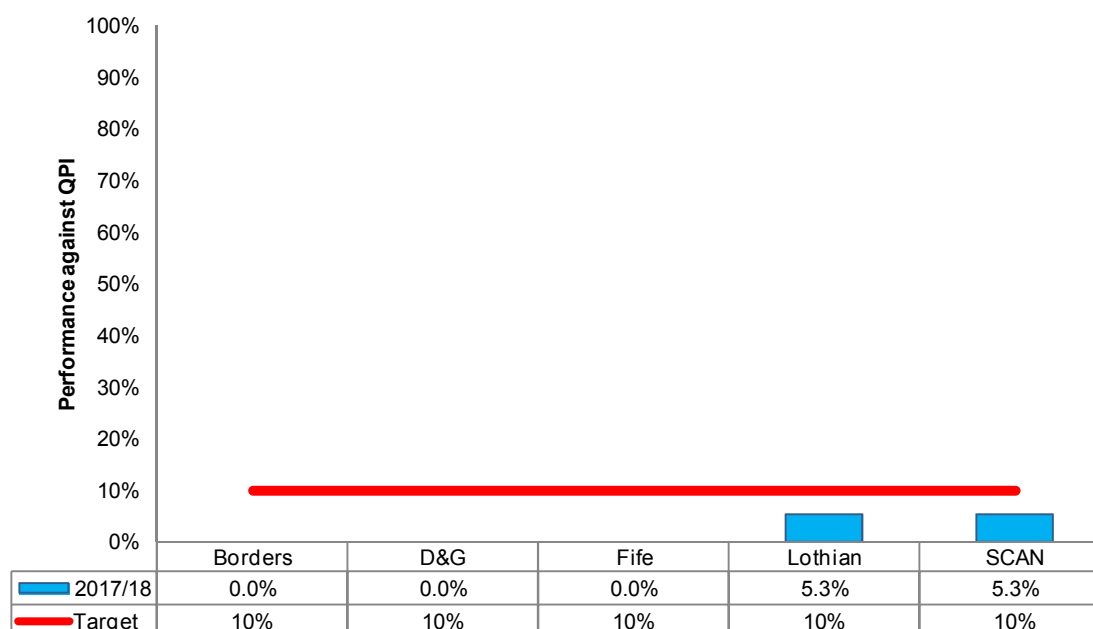
5 patients referred from D+G were treated in NHS Glasgow, and will appear in the WOSCAN report, 16 patients referred from Fife were treated in NHS Tayside, and will appear in the NOSCAN report

% Performance in previous years	Borders	D&G	Fife	Lothian	SCAN
2015/16	N/A	N/A	N/A	10.8%	10.8%
2016/17	100.0%	0.0%	0.0%	12.8%	12.9%

QPI 8 was not reported for Year 1 (2014/15)

All Boards reporting data met the QPI.

QPI 8: Surgical Margins Head and Neck Cancer 2017/18



Following formal review after Year 3, QPI 8 was updated. The denominator criteria were changed to focus on those patients with squamous cell carcinoma of the oral cavity, larynx or pharynx (excluding the naso-pharynx). The QPI target was also decreased to 10% in line with literature. QPI 8 was not reported for Year 1 so no data is available for this year (2014/15).

QPI 9: Intensity Modulated Radiotherapy (IMRT)

