

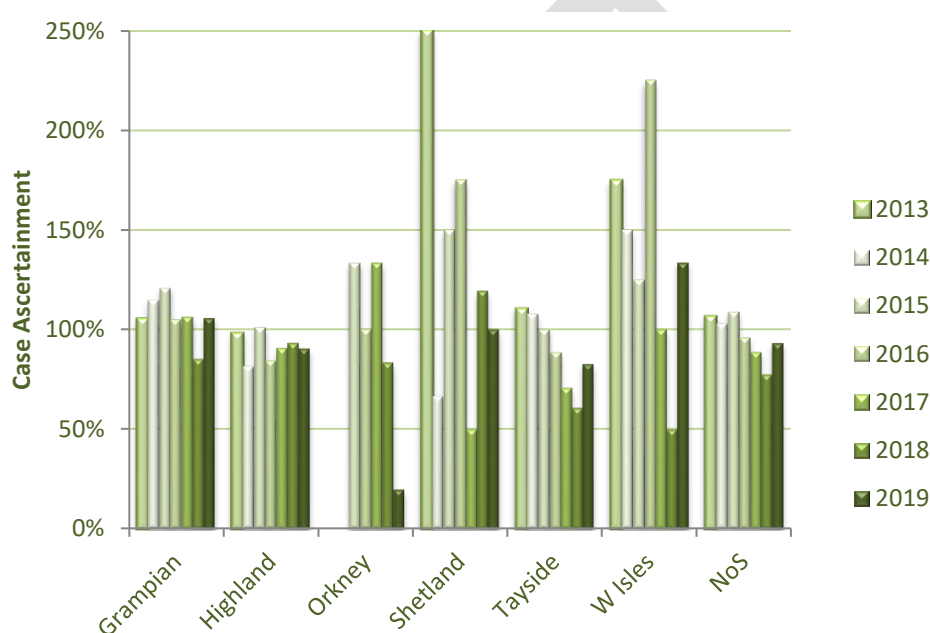
# Quality Performance Indicators Audit Report



<b>Tumour Area:</b>	HPB Cancer
<b>Patients Diagnosed:</b>	1 <sup>st</sup> January – 31 <sup>st</sup> December 2019
<b>Published Date:</b>	22/04/2021

## 1. Patient Numbers and Case Ascertainment in the North of Scotland

Between 1<sup>st</sup> January and 31<sup>st</sup> December 2019 a total of 395 cases of HPB cancer were diagnosed in the North of Scotland and recorded through audit. Case ascertainment was 93.2%, noticeably higher than the previous two years of reporting; case ascertainment was 77.3% in 2018 and 88.6% in 2017. QPI calculations based on the data captured are considered to be representative of patients diagnosed with HPB cancer during the audit period.



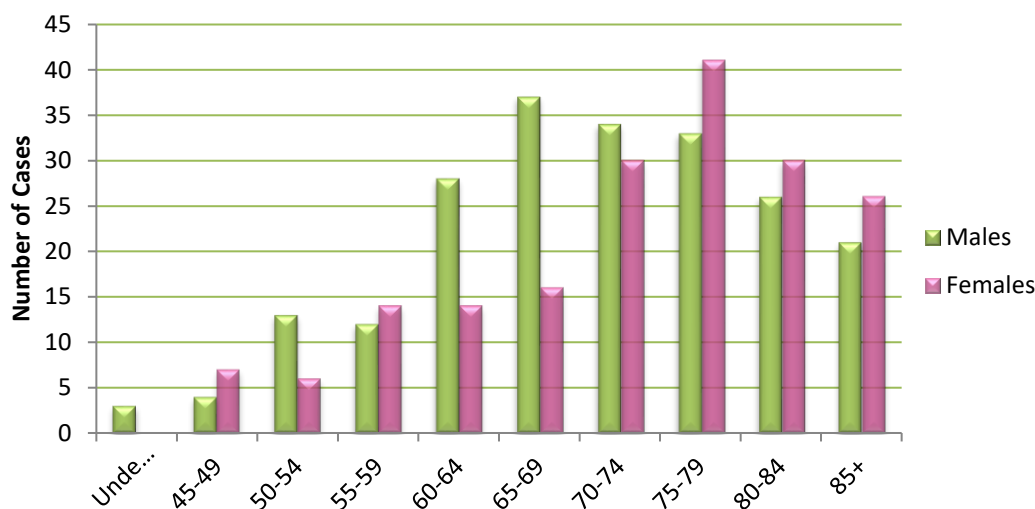
Case ascertainment by NHS Board for patients diagnosed with HPB cancer in 2013-2019.

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
<b>No. of Patients 2019</b>	168	85	1	4	129	8	<b>395</b>
<b>% of NoS total</b>	42.5%	21.5%	0.3%	1.0%	32.7%	2.0%	<b>100%</b>
<b>Mean ISD Cases 2014-18</b>	159	94	5	4	156	6	<b>424</b>
<b>% Case ascertainment 2019</b>	105.7%	90.4%	20.0%	100%	82.7%	133.3%	<b>93.2%</b>

For patients included within the audit, data collection was near complete.

## 2. Age Distribution

The figure in the chart below shows the age distribution of males and females diagnosed with HPB cancer in the North of Scotland in 2019, with numbers of patients diagnosed highest in the 65-69 year age bracket for males and in the 75-79 year age bracket for females.



Age distribution of patients diagnosed with HPB cancer in 2019.

