

NOSCAN

North of Scotland
Cancer Network



**NORTH OF SCOTLAND
PLANNING GROUP**

Gynaecology Managed Clinical Network

Audit Report

Cervical Cancer Quality Performance Indicators

Patients diagnosed October 2014 – September 2015

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The North of Scotland Cancer Network (or NOSCAN), is one of the 3 regional Scottish Cancer Networks, which report to their respective regional NHS Board Planning Groups and for specific workstreams, to the Scottish Cancer Taskforce Group.

The principle role of NOSCAN is to support the organization, planning and delivery of regional and national cancer services, and thereby to ensure consistent and high quality cancer care is being provided equitably across the North of Scotland.

www.noscan.scot.nhs.uk

EXECUTIVE SUMMARY

This publication reports the performance of cancer services in the six NHS Boards in the North of Scotland (NoS) for patients diagnosed with cervical cancer between October 2014 and September 2015. The quality of Board and regional performance are measured and reported against a set of nationally agreed standards (the Cervical Cancer Quality Performance Indicators, or 'QPIs') that were clinically identified and thereafter service implemented across Scotland.

2014-2015 is the first year in which cervical cancer QPI data have been collected in Scotland, during which time in the North of Scotland:

- 89 patients diagnosed with cervical cancer were audited.
- Overall case ascertainment was high at 112.7%: this indicates excellent capture of patients by cancer audit.
- The results reported were considered to be representative of cervical cancer services in the region.

Summary of QPI Results

QPI	QPI Target	Performance ^b		
		NOSCAN	NHS Grampian	NHS Tayside
QPI 1: Radiological Staging - Proportion of patients with cervical cancer who have an MRI of the pelvis performed prior to first treatment.	95%	84% n=69	80% n=30	88% n=33
QPI 2: Positron Emission Tomography / Computed Tomography - Proportion of patients with cervical cancer, for whom primary definitive treatment is radical radiotherapy, who have PET/CT imaging.	95%	88% n=40	100% n=21	71% n=14
QPI 3: Multidisciplinary Team Meeting - Proportion of patients with cervical cancer who are discussed at a MDT meeting before definitive treatment.	95%	99% n=70	97% n=31	100% n=33
QPI 4: Radical Hysterectomy - Proportion of patients with stage IB1 cervical cancer (as defined by radiology and/or histopathology) who undergo radical hysterectomy.	70%	93% n=14	100% n=5	89% n=9
QPI 5: Surgical Margins - Proportion of patients with cervical cancer who have surgical margins clear of tumour following hysterectomy.	95%	95% n=22	100% n=17	-
QPI 6: 56 Day Treatment Time for Radical Radiotherapy - Proportion of patients with cervical cancer undergoing radical radiotherapy whose overall treatment time, from the start to the end of treatment, is not more than 56 days.	90%	95% n=40	100% n=21	86% n=14
QPI 7: Chemoradiation - Proportion of patients with cervical cancer undergoing radical radiotherapy who receive concurrent chemotherapy.	70%	88% n=40	81% n=21	93% n=14

Clinical Trials Access - Proportion of patients with cervical cancer who are enrolled in an interventional clinical trial or translational research.	Target	NOSCAN
Interventional clinical trials	7.5%	0% n=79
Translational research	15%	0% n=79

Performance shaded pink where QPI target has not been met by NOSCAN.

^b Excluding Boards with less than 5 patients.

Within NOSCAN 5 out of 8 QPIs were achieved during this audit cycle. This would suggest we are delivering high quality clinical care to women with cervical cancer in the North of Scotland. Where any QPI target has not been met there has been regional analysis of cases, multidisciplinary discussion and action plans are currently being developed to address any areas for improvement.

To date, areas identified requiring further work to improve on the quality of clinical services particular to the care and management of patients with a cervical cancer diagnosis in the North of Scotland are as follows:

- NHS Tayside to ensure patients treated with radical radiotherapy have PET staging.
- NHS W Isles to review data collection.

The first year of reporting against the Cervical Cancer QPIs has been a learning process during which both the QPIs themselves and the way in which data is collected to report them have been refined and developed. There will be a review of the Cervical Cancer QPIs following this first year of QPI reporting, in this report some additional actions have been identified to feed into this process.

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1. Introduction

In 2010, the [Scottish Cancer Taskforce](#) established the [National Cancer Quality Steering Group](#) (NCQSG) to take forward the development of national [Quality Improvement Indicators](#) (QPIs) for 18 cancer types to enable national comparative reporting and drive continuous improvement for patients. In collaboration with the three Regional Cancer Networks ([NoSCAN](#), [SCAN](#) & [WoSCAN](#)) and [Information Services Division](#) (ISD), the first QPIs were published by [Healthcare Improvement Scotland](#) (HIS) in January 2012. [CEL 06 \(2012\)](#) mandates all NHS Boards in Scotland to report on specified QPIs on an annual basis. Data definitions and measurability criteria to accompany the Cervical Cancer QPIs are available from the ISD website¹.

The need for regular reporting of activity and performance, to assure the quality of care delivered, was first set out nationally as a fundamental requirement of a Managed Clinical Network (MCN) in [NHS MEL\(1999\)10](#)². This has since been further restated and reinforced in [HDL\(2002\)69](#)³, [HDL \(2007\) 21](#)⁴, and most recently in [CEL 29 \(2012\)](#)⁵.