Target= 95%

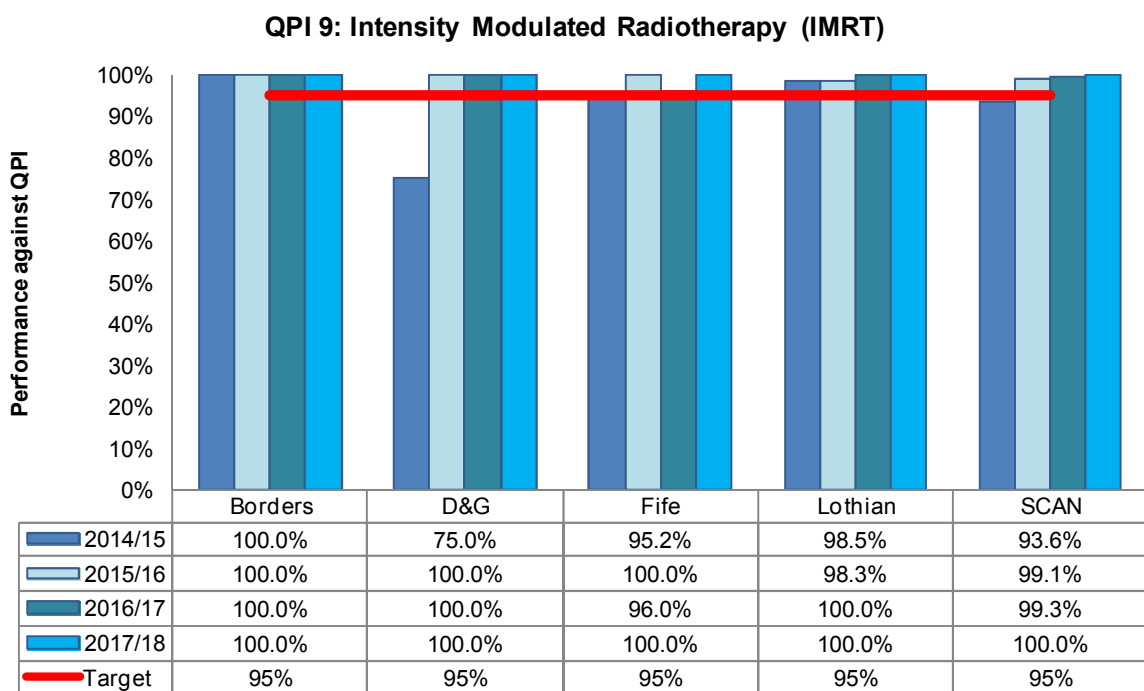
Numerator = Number of patients with head and neck cancer undergoing radiotherapy who receive IMRT.

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

Exclusions = Patients undergoing palliative radiotherapy care or T1/T2N0 larynx cancers.

Target 90%	Borders	D&G	Fife	Lothian	SCAN
2017-18 Cohort	16	24	73	172	285
Ineligible for this QPI	9	11	44	87	151
Numerator	7	13	29	85	134
Not Recorded for Numerator	0	0	0	0	0
Denominator	7	13	29	85	134
Not Recorded for Exclusions	1	1	0	3	5
Not Recorded for Denominator	0	0	0	0	0
% Recorded	100%	100%	100%	100%	100%

All Boards reporting data met this QPI



QPI 10: Post Operative Chemoradiotherapy

Target = 55%

Numerator = Number of patients with squamous cell carcinoma of the oral cavity, larynx or pharynx with nodal extracapsular spread and/or involved margins (<1mm) following surgical resection who receive chemoradiation.

Denominator = All patients with squamous cell carcinoma of the oral cavity, larynx or pharynx with nodal extracapsular spread and/or involved margins (<1mm) following surgical resection.

Exclusions = Patients with performance status 2, 3 or 4. Patients with naso-pharyngeal cancer. Patients with oral (lip) cancer.

Target 55%	Borders	D&G	Fife	Lothian	SCAN
2017-18 Cohort	16	24	73	172	285
Ineligible for this QPI	16	23	69	157	265
Numerator	0	0	1	5	6
Not Recorded for Numerator	0	0	0	0	0
Denominator	0	1	4	15	20
Not Recorded for Exclusions	0	0	0	3	3
Not Recorded for Denominator	0	0	0	0	0
% Recorded	N/A	0.0%	25.0%	33.3%	30.0%

Comments where the QPI was not met:

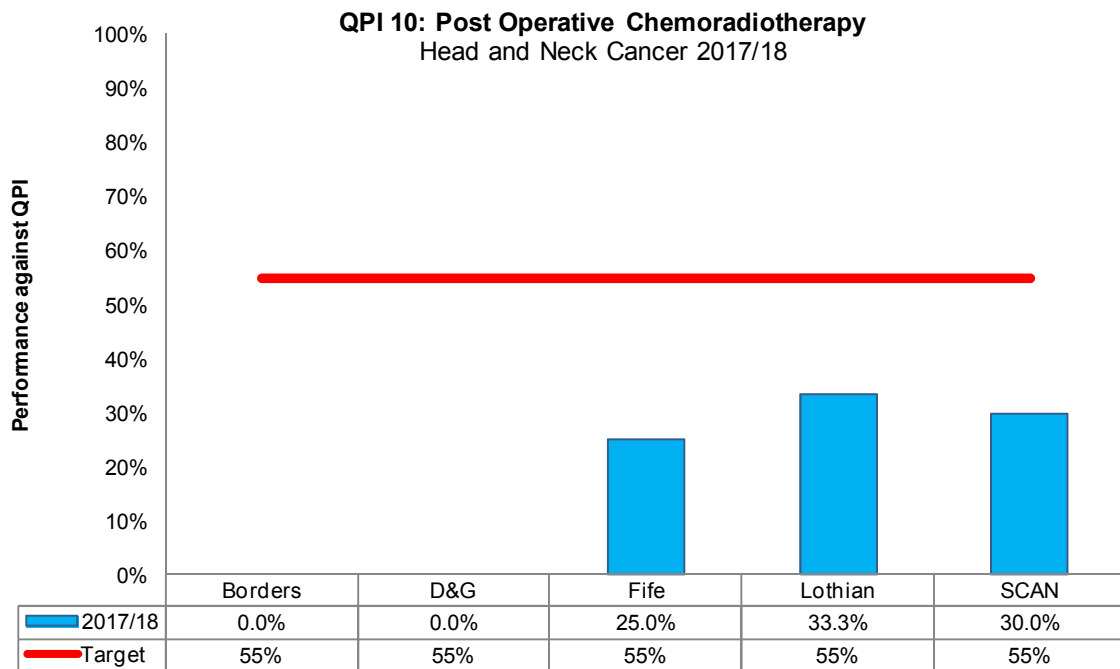
D&G: The target was not met showing a shortfall of 55% (1 case). 1 patient received adjuvant radiotherapy, 1mm posterior margin on pathology report. Oncologists reported margins as clear. No neck dissection.

Fife: The target was not met showing a shortfall of 30.0% (3 cases). 2 patients received adjuvant radiotherapy and 1 patient died after surgery.

Lothian: The target was not met showing a shortfall of 21.7% (10 cases). 4 patients received radiotherapy alone (2 with advanced age, 1 with comorbidity), and 1 patient where it was thought the clinically appropriate treatment). 2 patients were not given any adjuvant treatment. 2 patients were treated palliatively after surgery (1 who had had previous radiotherapy treatment). 1 patient declined adjuvant treatment. 1 patient was treated with Cetuximab and radiotherapy (due to comorbidity).

A further 3 patients had "not recorded exclusions" due to not recorded Performance Status.