## 3. Performance against Quality Performance Indicators (QPIs)

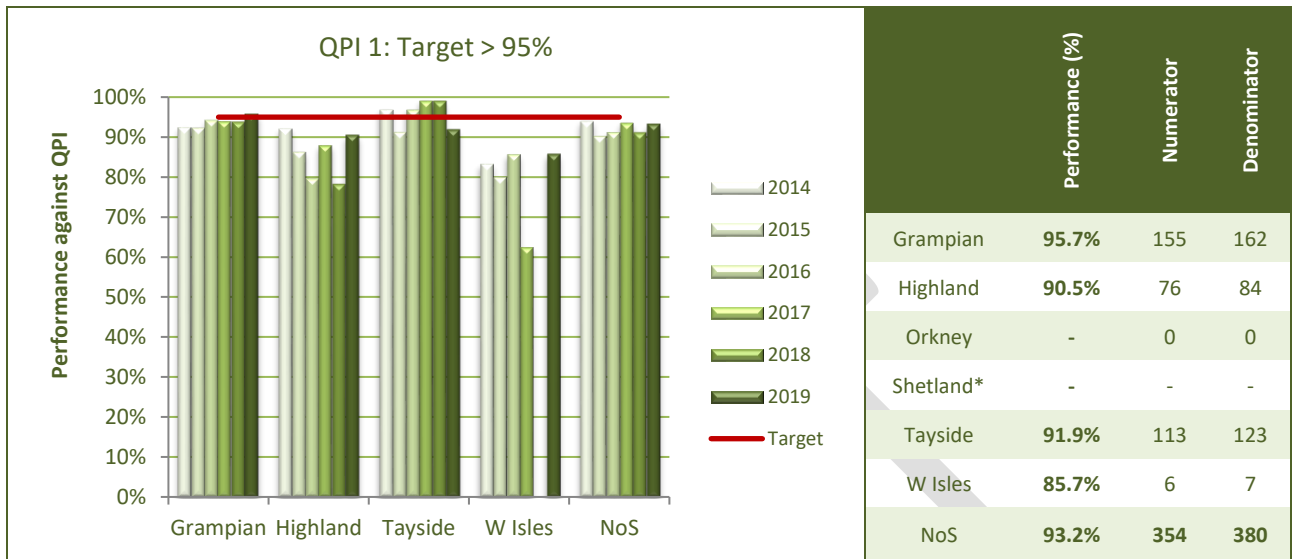
Definitions for the QPIs reported in this section are published by Health Improvement Scotland<sup>1</sup>, while further information on datasets and measurability used are available from Public Health Scotland. Data for most QPIs are presented by Board of diagnosis; however surgical QPIs (QPIs 5 (liver transplant and resection), 10, 11, 12 and 17 (resection)) are presented by Board of Surgery, while QPIs 5 and 17 (non-surgical treatments) are reported by Board of non-surgical treatment. In addition, the clinical trials and research study access QPI is reported by NHS Board of residence. Please note that where QPI definitions have been amended, results are not compared with those from previous years.

*\*Where the number of cases per Board is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure. However, all board results are included within the total for the North of Scotland.*

## 4. Governance and Risk

QPI performance is overseen by the North Cancer Alliance and its constituent groups, with an assessment of clinical risk and action planning undertaken collaboratively and reporting at board and regional level. Actions will be overseen by the Pathway Boards and reported concurrently into the NCA governance groups and cancer committees at each North of Scotland health board.

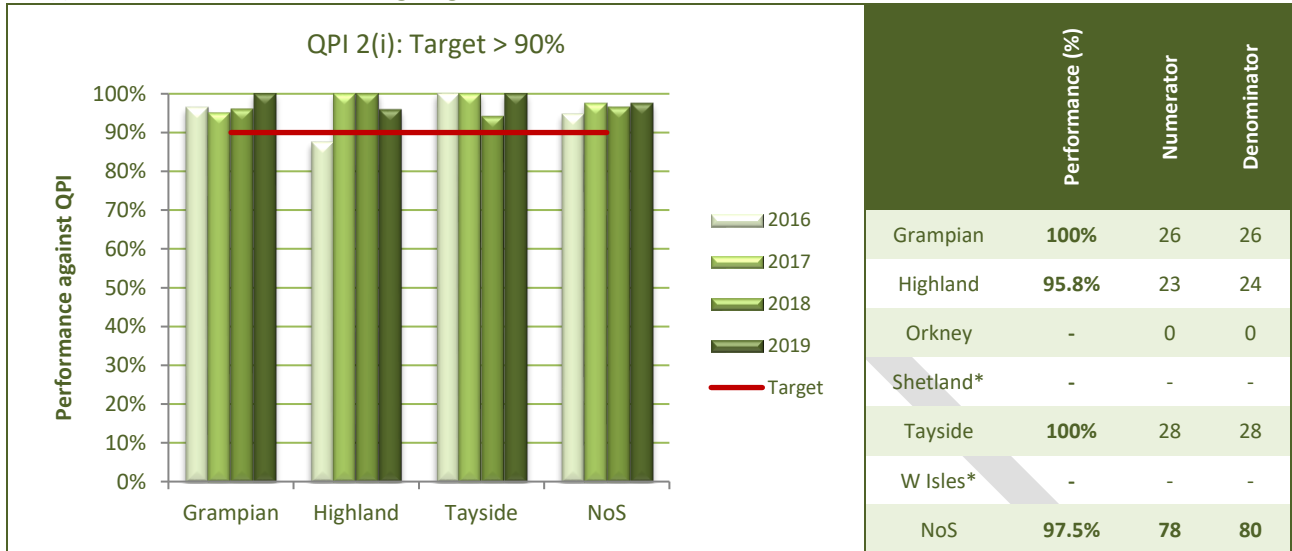
<b>QPI 1</b>	<b>Multi-Disciplinary Team (MDT) Meeting</b>
Proportion of patients with HPB cancer who are discussed at MDT meeting before definitive treatment.	



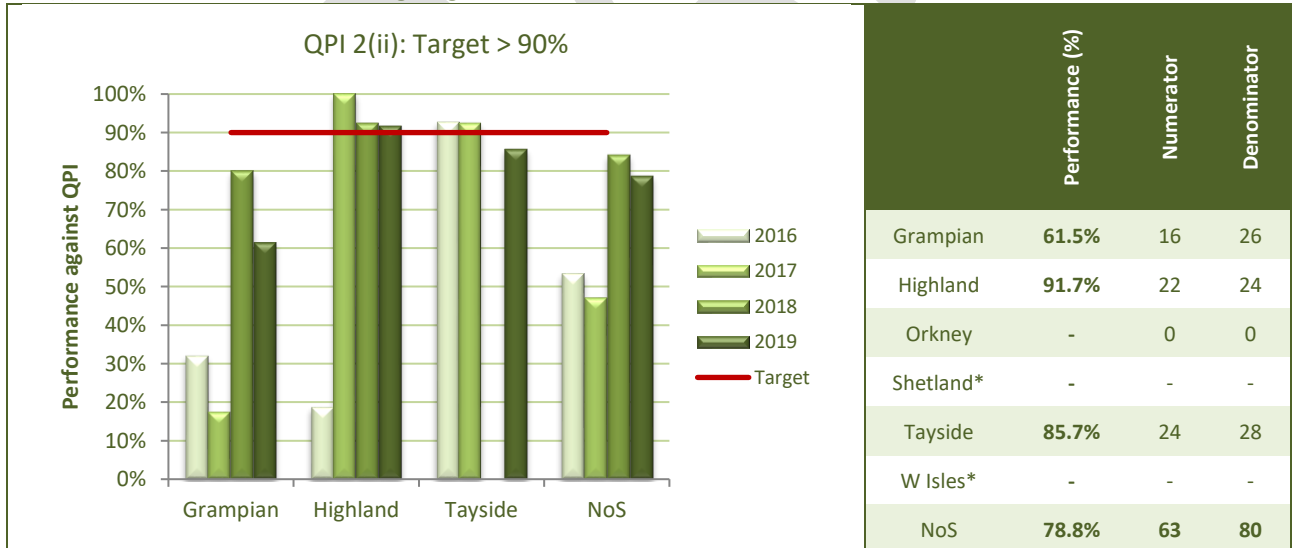
Patients who were not discussed at MDT prior to definitive treatment were those that were only fit for Best Supportive Care on presentation. They are subsequently discussed after a decision is made to proceed with supportive care only and all patients requiring active oncological / surgical treatment will be discussed at MDT prior to treatment.