This report assesses the performance of specialist cancer services for patients diagnosed with cervical cancer in the North of Scotland Cancer Network during the twelve months from 1st October 2014 to 30th September 2015.

Using clinical audit data, which has been collected at individual Board level for patients diagnosed with cervical cancer during the period indicated, performance is reported against the Cervical Cancer Quality Performance Indicators (QPIs)⁶ which were implemented for patients diagnosed on or after 1st October 2014. Results are reported both by Board, and collectively as a network, with supporting narrative to enhance understanding of performance outcomes.

2. Background

Six NHS Boards across the North of Scotland serve the 1.39 million population⁷. There were 89 patients diagnosed with cervical cancer in the North of Scotland between 1st October 2014 and 30th September 2015. The configuration of the Multidisciplinary Teams (MDTs) in the North of Scotland for the management of gynaecological cancers, which includes cervical cancer, is set out below.

MDT	Constituent Hospitals
Grampian	Aberdeen Royal Infirmary, Balfour Hospital, Kirkwall, Gilbert Bain Hospital, Lerwick
Highland	Raigmore Hospital, Inverness
Tayside	Ninewells Hospital, Dundee

2.1 National Context

Latest available cancer registration figures indicate that with 309 cases recorded in Scotland during 2013, cervical cancer is one of the less common types of cancer in women, with incidence rates changing little over the past 10 years⁸.

Relative survival from cervical cancer in Scotland is similar to the average for all cancers types and has increased slightly since 1987-1991⁹. The table below details the percentage change in 1 and 5 year relative survival for patients diagnosed 1987-1991 to 2007-2011.

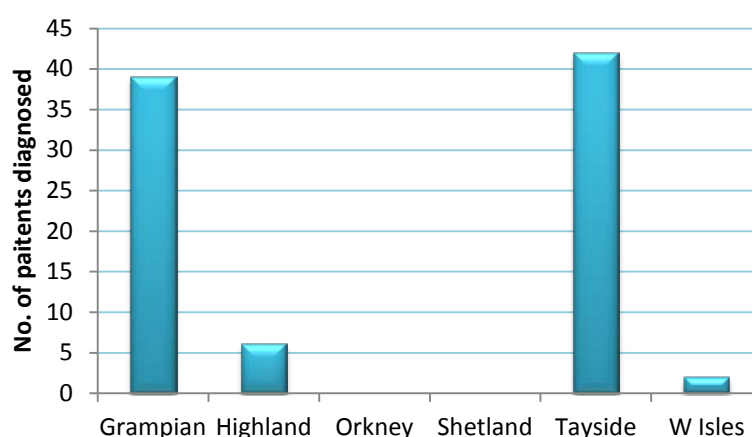
Relative age-standardised survival for cervical cancer in Scotland at 1 year and 5 years showing percentage change from 1987-1991 to 2007-2011⁹.

Relative survival at 1 year (%)		Relative survival at 5 years (%)	
2007-2011	% change	2007-2011	% change
79.7%	+ 2.4%	60.2%	+ 4.7%

2.2 North of Scotland Context

Between 1st October 2014 and 30th September 2015, a total of 89 cases of cervical cancer were diagnosed in the North of Scotland and recorded through audit. The number of patients diagnosed within each Board is presented below.

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
Number of Patients	39	6	0	0	42	2	89
% of NoS total	43.8%	6.7%	0%	0%	47.2%	2.2%	100%



Number of patients diagnosed with cervical cancer by Board of diagnosis, October 2014 – September 2015.

3. Methodology

The clinical audit data presented in this report was collected in accordance with an agreed dataset and definitions¹. The data was entered locally into the electronic Cancer Audit Support Environment (eCASE): a secure centralised web-based database.

Data for patients diagnosed between 1st October 2014 and 30th September 2015 were locally collated by cancer audit staff within individual NHS Boards. These data and any comments on QPI results were then signed-off at NHS Board level to ensure that the data was an accurate representation of service in each area prior to submission to NOSCAN for collation at a regional level. The reporting timetable was developed to take into account the patient pathway (i.e. time taken from first cancer diagnosis until the point at which all information required to measure the QPIs is available) and thereby ensure that a complete treatment record was available for the vast majority of cases.

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

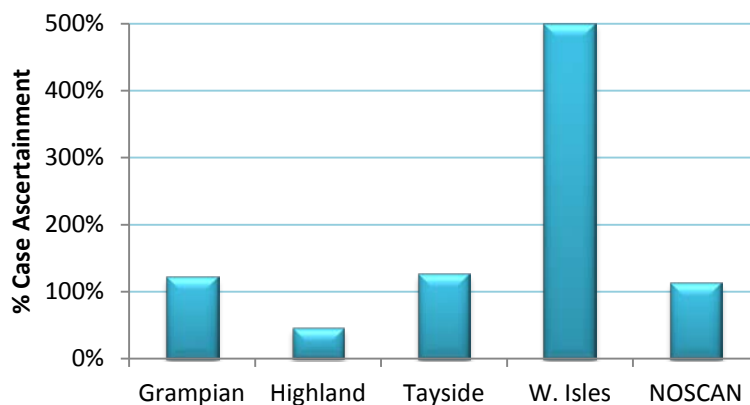
4. Results

4.1 Case Ascertainment

Audit data completeness can be assessed from case ascertainment, which is the proportion of expected patients that have been identified through audit within the time period measured. Case ascertainment is calculated by comparing the number of new cases identified by the cancer audit with a five year average of the number of patients having a similar diagnosis, as recorded by the National Cancer Registry (provided by Information Services Division (ISD)), for a particular NHS Board of diagnosis.