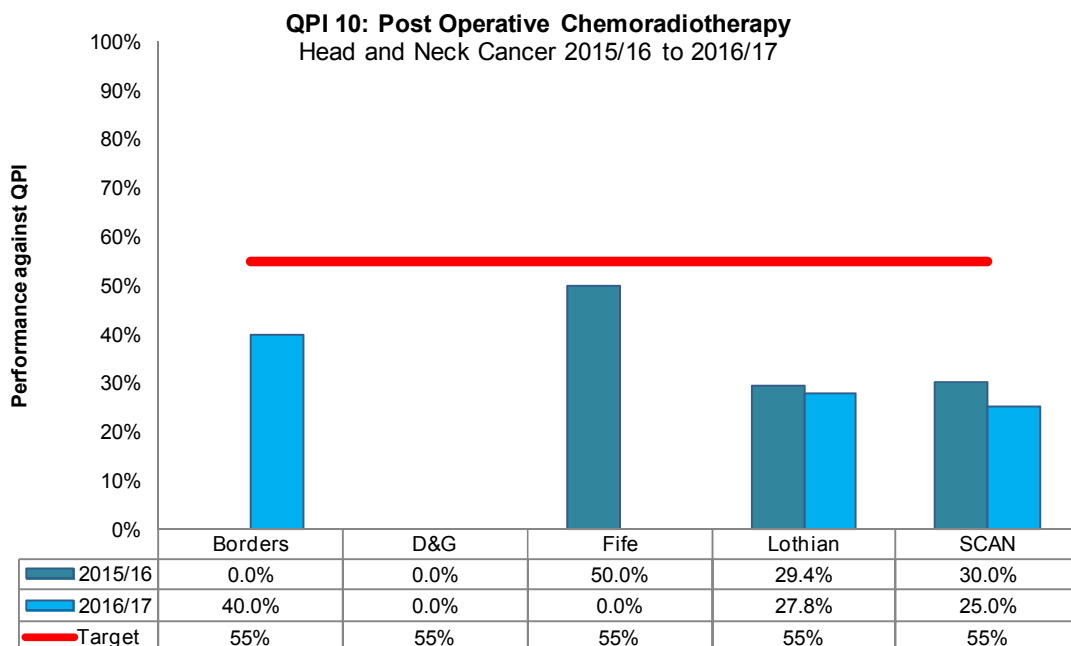
Reason for patients not receiving Chemoradiotherapy (by Health Board)	Borders	D&G	Fife	Lothian	SCAN
Patient not fit for chemo (includes advanced age)	0	1	0	3	3
Patient comorbidities	0	0	0	2	2
Patient died prior to adjuvant treatment	0	0	1	0	1
Patient treated palliatively	0	0	0	2	2
Clinical decision for no adjuvant treatment	0	0	0	2	2
Patient declined treatment	0	0	0	1	1
Patient treated outwith SCAN	0	0	2	0	2
Totals	0	1	3	10	13



Action: Detailed recording of the reasons for alternative treatments being given to continue. This data to be examined to determine if target is achievable or should be lowered.

Following formal review after Year 3, QPI 10 was updated. The QPI was changed to focus on patients with squamous cell carcinoma, and the following exclusions added; Patients with performance status 2, 3 or 4, patients with nasopharyngeal cancer or oral (lip) cancer. The target was also lowered to from 85% to 55% following review in consideration of patient suitability for this treatment.

The chart below shows figures from Year 2 and Year 3 of QPI collection. QPI 10 was not reported for Year 1 so no data is available for this year (2014/15).



TREATMENT OUTCOMES

QPI 11a: Mortality (Surgery) – Hospital of Surgery

Target <5%

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

Denominator = All patients with head and neck cancer who undergo curative surgery.

Exclusions = No exclusions

30 day Mortality (surgery)

Target <5%	Borders	D&G	Fife	Lothian	SCAN
Numerator	0	0	0	0	0
Not Recorded for Numerator	0	0	0	0	0
Denominator	0	1	0	62	63
Not Recorded for Exclusions	0	0	0	0	0
Not Recorded for Denominator	0	0	0	0	0
% Recorded	N/A	0.0%	N/A	0.0%	0.0%

8 patients referred from D+G were treated in NHS Glasgow, and will appear in the WOSCAN report
20 patients referred from Fife were treated in NHS Tayside, and will appear in the NOSCAN report

% Performance in previous years	Borders	D&G	Fife	Lothian	SCAN
2014/15	N/A	0.0%	0.0%	0.0%	0.0%
2015/16	N/A	N/A	N/A	0.0%	0.0%
2016/17	0.0%	0.0%	0.0%	0.0%	0.0%

All Boards reporting data met this QPI

90 day Mortality (Surgery)