<b>QPI 2</b>	<b>Diagnosis and Staging of HCC</b>
Proportion of patients with HCC who have undergone computerised tomography (CT) or Magnetic Resonance Imaging (MRI) and with full information recorded.	

(i) Patients with HCC undergoing CT or MRI



(ii) Patients with HCC undergoing CT or MRI with full information recorded

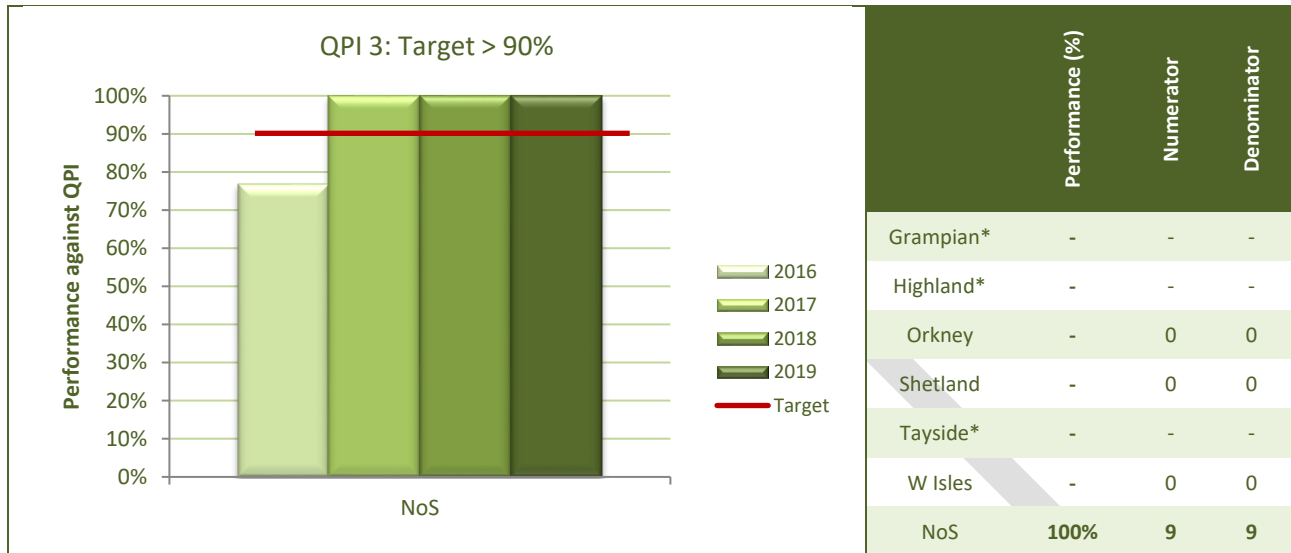


The implementation of the minimum data set for CT or MRI information recording requires further focus, particularly in NHS Grampian and NHS Tayside where this QPI target was not met.

However this remains a national challenge to achieve Specification (ii) with performance in the North above the Scottish average of 67.3%.

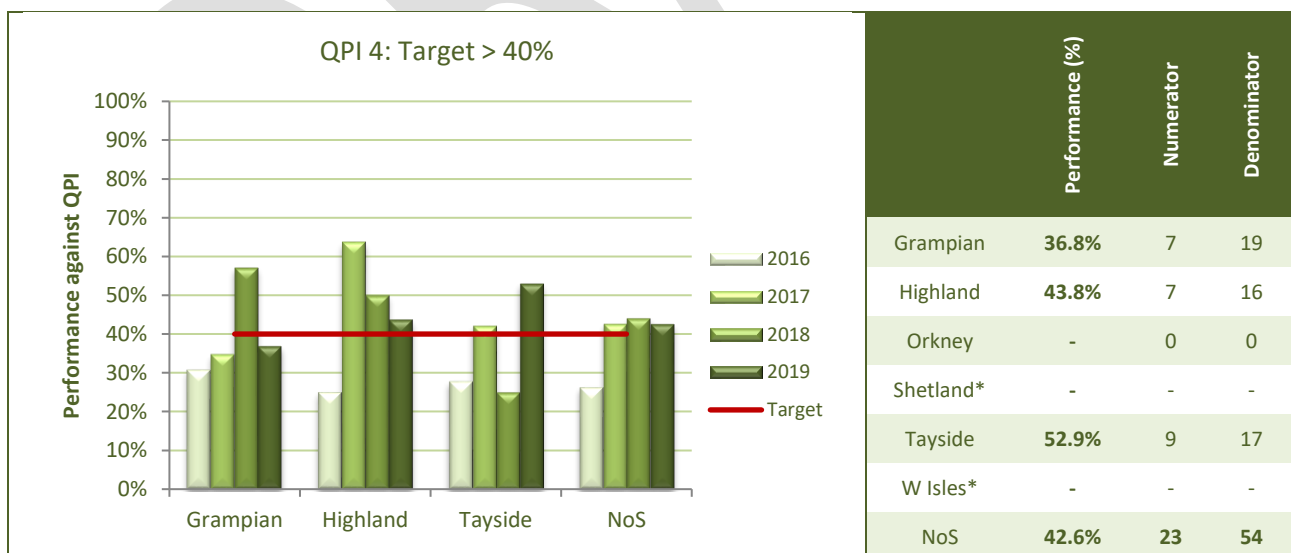
<b>QPI 3</b>	<b>Referral to Scottish Liver Transplant Unit</b>
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Proportion of patients with HCC who meet the current UK listing criteria for orthotopic liver transplantation referred to the Scottish Liver Transplant Unit (SLTU) for consideration of liver transplantation.



<b>QPI 4</b>	<b>Palliative Treatment for HCC</b>
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Proportion of patients with HCC not suitable for treatment with curative intent (liver transplantation, resection or ablative therapies) that undergo specific treatment with palliative intent (Trans-arterial chemoembolisation (TACE) or Systemic Anti Cancer Therapy (SACT) or radiotherapy).