Cancer Registry figures were extracted from ACaDMe (Acute Cancer Deaths and Mental Health), a system provided by ISD. Due to timescale of data collection and verification processes, National Cancer Registry data are not available for 2015. Consequently an average of the previous five years' figures (i.e. 2010 to 2014) is used to take account of annual fluctuations in incidence within NHS Boards. It should be noted that case ascertainment figures are provided for guidance only: as it is not possible to compare the same cohort of patients and they are not an exact measurement of audit completeness.

Overall case ascertainment for the period reported in the North of Scotland was high at 112.7%, indicating excellent capture of patients through cancer audit. Case ascertainment for each Board across the North of Scotland is shown below.



Case ascertainment by NHS Board for patients diagnosed with cervical cancer in 2014-2015.

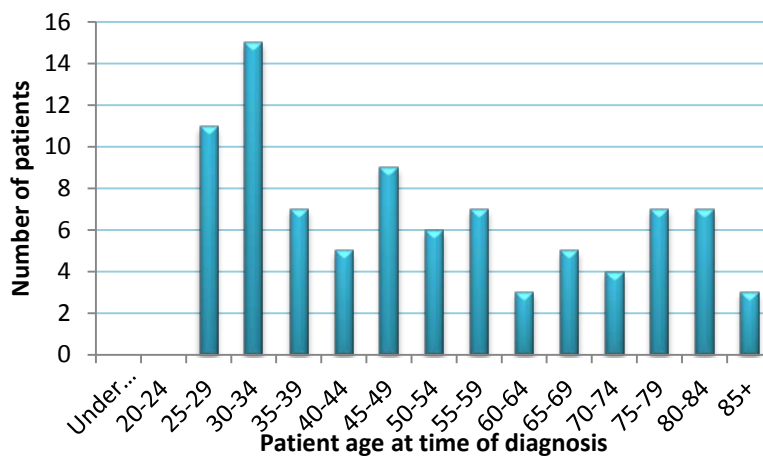
	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
Cases from audit	39	6	0	0	42	2	89
ISD Cases (2010-2014)	32	13	0	0	33	0	79
% Case ascertainment	121.9%	44.8%	-	-	126.5%	500%	112.7%

Case ascertainment is high in the two largest NHS Boards in the North of Scotland. Variation in case ascertainment is to be anticipated when annual numbers of patients diagnosed are low, such as for NHS Highland and NHS W Isles, and are likely to reflect variation in the numbers of patients being diagnosed rather than audit completeness. QPI calculations based on data captured are considered to be representative of all patients diagnosed with cervical cancer during the audit period.

For patients included within the audit, nearly all data required to report the QPIs were recorded.

4.2 Age Distribution

The graph below shows the age distribution of patients diagnosed with cervical cancer in the North of Scotland in 2014-2015.



Age distribution of patients diagnosed with cervical cancer in NOSCAN 2014-2015.

Age	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NOSCAN
Under 20	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0
25-29	6	0	0	0	5	0	11
30-34	7	1	0	0	6	1	15
35-39	3	1	0	0	3	0	7
40-44	1	1	0	0	3	0	5
45-49	2	1	0	0	6	0	9
50-54	3	1	0	0	2	0	6
55-59	5	0	0	0	1	1	7
60-64	1	0	0	0	2	0	3
65-69	2	0	0	0	3	0	5
70-74	3	0	0	0	1	0	4
75-79	2	0	0	0	5	0	7
80-84	2	1	0	0	4	0	7
85+	2	0	0	0	1	0	3
Total	39	6	0	0	42	2	89

4.3 Performance against Quality Performance Indicators (QPIs)

Results of the analysis of the Cervical Cancer Quality Performance Indicators are set out in the following sections. Graphs and charts have been provided where this aids interpretation and, where appropriate, numbers have also been included to provide context.

Data for most QPIs are presented by Board of diagnosis; however QPI 5, relating to surgical margins, is presented by Hospital of Surgery. Where performance is shown to fall below the target, commentary is often included to provide context to the variation. Specific regional and NHS Board actions have been identified to address issues highlighted through the data analysis where appropriate.

QPI 1: Radiological Staging

QPI 1: Radiological Staging: Patients with cervical cancer should have their stage of disease assessed by magnetic resonance imaging (MRI) prior to first treatment.

It is necessary to fully image the pelvis prior to definitive treatment in order to establish the extent of disease and minimise unnecessary or inappropriate treatment.

Numerator: Number of patients with cervical cancer having MRI of the pelvis carried out prior to first treatment.

Denominator: All patients with cervical cancer.

Exclusions:

- Patients with histopathological FIGO* stage IA1 disease.
- Patients treated by LLETZ[†] only.
- Patients unable to undergo MRI due to contraindications.