Target <5%	Borders	D&G	Fife	Lothian	SCAN
Numerator	0	0	0	2	2
Not Recorded for Numerator	0	0	0	0	0
Denominator	0	1	0	62	63
Not Recorded for Exclusions	0	0	0	0	0
Not Recorded for Denominator	0	0	0	0	0
% Recorded	N/A	0.0%	N/A	3.2%	3.2%

8 patients referred from D+G were treated in NHS Glasgow, and will appear in the WOSCAN report
20 patients referred from Fife were treated in NHS Tayside, and will appear in the NOSCAN report

% Performance in previous years	Borders	D&G	Fife	Lothian	SCAN
2015/16	N/A	N/A	N/A	0.0%	0.0%
2016/17	0.0%	0.0%	0.0%	3.8%	3.5%

QPI 11 was updated after Year 1 (baseline review) to include 90 Day Mortality. Year 1 data is not available.

All Boards reporting data met this QPI

QPI 11b: Mortality after Radiotherapy – By Hospital of diagnosis

Target <5%

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

Denominator = All patients with head and neck cancer who undergo curative radiotherapy.
(No exclusions)**30 day Mortality (Radiotherapy)**

Target <5%	Borders	D&G	Fife	Lothian	SCAN
2017-18 Cohort	16	24	73	172	285
Ineligible for this QPI	12	19	58	140	229
Numerator	0	0	0	2	2
Not Recorded for Numerator	0	0	0	0	0
Denominator	4	5	15	32	56
Not Recorded for Exclusions	0	0	0	0	0
Not Recorded for Denominator	0	0	0	0	0
% Recorded	0.0%	0.0%	0.0%	6.3%	3.6%

% Performance in previous years	Borders	D&G	Fife	Lothian	SCAN
2014/15	0.0%	0.0%	0.0%	4.2%	2.6%
2015/16	0.0%	0.0%	0.0%	0.0%	0.0%
2016/17	0.0%	0.0%	0.0%	0.0%	0.0%

90 day Mortality (Radiotherapy)

Target <5%	Borders	D&G	Fife	Lothian	SCAN
2017-18 Cohort	16	24	73	172	285
Ineligible for this QPI	12	19	58	140	229
Numerator	0	0	0	2	2
Not Recorded for Numerator	0	0	0	0	0
Denominator	4	5	15	32	56
Not Recorded for Exclusions	0	0	0	0	0
Not Recorded for Denominator	0	0	0	0	0
% Recorded	0.0%	0.0%	0.0%	6.3%	3.6%

% Performance in previous years	Borders	D&G	Fife	Lothian	SCAN
2015/16	0.0%	0.0%	0.0%	3.6%	2.1%
2016/17	0.0%	0.0%	9.1%	0.0%	2.3%

Comments where the QPI was not met:**Lothian:** The target was not met showing a shortfall of 1.3% (2 cases). Neither completed the treatment course; 1 died unexpectedly at home, 1 died of pneumonia.**Action:** No action identified.

QPI 11c: Mortality Following Chemoradiotherapy – By hospital of diagnosis

Target <5%

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

Denominator = All patients with head and neck cancer who undergo curative chemoradiotherapy (No exclusions)

30 day mortality (Chemoradiotherapy)

Target <5%	Borders	D&G	Fife	Lothian	SCAN
2017-18 Cohort	16	24	73	172	285
Ineligible for this QPI	12	19	55	127	113
Numerator	0	0	0	0	0
Not Recorded for Numerator	0	0	1	0	1
Denominator	4	5	18	45	72
Not Recorded for Exclusions	0	0	0	0	0
Not Recorded for Denominator	0	0	0	0	0
% Recorded	0.0%	0.0%	0.0%	0.0%	0.0%

% Performance in previous years	Borders	D&G	Fife	Lothian	SCAN
2014/15	0.0%	0.0%	0.0%	0.0%	0.0%
2015/16	0.0%	0.0%	0.0%	2.6%	1.3%
2016/17	0.0%	0.0%	0.0%	3.9%	2.4%