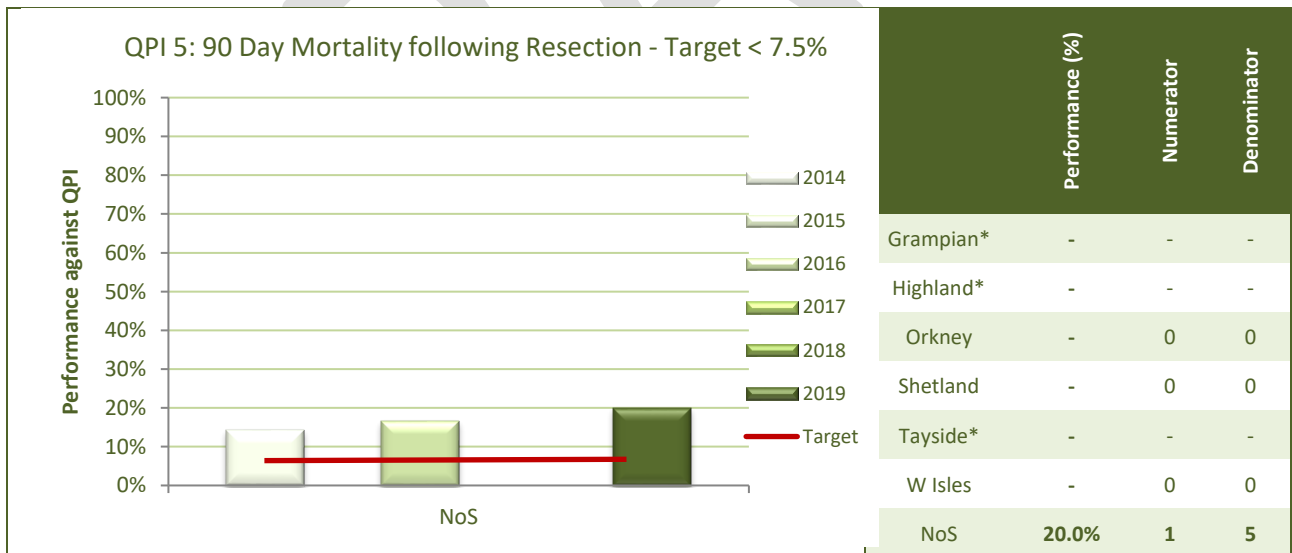
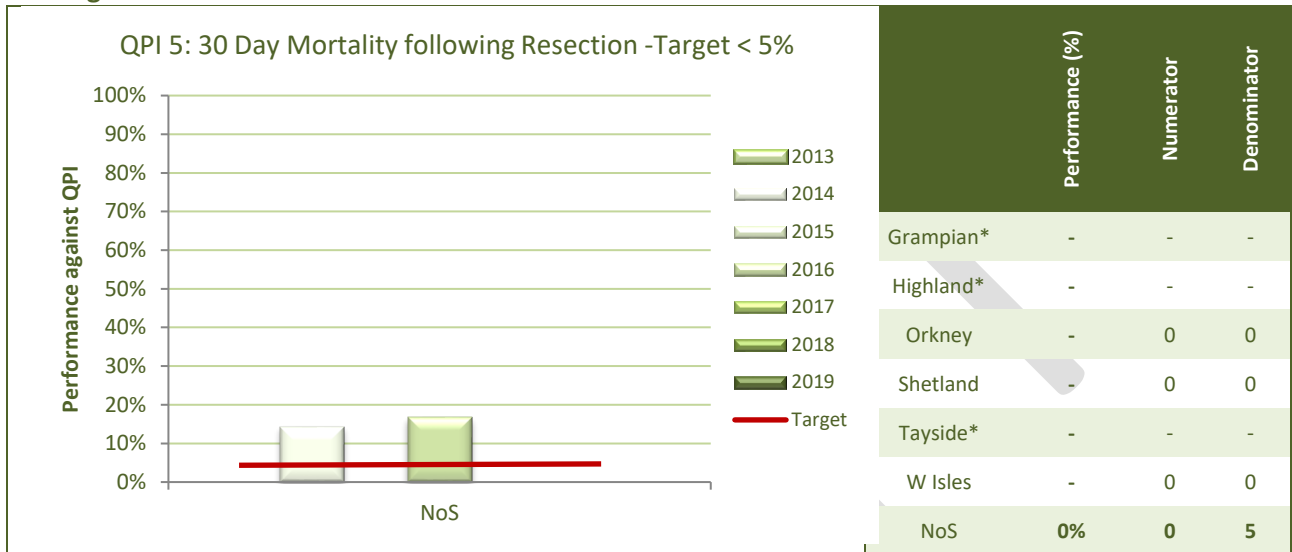


<b>QPI 5</b>	<b>30 and 90 day Mortality after Curative or Palliative Treatment for HCC</b>
Proportion of patients with HCC undergoing disease specific treatment, either curative (liver transplantation, resection or ablation) or palliative (Trans-arterial chemoembolisation (TACE) who die within 30 or 90 days of definitive treatment.	

### Liver Transplant

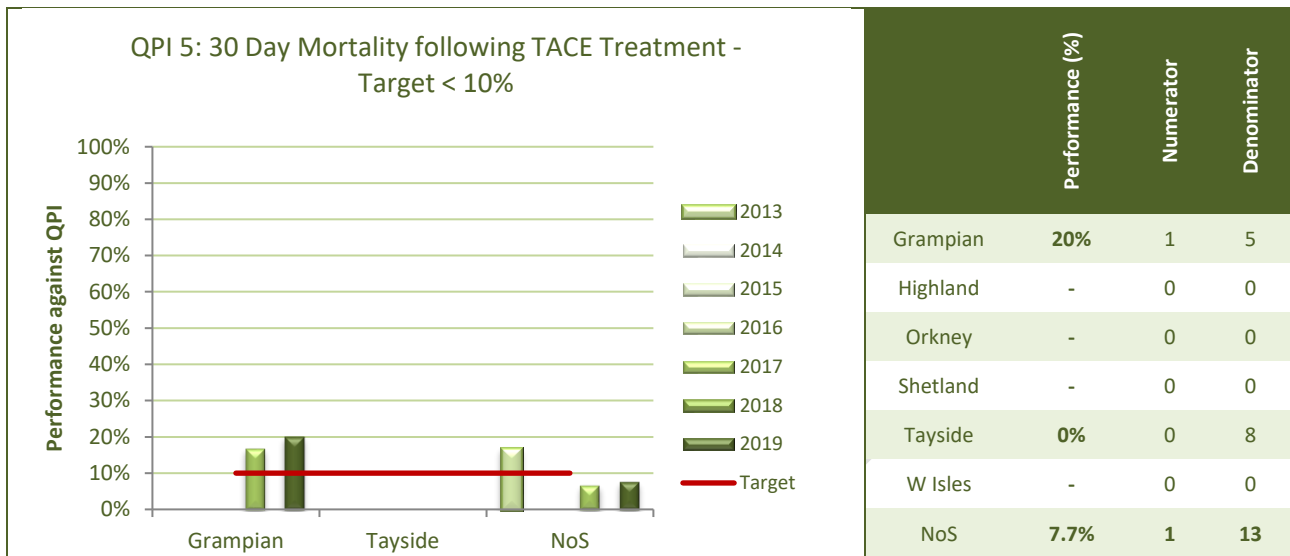
No patients diagnosed in the North of Scotland in 2019 had a liver transplant undertaken within the region.