Target: 95%

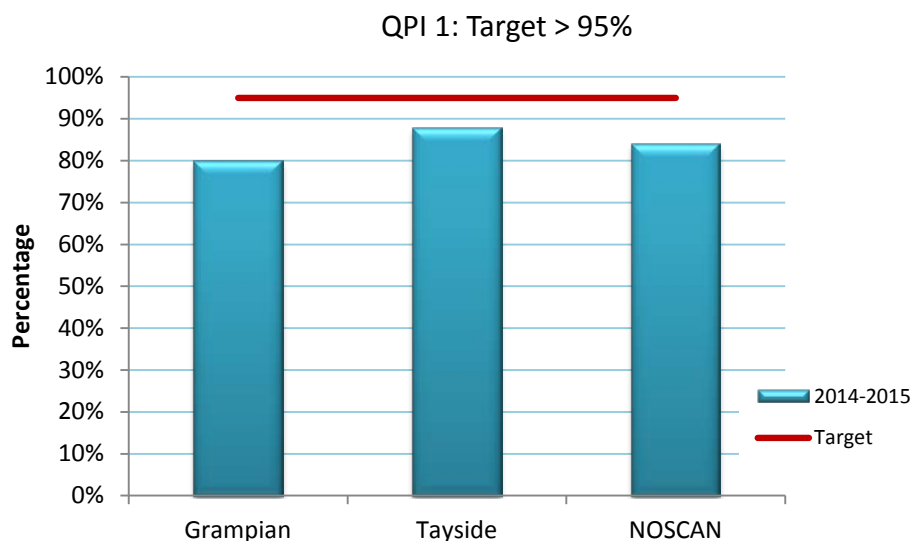
* FIGO – International Federation of Gynaecology and Obstetrics

† LLETZ – Large Loop Excision of the Transformation Zone

QPI 1 Performance against target

Of the 69 patients with diagnosed with cervical cancer in North of Scotland in 2014-2015, 58 had an MRI of the pelvis carried out prior to first treatment. This equates to a rate of 84.1%, which is below the target rate of 95%.

No NHS Boards except NHS W Isles met this QPI, with performance at a similar level across NOSCAN.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	80.0%	24	30	0	0%	0	0%	0
Highland*	-	-	-	-	-	-	-	-
Tayside	87.9%	29	33	0	0%	1	3.0%	0
W Isles*	-	-	-	-	-	-	-	-
NoS	84.1%	58	69	0	0%	1	1.4%	0

In NHS Grampian 6 of 30 patients did not have MRI before first treatment. Review of these 6 patients showed that 4 had MRI before definitive treatment; 3 patients had LLETZ as a diagnostic first treatment followed by surgery or radiotherapy as definitive treatment and the other patient had MRI and declined further treatment. The 2 other patients did not have MRI because they had Stage 1A1 disease at LLETZ but were upstaged following definitive treatment.

In NHS Highland the single patient who did not meet the target did have MRI but then declined treatment.

In NHS Tayside 4 out of 33 patients did not have MRI before first treatment. In 1 case the diagnosis was an incidental finding: the patient did not have a cancer diagnosis prior to hysterectomy which has been documented as first treatment. Three patients presented unfit for treatment with advanced clinical disease but no histological confirmation.

MRI is only relevant for patients undergoing surgery or radiotherapy with curative intent therefore patients who present with advanced and/or metastatic disease do not require MRI.

Actions Required:

- **MCN to suggest at the baseline review of cervical cancer QPIs that QPI 1 is amended to measure the proportion of patients having MRI before definitive treatment, rather than first treatment.**
- **MCN to suggest at baseline review that QPI 1 tolerance statement is amended to include incidental findings.**
- **MCN to suggest at baseline review that QPI 1 is updated to enable those patients who have undergone MRI and have either refused treatment or died before treatment to meet the QPI.**
- **MCN to suggest at baseline review that QPI 1 is updated to exclude patients who refuse MRI and those with Stage 1VB disease.**

QPI 2: Positron Emission Tomography / Computed Tomography (PET/CT)

QPI2: Positron Emission Tomography / Computed Tomography (PET/CT): Patients with cervical cancer, for whom primary definitive surgery is not appropriate, should undergo positron emission tomography - computed tomography imaging (PET/CT).

Patients not suitable for surgery and being considered for radical radiotherapy (+/- concurrent chemotherapy) are recommended to undergo PET/CT because of the significant risk of extra pelvic disease which if detected will change patient management.

The greatest benefit from PET-CT is in women with inoperable disease, considered potentially curable with chemoradiotherapy. This group of women is statistically more likely to have nodal or metastatic disease than those women suitable for surgery.

Numerator: Number of cervical cancer patients undergoing primary radical radiotherapy who have PET/CT imaging prior to starting treatment.

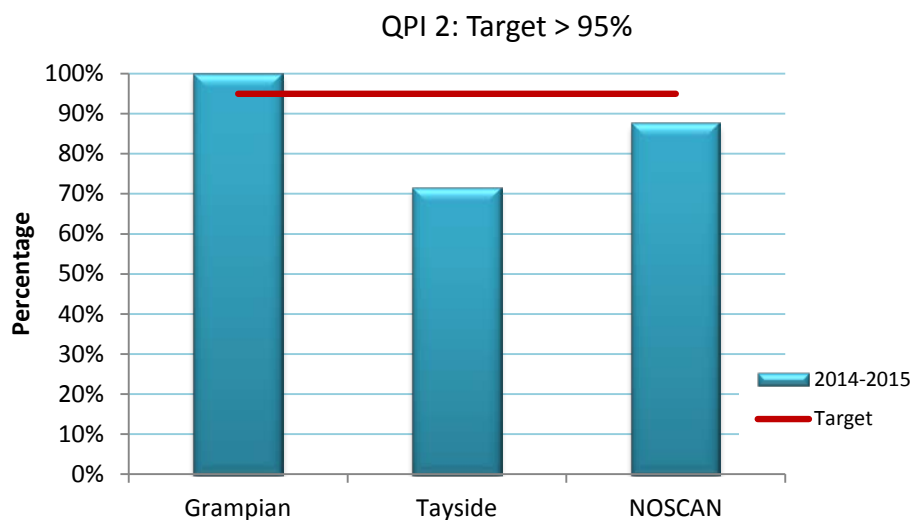
Denominator: All patients with cervical cancer undergoing primary radical radiotherapy.