All Boards met this QPI**90 day mortality (Chemoradiotherapy)**

Target <5%	Borders	D&G	Fife	Lothian	SCAN
2017-18 Cohort	16	24	73	172	285
Ineligible for this QPI	12	19	55	127	113
Numerator	0	0	0	0	0
Not Recorded for Numerator	0	0	1	0	1
Denominator	4	5	18	45	72
Not Recorded for Exclusions	0	0	0	0	0
Not Recorded for Denominator	0	0	0	0	0
% Recorded	0.0%	0.0%	0.0%	0.0%	0.0%

% Performance in previous years	Borders	D&G	Fife	Lothian	SCAN
2015/16	0.0%	0.0%	0.0%	7.7%	3.9%
2016/17	0.0%	0.0%	6.3%	5.8%	4.7%

QPI 11 was updated after Year 1 (baseline review) to include 90 Day Mortality. Year 1 data is not available.

All Boards met this QPI

QPI 12: Clinical Trials

Target = 15%

Numerator = Number of patients with head and neck cancer consented for a clinical trial / research study from SCRN database (EDGE).

Denominator = All patients with head and neck cancer 5 year average from Cancer Registry.

Exclusions = No exclusions.

Note: The clinical trials QPI is measured using SCRN data and Cancer Registry data (5 year average of case ascertainment 2012-2016)

	Borders	D&G	Fife	Lothian	SCAN
Numerator	3	0	3	12	18
Denominator	18	35	65	191	310
% Performance	16.7%	0.0%	4.6%	6.3%	5.8%

Open Trials in 2017	Trial Type	Numbers Recruited
CompARE	Interventional	10
DARS	Interventional	8

Action: Clinicians to make records of patients who are given a trial Patient Information Sheet but who decline to enter a trial. This information can be used to determine the proportions of patients being offered access to trials.

Clinical Trial data was not collected until 2014/15 when only the SCAN total could be reported. From 2015/16 Board level data has been reported. This QPI was updated after Year 3 to combine reporting of interventional and translational trials and to change the numerator to consented patients. 2015/16 and 2016/17 Interventional and Translational Trial QPI results are shown below.

Interventional Trials (% Performance in previous years) Target 7.5%	Borders	D&G	Fife	Lothian	SCAN
2015/16	0.0%	0.0%	5.8%	2.0%	2.5%
2016/17	5.9%	2.9%	8.8%	9.1%	8.2%

Translational Trials (% Performance in previous years) Target 15%	Borders	D&G	Fife	Lothian	SCAN
2015/16	0.0%	0.0%	0.0%	0.0%	0.0%
2016/17	0.0%	0.0%	0.0%	0.0%	0.0%

KEY CATEGORIES

Table 1: Gender

Total Patients Diagnosed		Male		Female	
Borders	16	15	93.8%	1	6.2%
D&G	24	17	70.8%	7	29.2%
Fife	73	50	68.5%	23	31.5%
Lothian	172	128	74.4%	44	25.6%
SCAN	285	210	73.7%	75	26.3%

Table 2: Age at Diagnosis

Age		Borders		D&G		Fife		Lothian		SCAN
<45	0	0.0%	0	0.0%	6	8.2%	5	2.9%	11	3.9%
45-49	0	0.0%	3	12.5%	2	2.7%	11	9.3%	16	5.6%
50-54	1	6.2%	3	12.5%	8	11.0%	12	7.0%	24	8.4%
55-59	3	18.8%	0	0.0%	11	15.1%	28	16.3%	42	14.7%
60-64	1	6.2%	2	8.3%	10	13.7%	27	15.7%	42	14.7%
65-69	3	18.8%	4	16.7%	13	17.8%	31	18.0%	51	18.2%
70-74	3	18.8%	3	12.5%	11	15.1%	23	13.4%	40	14.0%
75-79	3	18.8%	4	16.7%	8	11.0%	17	9.9%	32	11.2%
80-84	0	0.0%	1	4.2%	4	5.5%	10	5.8%	15	5.3%
85+	2	12.5%	2	8.3%	0	0.0%	8	4.7%	12	4.2%
Total	16	100.0%	24	100%	73	100.0%	172	100.0%	285	100%