### Surgical Resection



### Ablation

Fewer than 5 patients diagnosed in the North of Scotland in 2019 had ablation undertaken within the region. None of these patients died within 30 or 90 days of treatment.

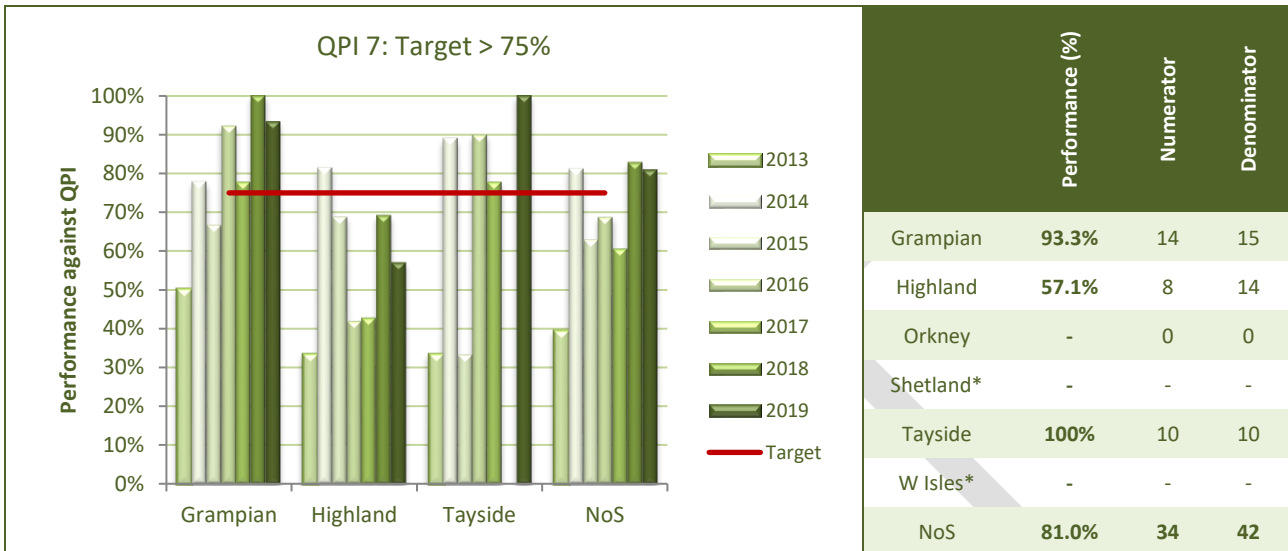


All patients who die within 30-days of treatment continue to be reviewed at board, regional and national level. In 2020, a North of Scotland Morbidity & Mortality review meeting was established to bring together colleagues to review relevant cases.

<b>QPI 6</b>	<b>Radiological Diagnosis of Pancreatic, Duodenal or Biliary Tract Cancer</b>
Proportion of patients with pancreatic, duodenal or biliary tract cancer who undergo CT of the chest, abdomen and pelvis	

\*QPI 6 was changed considerably as part of the formal review process, this QPI cannot be reported using 2019 data, however it will be reported next year using 2020 data.

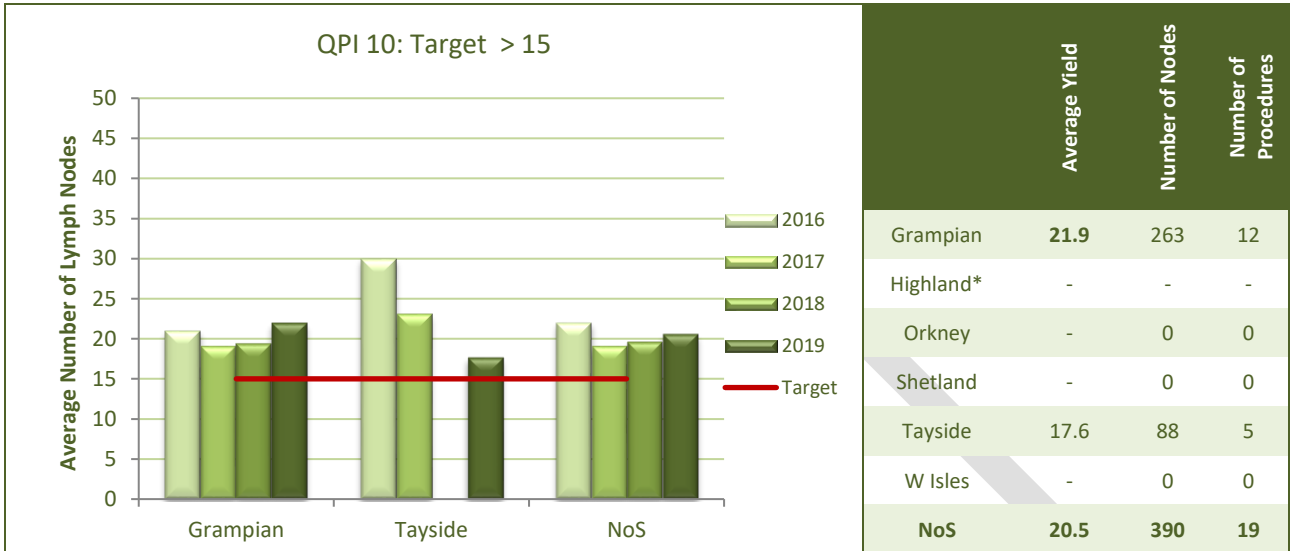
<b>QPI 7</b>	<b>Pathological Diagnosis of Pancreatic, Duodenal or Biliary Tract Cancer</b>
Proportion of patients with pancreatic, duodenal or distal biliary tract cancer undergoing non-surgical treatment who have a cytological or histological diagnosis.	