Exclusions: No exclusions

Target: 95%

QPI 2 Performance against target

Out of the 40 patients with cervical cancer undergoing primary radical radiotherapy across the North of Scotland, 35 had PET/CT imaging prior to starting treatment. At 87.5% this does not meet the target rate of 95%. At an NHS Board level the QPI was met by NHS Grampian and NHS Highland but not by NHS Tayside or NHS W Isles.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	100%	21	21	0	0%	0	0%	0
Highland*	-	-	-	-	-	-	-	-
Tayside	71.4%	10	14	0	0%	0	0%	0
W Isles*	-	-	-	-	-	-	-	-
NoS	87.5%	35	40	1	2.5%	0	0%	0

In NHS Tayside 10 out of 14 patients had PET. It was felt at MDT discussion that there was sufficient information from CT imaging in the 4 patients who did not receive PET. However to identify that a patient is to be treated with radical intent requires PET to exclude distant metastases and therefore exclusion of PET in these 4 patients requires review by NHS Tayside.

There were only 2 patients identified within NHS W Isles and there was insufficient data on 1 patient.

Actions Required:

- **NHS Tayside to ensure patients treated with radical radiotherapy have PET staging.**
- **NHS W Isles to review data collection.**

QPI 3: Multidisciplinary Team Meeting (MDT)

QPI3: Multidisciplinary Team Meeting (MDT): Patients with cervical cancer should be discussed by a multidisciplinary team (MDT) prior to definitive treatment.

Evidence suggests that patients with cancer managed by a multidisciplinary team have a better outcome. There is also evidence that the multidisciplinary management of patients increases their overall satisfaction with their care.

Patient selection [for surgery] should be carried out by a multidisciplinary gynaecological oncology team.

Numerator: Number of patients with cervical cancer discussed at the MDT before definitive treatment.

Denominator: All patients with cervical cancer.

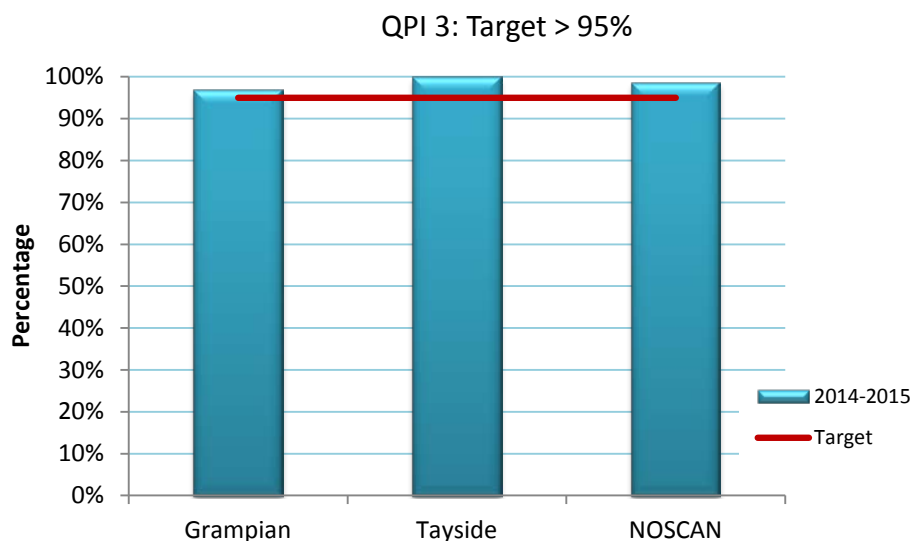
Exclusions:

- Patients with histopathological FIGO stage IA1 disease.
- Patients treated by LLETZ only.

Target: 95%

QPI 3 Performance against target

In the North of Scotland, 98.6% of patients diagnosed with cervical cancer in 2014-2015 were discussed at the MDT before definitive treatment; this means that at a regional level, the target of 95% was met. All NHS Boards within the North of Scotland also met this QPI target.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	96.8%	30	31	0	0%	0	0%	0
Highland*	-	-	-	-	-	-	-	-
Tayside	100%	33	33	0	0%	1	3.0%	0
W Isles*	-	-	-	-	-	-	-	-
NoS	98.6%	69	70	0	0%	1	1.4%	0

Actions Required:

No actions identified.

QPI 4: Radical Hysterectomy

QPI 4: Radical Hysterectomy: Patients with stage IB1 cervical cancer should undergo radical hysterectomy.

Radical surgery is recommended for FIGO stage IB1 disease if there are no contraindications to surgery. Patients with tumours <4 cm in diameter are less likely to have metastatic spread and benefit most from radical hysterectomy. In young women quality of life is less impaired after radical hysterectomy than following chemo-radiation therapy.

Numerator: Number of patients with FIGO stage IB1 cervical cancer who undergo radical hysterectomy.

Denominator: All patients with FIGO stage IB1 cervical cancer.