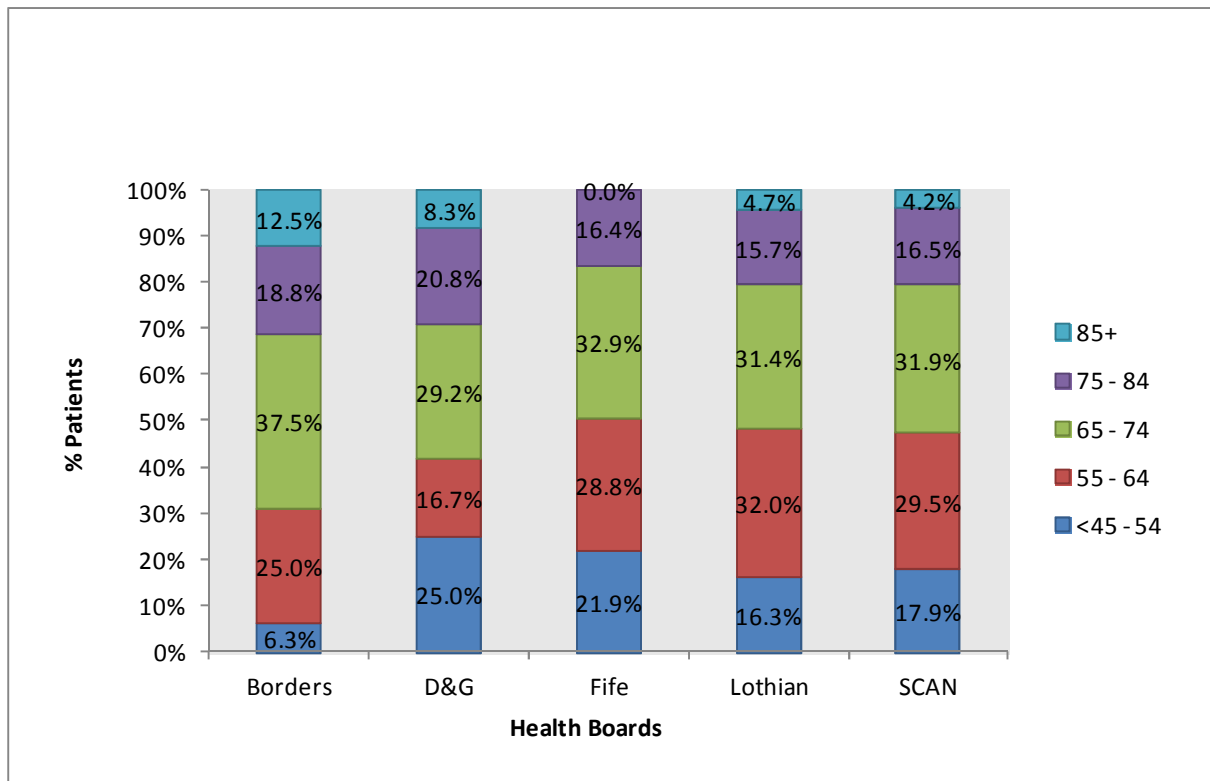


Table 3: Tumour Site

N=All patients diagnosed

Site of Tumour	Borders		D&G		Fife		Lothian		SCAN	
Larynx	3	18.8%	5	20.8%	16	21.9%	31	18.0%	55	19.3%
Oral Cavity	2	12.5%	4	16.7%	20	27.4%	49	28.5%	75	26.3%
Major Salivary Glands	0	0.0%	3	12.5%	4	5.5%	2	1.2%	9	3.2%
Oropharynx	9	56.3%	8	33.3%	24	32.9%	67	39.0%	108	37.9%
Nasopharynx	0	0.0%	1	4.17%	1	1.4%	5	2.9%	7	2.5%
Hypopharynx	1	6.3%	1	4.17%	2	2.7%	15	8.7%	19	6.7%
Nasal Cavity & Middle Ear	0	0.0%	1	4.17%	3	4.1%	2	1.2%	6	2.1%
Accessory Sinuses	1	6.3%	1	4.17%	2	2.7%	0	0.0%	4	1.4%
Bones	0	0.0%	0	0.0%	1	1.4%	1	0.6%	2	0.7%
Total	16	100.0%	24	100.0%	73	100.0%	172	100.0%	285	100.0%

QPI Attainment Summary Years 1-3		Borders			D&G			Fife			Lothian			SCAN			
Target %		Yr1	Yr2	Yr3	Yr1	Yr2	Yr3	Yr1	Yr2	Yr3	Yr1	Yr2	Yr3	Yr1	Yr2	Yr3	
QPI 1: Pathological Diagnosis of Head and Neck Cancer		95	91.7	92.9	100.0	89.7	100.0	96.8	97.9	100.0	98.3	94.0	98.2	98.9	94.1	98.4	98.7
QPI 2i : Imaging		95	100.0	100.0	89.5	89.7	100.0	93.5	95.7	100.0	93.5	85.0	93.0	95.7	88.2	95.6	95.6
QPI 3: Multi-disciplinary Team Meeting		95	91.7	100.0	89.5	96.4	100.0	90.3	95.7	100.0	96.6	84.2	95.4	94.1	88.1	97.1	93.9
QPI 4: Smoking Cessation		90	0.0	0.0	0.0	0.0	33.3	N/A	5.3	90.0	91.3	0.0	0.0	0.0	0.9	-	-
QPI 5: Oral and Dental Rehabilitation plan		90	11.1	80.0	58.8	51.9	76.5	78.3	77.8	90.5	49.0	21.5	49.2	50.7	32.5	-	-