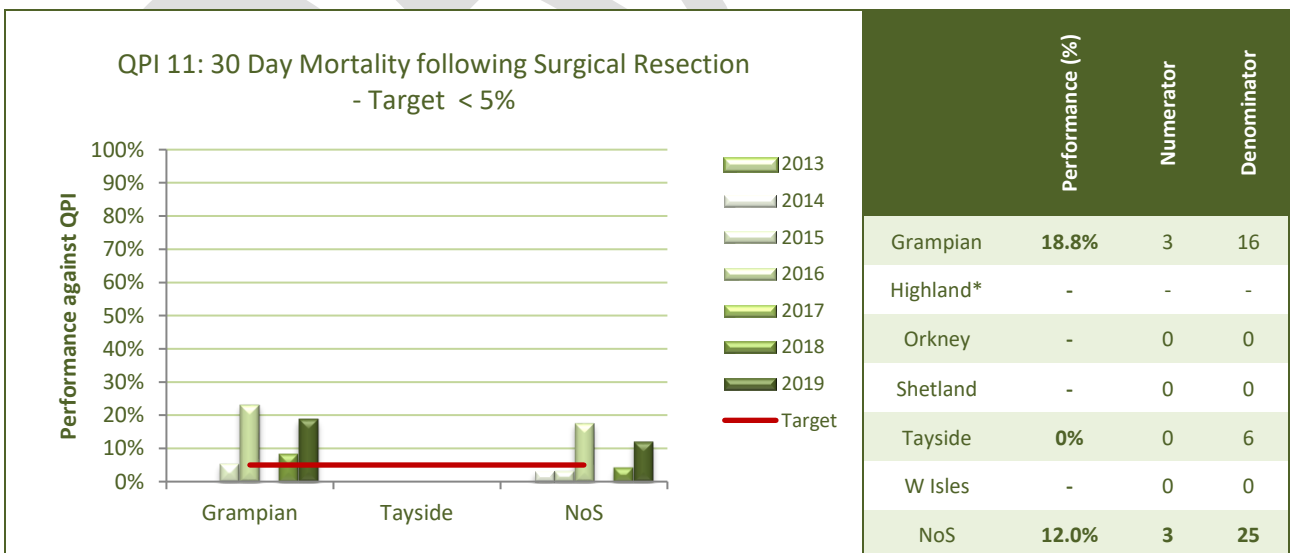
Within NHS Highland the historic use of EUS FNA (Endoscopic Ultrasound-guided Fine Needle Aspiration) resulted in lower performance against this QPI than other NoS Boards as FNA does not always provide an adequate sample to enable diagnosis. During late 2019 into 2020, NHS Highland moved to using EUS FNB (Endoscopic Ultrasound-guided Fine Needle Biopsy) in order to improve the diagnostic yield from samples. It is anticipated that this will result in improved performance against this QPI in future years of reporting.

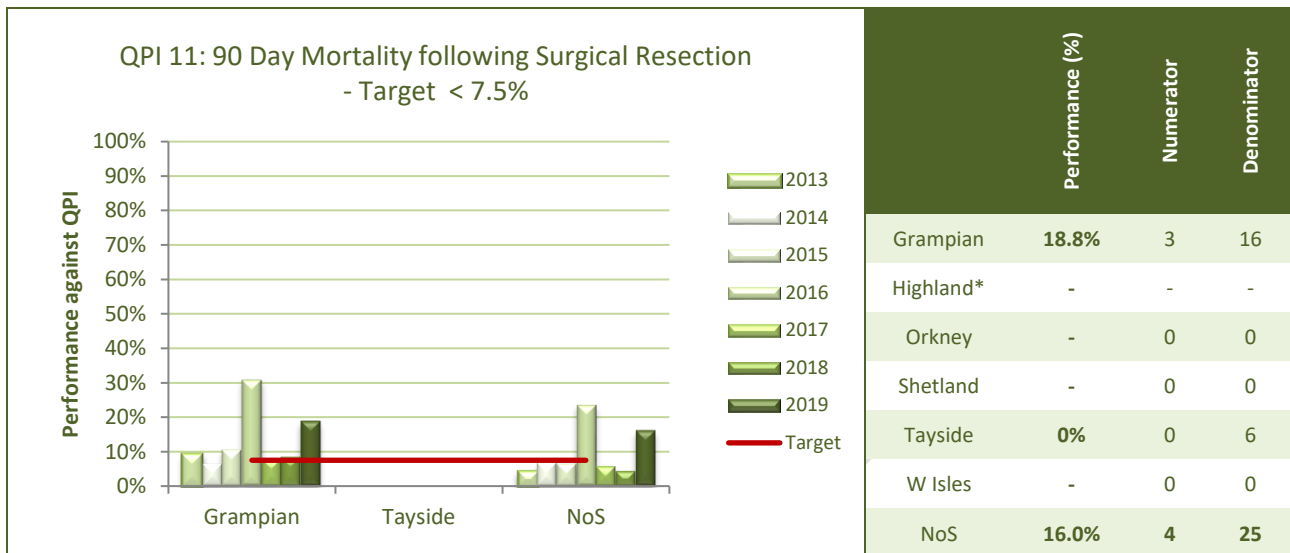


<b>QPI 10</b>	<b>Lymph Node Yield</b>
Average number of lymph nodes resected and pathologically examined per patient with pancreatic, duodenal or distal biliary tract cancer who undergo pancreatoduodenectomy performed by a specialist centre, over a 1 year period.	



<b>QPI 11</b>	<b>30 and 90 Day Mortality Following Surgical Resection for Pancreatic, Duodenal or Distal Biliary Tract Cancer</b>
Proportion of patients with pancreatic, duodenal or distal biliary tract cancer who die within 30/90 days of surgical resection.	





This QPI is currently escalated to the North of Scotland Medical Directors as part of the low volume cancer surgery programme. A number of actions are in progress to establish regional collaboration for HPB cancer services, most notably the establishment of an optimal volume surgical service for North of Scotland patients to drive improvement in patient outcomes.

The first step will be the establishment of arrangements for North of Scotland HPB surgery planning group for discussion of all North patients with relevant HPB specialists.

There continues to be cross-board collaboration for the management of HPB surgery patients with surgeons from each centre working collaboratively to deliver services. It is hoped a formal surgical planning meeting can also be established to provide resilience among the North of Scotland surgeons undertaking these procedures, and drive improvement in patient outcomes.

Results against this QPI will continue to be reviewed and patient deaths within 30 and 90-days of surgical resection are discussed at board, regional and national meeting. A North of Scotland Morbidity & Mortality review has been established for cases to be reviewed by the relevant HPB specialists in the North of Scotland.