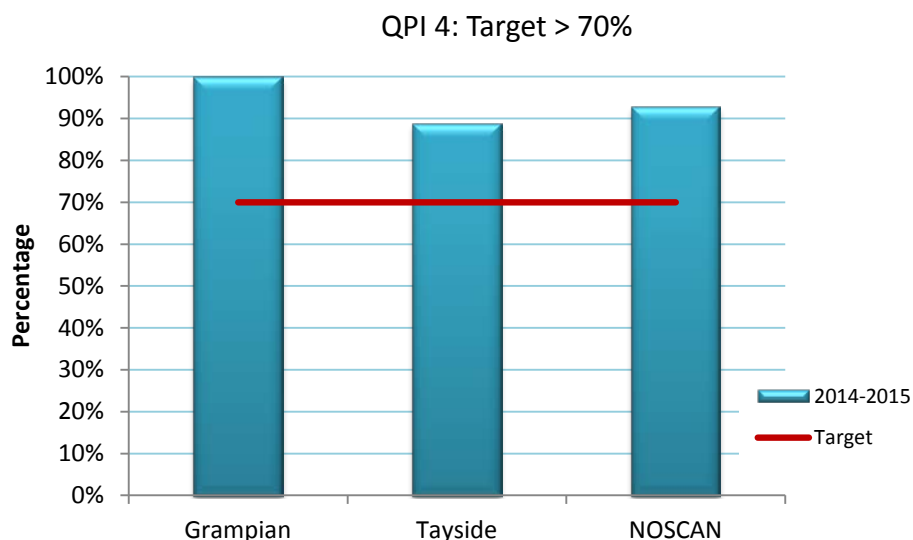
Exclusions:

- Patients who decline surgery.
- Patients who undergo fertility conserving treatment.
- Patients having neo adjuvant chemotherapy.
- Patient enrolled into surgical trials.

Target: 70%

QPI 4 Performance against target

Of the 14 patients diagnosed with FIGO stage IB1 cervical cancer in the North of Scotland in 2014-2015, 13 (92.9%) had a radical hysterectomy. Consequently the target rate of 70% was met both at a regional level and by all the NHS Boards within the North of Scotland.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	100%	5	5	0	0%	0	0%	0
Highland	-	0	0	0	-	0	-	0
Tayside	88.9%	8	9	0	0%	0	0%	1
W Isles	-	0	0	0	-	0	-	0
NoS	92.9%	13	14	0	0%	0	0%	1

It should be noted that there were no patients in NHS Highland with Stage 1B1 disease during the period 1st October 2014 to 30th September 2015.

Actions Required:

No actions identified.

QPI 5: Surgical Margins

QPI 5: Surgical Margins: Patients with surgically treated cervical cancer should have clear resection margins.

The quality of radical surgery for cervical cancer has an important influence on local control of the tumour and ultimately survival. Therefore, it is important to optimise and ensure the quality of surgical care for cervical cancer patients. Positive surgical margins increase the risk of reoccurrence, necessitating adjuvant treatment.

Numerator: Number of patients with cervical cancer who undergo surgery where surgical margins are clear of tumour.

Denominator: All patients with cervical cancer who undergo surgery.

Exclusions: Patients who undergo neo-adjuvant chemotherapy.

Target: 95%

QPI 5 Performance against target

Of the 22 patients diagnosed with cervical cancer in the North of Scotland in 2014-2015 that had surgery, 95.5% (21) has surgical margins that were clear of tumour. These figures show that the target of 95% was met in the North of Scotland.

At a more local level the QPI was met by all hospitals where surgery was performed except Ninewells Hospital, NHS Tayside. However for Ninewells Hospital the numbers of patients included within this QPI are small and the target not met due to the outcome of a single patient. Due to the small numbers of patients included within hospital level analysis for this QPI, results are not displayed graphically.

	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
ARI	100%	17	17	0	0%	0	0%	0
Raigmore*	-	-	-	-	-	-	-	-
Ninewells*	-	-	-	-	-	-	-	-
NoS	95.5	21	22	0	0%	0	0%	0

In NHS Tayside 1 out of four patients did not have clear margins and on case review it became evident that this patient underwent hysterectomy without a cancer diagnosis, histological diagnosis was an incidental finding in the hysterectomy specimen. On

discussion it was felt that this is an unusual occurrence therefore does not justify altering the QPI tolerance.

Actions Required:

No actions identified.

QPI 6: 56 Day Treatment Time for Radical Radiotherapy

QPI 6: 56 Day Treatment Time for Radical Radiotherapy: Treatment time for patients with cervical cancer undergoing radical radiotherapy should be no more than 56 days.

Prolongation of overall treatment has been shown to result in a decrease on local control rate.

Overall treatment time for locally advanced cervical cancer should be as short as possible. Radiotherapy for squamous carcinoma should be completed within 56 days.

Measures to encourage compliance, to avoid gaps in treatment and also departmental arrangements to adjust where planned treatment schedule coincides with bank holidays or planned machine down time, need to be in place.

Numerator: Number of patients with cervical cancer undergoing radical radiotherapy (external beam or brachytherapy) whose overall treatment time, from start to the end of treatment, is not more than 56 days.

Denominator: All patients with cervical cancer undergoing radical radiotherapy (external beam or brachytherapy).