QPI 6: Nutritional Screening		95	33.3	0.0	68.4	17.2	22.7	43.3	89.4	98.2	83.3	63.5	3.7	65.5	61.5	27.0	67.2
QPI 7: Specialist Speech and Language Therapist Access		90	45.5	25.0	7.1	7.7	70.0	64.0	4.9	22.2	5.6	40.7	39.9	48.5	30.3	37.6	62.8
QPI 8: Surgical Margins by Board of surgery		<5	-	-	100.0	-	-	0.0%	-	-	0.0%	-	10.8	12.8	-	10.8	12.9
QPI 9: Intensity Modulated Radiotherapy (IMRT)		80	100.0	100.0	100.0	75.0	100.0	100.0	95.2	100.0	96.0	98.5	98.3	100.0	93.6	99.1	99.3
QPI 10: Post Operative Chemoradiotherapy		85	-	0.0	40.0	-	-	0.0	-	50.0	0.0	-	29.4	27.8	-	30.0	25.0
QPI 11a: Mortality following surgery (presented by Board of surgery)	30 day	<5	-	-	0.0%	0.0	-	0.0	0.0	-	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	90 day	<5	-	-	0.0%	-	-	0.0	-	-	0.0	-	0.0	3.2	-	0.0	3.1
QPI 11b: Mortality following Radiotherapy	30 day	<5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.2	0.0	0.0	2.6	0.0	0.0
	90 day	<5	-	0.0	0.0	-	0.0	0.0	-	0.0	9.1	-	3.6	0.0	-	2.1	2.3
QPI 11c: Mortality following Chemoradiotherapy	30 day	<5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.6	3.9	0.0	1.3	2.4
	90 day	<5	-	0.0	0.0	-	0.0	0.0	-	0.0	6.3	-	7.7	5.8	-	3.9	4.7
QPI 12: Clinical Trials	Interventional	7.5	-	0	5.9		0	2.9		5.8	8.8		2.0	9.1		2.5	8.2
	Translational	15		0	0		0	0		0	0		0	0		0	0