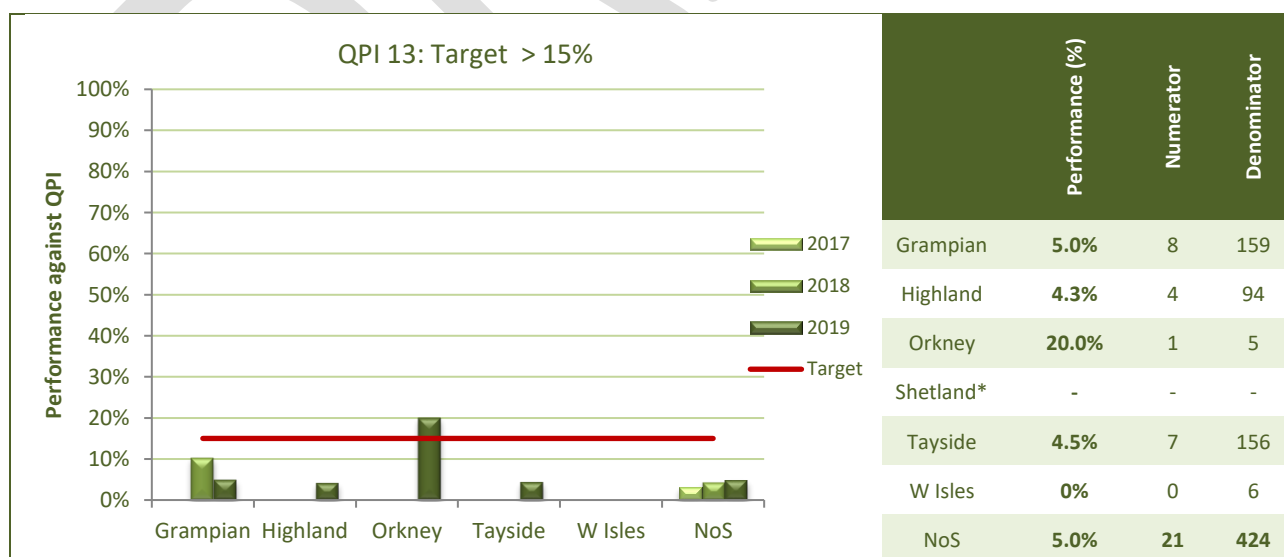
<b>QPI 12</b>	<b>Volume of Cases per Centre / Surgeon</b>
Number of surgical resections for pancreatic, duodenal or distal biliary tract cancer performed by a specialist centre, and surgeon, over a 1 year period.	

Target:	Minimum 4 procedures per surgeon		Minimum of 11 procedures per centre	
NHS Board of Surgeon	Surgeon	Number of Cases	Surgical Centre	Number of Cases
Grampian	Surgeon 1	4	ARI	15
	Surgeon 2	6		
	Surgeon 3	2		
	Surgeon 4	4		
Highland	Surgeon 5	2	Raigmore	3
	Surgeon 6	1		
Tayside	Surgeon 7	6	Ninewells	6
	Surgeon 8	3		
	Surgeon 9	3		

This QPI is currently escalated with the North of Scotland Medical Directors group as part of the low volume cancer surgery programme, looking to ensure these minimum surgeon and centre volumes can be met to drive improvement in patient outcomes.

Please see commentary on QPI 11 for further detail on actions being progressed to drive service improvement in the North of Scotland.

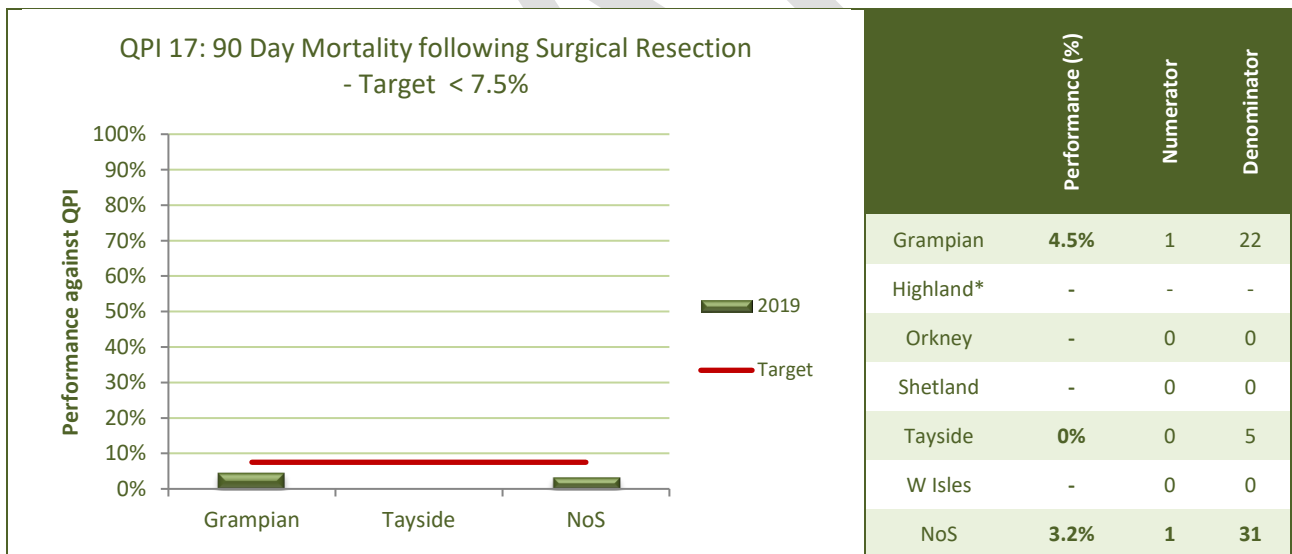
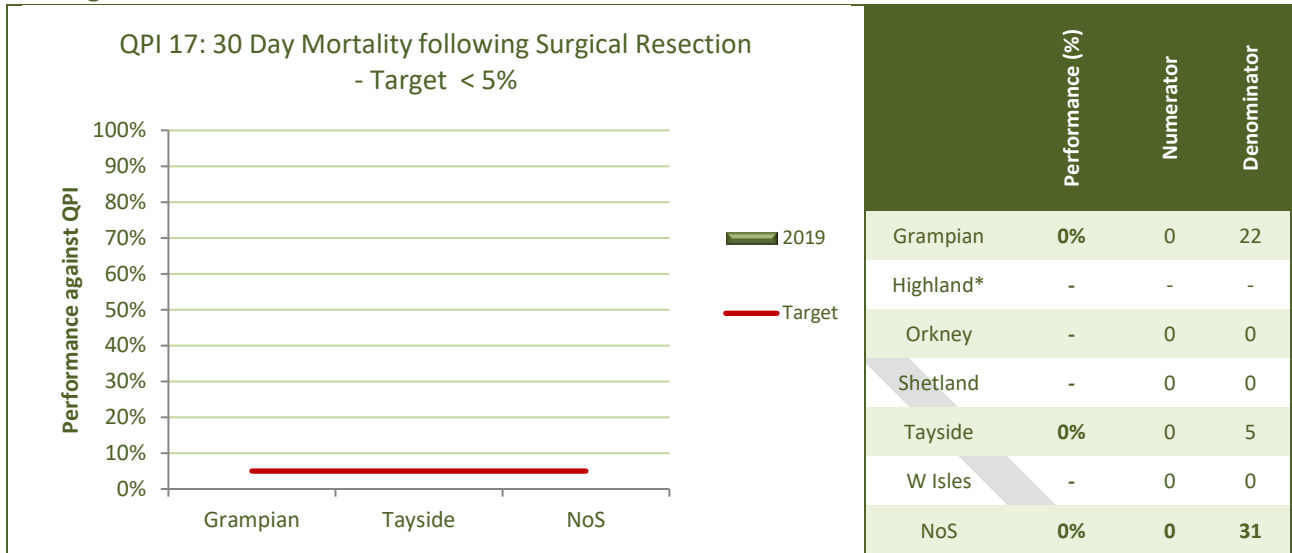
<b>QPI 13</b>	<b>Clinical Trials and Research Study Access</b>
Proportion of patients diagnosed with HPB Cancer who are consented for a clinical trial / research study. Data reported are for patients consented in 2019.	