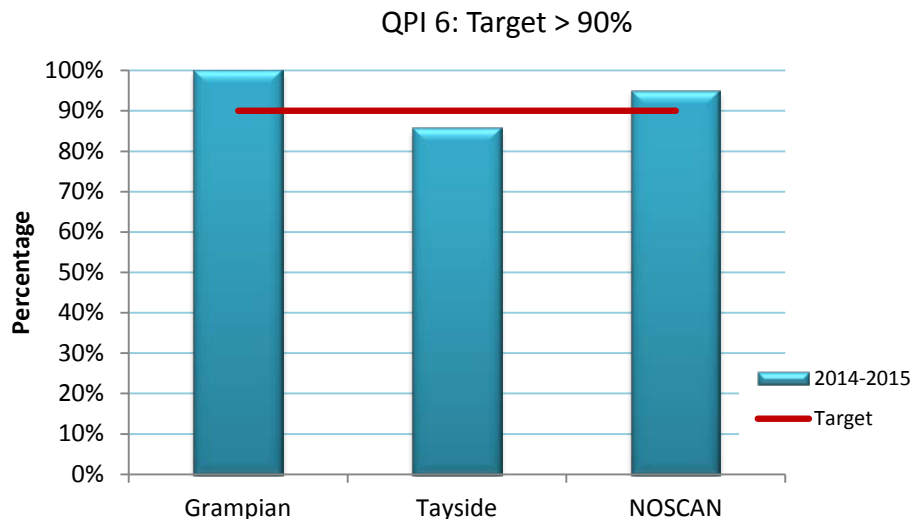
Exclusions: No exclusions.

Target: 90%

QPI 6 Performance against target

In 2014 - 2015, 40 patients were diagnosed cervical cancer and had radical radiotherapy in the North of Scotland. The treatment time for 38 of these patients (95.0%) was no more than 56 days, meeting the target rate of 90%.

This QPI was met by all NHS Boards in the North of Scotland with the exception of NHS Tayside.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	100%	21	21	0	0%	0	0%	0
Highland*	-	-	-	-	-	-	-	-
Tayside	85.7%	12	14	0	0%	0	0%	0
W Isles*	-	-	-	-	-	-	-	-
NoS	95.0%	38	40	0	0%	0	0%	0

Only 2 of 14 patients did not meet the target in NHS Tayside and the prolonged treatment time in these patients was reviewed and felt to be clinically appropriate: intercurrent illness during treatment causing delays for one patient and failed brachytherapy requiring time to plan and deliver external beam boost in the second.

This QPI states 56 day treatment time for radical radiotherapy, including brachytherapy. However, as all radiotherapy is recorded under generic radiotherapy data items results can be hard to interpret. As such, there has been some discussion around whether separate data items for brachytherapy should be added to the dataset to enable results to be more easily interpreted.

Actions Required:

- **MCN to suggest at baseline review that a brachytherapy data item is added to the data set allow more detailed data collection.**

QPI 7: Chemoradiation

QPI 7: Chemoradiation: Patients with cervical cancer undergoing radical radiotherapy should receive concurrent platinum-based chemotherapy.

Addition of chemotherapy to radiotherapy has been shown in several randomised trials and in a meta-analysis to improve overall survival.

Any patient with cervical cancer considered suitable for radical radiotherapy treatment should have concurrent chemoradiotherapy with a platinum based chemotherapy, if fit enough.

Concurrent chemoradiation is the primary treatment of choice for stages IB2 to IVA disease based on the results of 5 randomised clinical trials.

Numerator: Number of patients with cervical cancer undergoing radical radiotherapy who receive concurrent chemotherapy.

Denominator: All patients with cervical cancer who undergo radical radiotherapy.

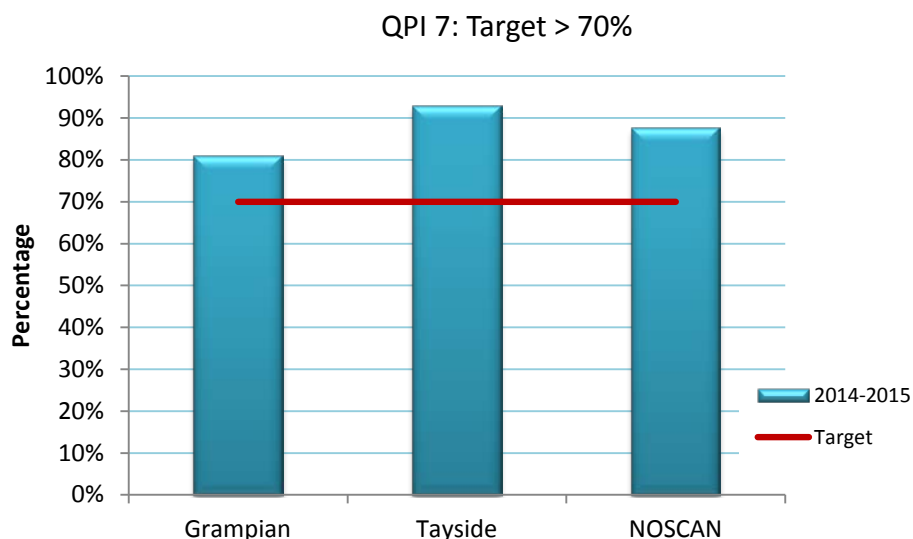
Exclusions: No Exclusions

Target: 70%

QPI 7 Performance against target

In 2014 - 2015, 40 patients were diagnosed cervical cancer and had radical radiotherapy in the North of Scotland. 87.5% of these patients received concurrent chemotherapy, meeting the target rate of 70%.

This QPI was met by all NHS Boards in the North of Scotland.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	81.0%	17	21	0	0%	0	0%	0
Highland*	-	-	-	-	-	-	-	-
Tayside	92.9%	13	14	0	0%	0	0%	0
W Isles*	-	-	-	-	-	-	-	-
NoS	87.5%	35	40	0	0%	0	0%	0

Actions Required:

No actions identified.

Clinical Trials Access QPI

The ability of patients to readily access a Clinical Trial is a common issue for all cancer types, and in order to further support recruitment through more active comparison and measurement of Board and network performance across the country, a generic QPI was developed as part of the National Programme of cancer quality improvement. Further details on the development and definition of this QPI can be found [here](#).

The QPI is defined as follows.

<i>Clinical Trials Access QPI</i>	
All patients should be considered for participation in available clinical trials, wherever eligible.	
Numerator:	Number of patients with cervical cancer enrolled in an interventional clinical trial of translational research.
Denominator:	All patients with cervical cancer.
Exclusions:	No exclusions
Target:	Interventional clinical trials – 7.5% Translational research - 15%

Key points during the period audited:

- No patients diagnosed with cervical cancer were recruited into interventional clinical trials in any of the three cancer centres in the region in 2015; this is well below the required target of 7.5%.
- Recruitment into translational research was also 0%, clearly missing the target of 15%.

	Number of patients recruited	ISD Cases annual average (2009-2013)	Percentage of patients recruited
Interventional Clinical Trials	0	79	0%
Translational Research	0	79	0%

5. Conclusions

The Quality Performance Indicators programme was introduced in order to drive forward a programme of continuous service improvement and to ensure the quality and equity of access to care for cancer patients across Scotland.

As part of this programme, the North of Scotland has launched a programme of annual reporting of regional performance against QPIs. This is the first time that the results of individual Board performance against the Cervical Cancer QPIs have been reported in the North of Scotland, providing a clearer measure of overall performance across the region, and a more formal structure around which any improvements will be made.

Case ascertainment was high at 113% overall, and results of both Board and regional performance against the Cervical Cancer QPI's for patients diagnosed between 1st October 2014 and 30th September 2015 were considered to be representative of cancer services specific to the management of cervical cancer in the North of Scotland.

For five of the eight QPIs measured, the audit report indicated that the required QPI targets were met. This would suggest we are delivering high quality clinical care to women with cervical cancer in the North of Scotland. Where any QPI target has not been met there has been regional analysis of cases, multidisciplinary discussion and action plans are currently being developed to address any areas for improvement.

The actions so far identified to improve services in the North of Scotland include;

- **NHS Tayside to ensure patients treated with radical radiotherapy have PET staging.**
- **NHS W Isles to review data collection.**

A number of other areas have also been identified where further work might be required with national partners to ensure that the Cervical Cancer QPIs are as clinically relevant as possible in the future, and able to better evaluate patient and service outcomes. These include:

- **MCN to suggest at the baseline review of cervical cancer QPIs that QPI 1 is amended to measure the proportion of patients having MRI before definitive treatment, rather than first treatment.**
- **MCN to suggest at baseline review that QPI 1 tolerance statement is amended to include incidental findings.**
- **MCN to suggest at baseline review that QPI 1 is updated to enable those patients who have undergone MRI and have either refused treatment or died before treatment to meet the QPI.**
- **MCN to suggest at baseline review that QPI 1 is updated to exclude patients who refuse MRI and those with Stage 1VB disease.**

- **MCN to suggest at baseline review that a brachytherapy data item is added to the data set allow more detailed data collection.**

The North of Scotland Gynaecology MCN will actively take forward regional actions identified and NHS Boards are asked to develop local Action / Improvement Plans in response to the findings presented in the report. A blank Action Plan template can be found in the Appendix to this report.

Completed Action Plans should be returned to NOSCAN within two months of publication of this report.

Progress against these plans will be monitored by the North of Scotland Gynaecology MCN and any service or clinical issue which the Advisory Board considers not to have been adequately addressed will be escalated to the NHS Board Lead Cancer Clinician and Regional Lead Cancer Clinician.

Additionally, progress will be reported to the Regional Cancer Advisory Forum (RCAF) annually by the NOSCAN Clinical Lead for Cervical Cancer as part of the regional audit governance process to enable RCAF to review and monitor regional improvement.

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Appendix: NHS Board Action Plans

A blank Action Plan template can be found attached. Completed Action Plans should be returned to NOSCAN within two months of publication of this report.



North of Scotland
Cancer Network

Action Plan: Cervical Cancer

Based on QPI results for patients diagnosed 2014-2015

Board:	
Action Plan Lead:	
Date:	

Status key	
1	Action Fully Implemented
2	Action agreed but not yet implemented
3	No action taken (please state reason)

QPI	Action Required	NHS Board Action Taken	Date		Lead	Progress	Status
			Start	End			
	<i>Ensure actions mirror those detailed in Audit Report</i>	<i>Detail specific actions that will be taken by the NHS Board</i>	<i>Insert date</i>	<i>Insert date</i>	<i>Insert name of responsible lead for each action.</i>	<i>Detail actions in progress, changes in practice, problems encountered or reasons why no action has been taken.</i>	<i>Insert no. from key</i>