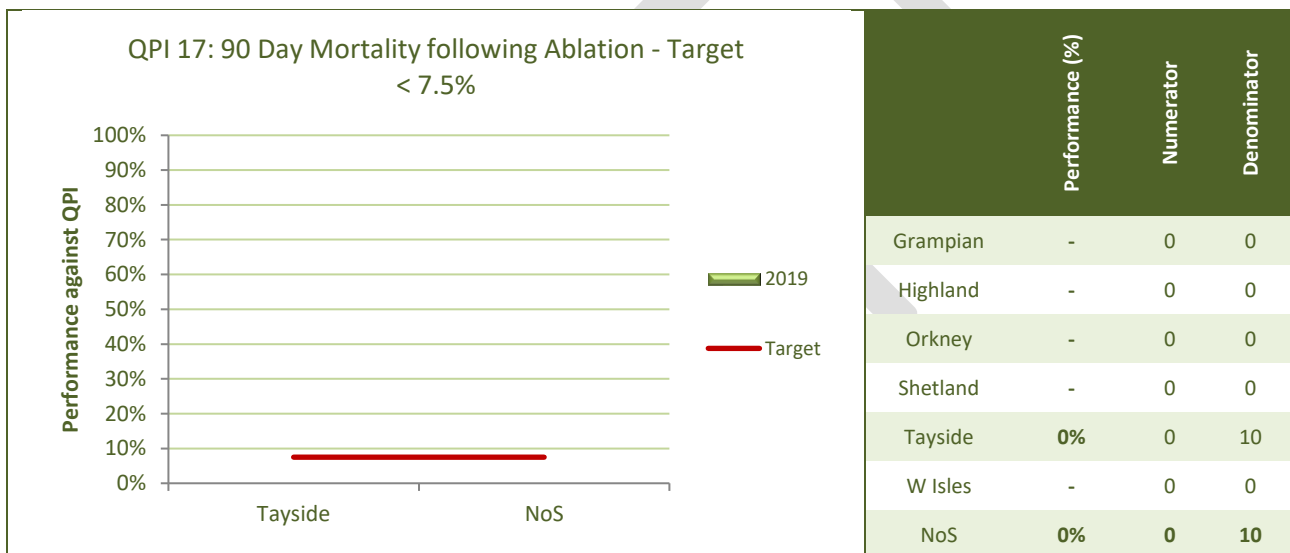
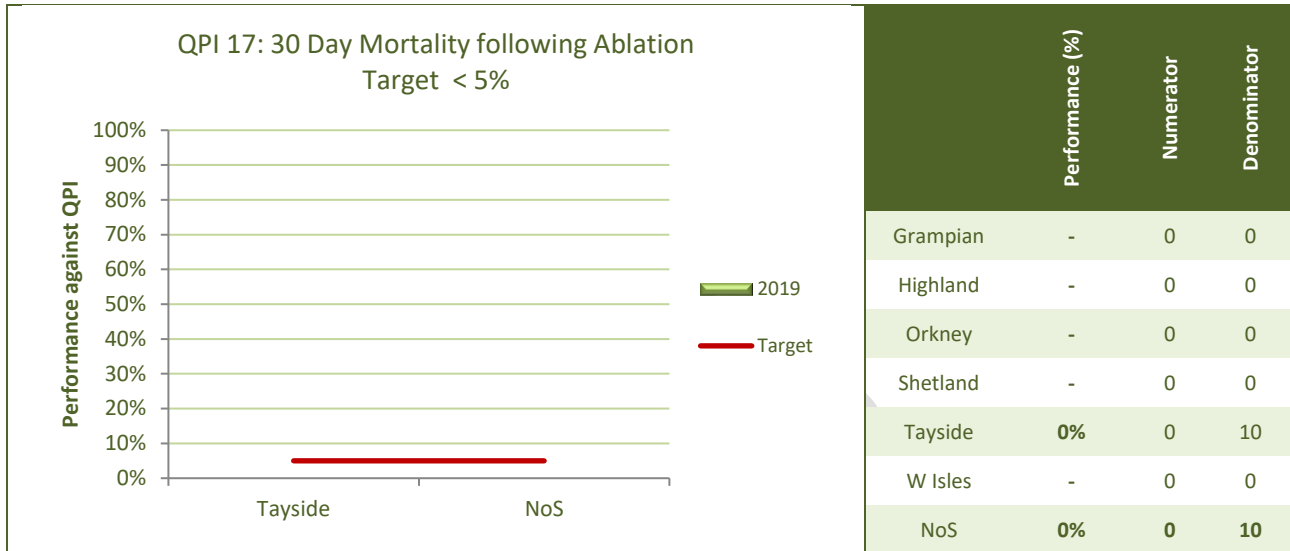
Through the NCA HPB Pathway Board, a list of available trials in the North of Scotland is circulated to colleagues for consideration of patient referral to other centres for open trials. NoS Boards are seeking to improve access and recruitment to clinical trials and research studies.

<b>QPI 17</b>	<b>30 / 90 Day Mortality following Treatment for Colorectal Liver Metastases</b>
Proportion of patients with CRLM undergoing curative treatment (resection / ablation) who die within 30 or 90 days of treatment.	

**Surgical Resection**



## Ablation



Patient deaths within 30 and 90 days of treatment continue to be reviewed at board, regional and national level.

## References

1. Scottish Cancer Taskforce, 2020. HepatoPancreatoBiliary Cancer Clinical Performance Indicators, Version 4.0. Health Improvement Scotland.  
<http://www.healthcareimprovementscotland.org/his/doc.ashx?docid=bc6c5425-e347-4637-962f-44f469141751&version=-1>
2. <http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Audit/>

## Appendix 1: Clinical Trials and Research Studies open for recruitment in the North of Scotland in 2019

Trial	Principle Investigator	Patients consented into trial in 2019
FIGHT-302	Ishtiaq Zubairi (Grampian)	Y
PrecisionPanc	Bassam Alkari (Grampian) Asa Dahle-Smith (Tayside)	Y
PRIMUS 001	Ishtiaq Zubairi (Grampian) Asa Dahle-Smith (Tayside)	Y
SCALOP-2: Systemic therapy and Chemoradiation in Advanced Localised Pancreatic cancer - 2	Adnan Shaukat (Grampian)	N
ACELARATE	Ishtiaq Zubairi (Grampian)	N
Artist 1	Russell Petty (Tayside)	N
PHITT	Hugh Bishop (Grampian)	N