

Quality Performance Indicators Audit Report

Tumour Area:	Acute Leukaemia
Patients Diagnosed:	1 st July 2020 – 30 th June 2021
Published Date:	26 September 2022



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

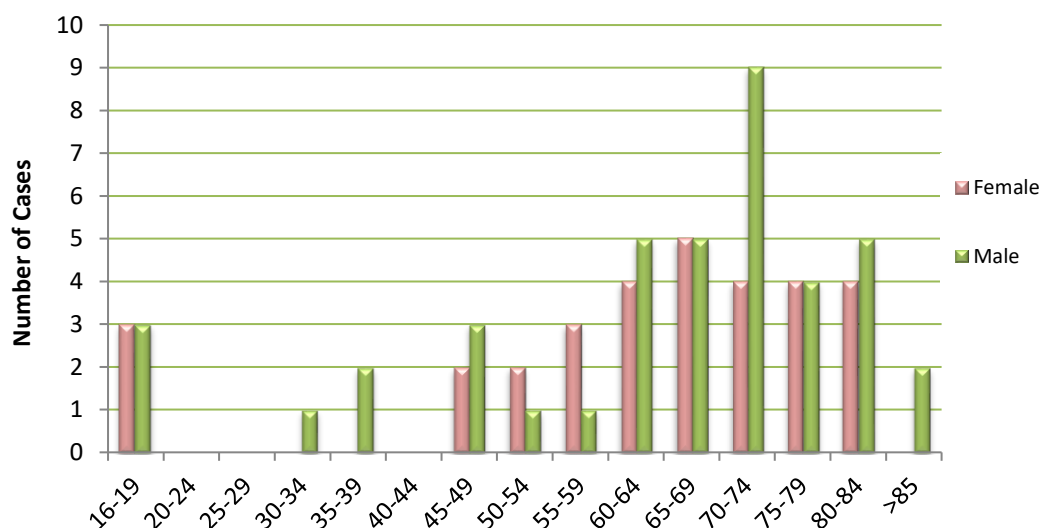
Between 1st July 2020 and 30th June 2021 a total of 72 cases of Acute Leukaemia were diagnosed in the North of Scotland and recorded through audit. Overall case ascertainment was 114%. QPIs based on cancer audit data are considered to be representative of all patients diagnosed with Acute Leukaemia cancer during the audit period.

1: Case ascertainment by NHS Board for patients diagnosed with acute leukaemia in 2020-2021

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
No. of Patients 2020-21	29	19	0	0	23	1	72
% of NoS total	40%	26%	0%	0%	32%	1%	100%
Mean ISD Cases 2015-19	27	16	1	1	17	1	63
% Case ascertainment 2020-21	106%	122%	0%	0%	134%	125%	114%

2. Age Distribution

The figure below shows the age distribution of patients diagnosed with acute leukaemia in the North of Scotland in 2020-21, with numbers of patients diagnosed highest in the 70-74 years age bracket for males, whereas females had high numbers in the 65-69 age brackets compared to the other age groups.



Age distribution of patients diagnosed with acute leukaemia in the North of Scotland 2020-2021

3. Performance against Quality Performance Indicators (QPIs)

Definitions for the QPIs reported in this section are published by Health Improvement Scotland¹, while further information on datasets and measurability used are available from Public Health Scotland (PHS)². Data for most QPIs are presented by Board of diagnosis, however QPI 14 is reported by Board of Residence. QPI 7 is reported one year in arrears therefore results presented here are for patients diagnosed in 2019-20. Due to substantial changes in the QPIs 10 and 12, these QPIs will not be reported this year.

Due to the small numbers of patients diagnosed with Acute Leukaemia annually, it was agreed by the QPI development group that annual results for the Acute Leukaemia QPIs would be presented at a regional level rather than for individual NHS Boards. However, three yearly cumulative national reports will include information presented by individual NHS Boards.

**Where the number of cases is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure.*

QPI results presented include only patients aged 16 years and over. It has been agreed at a national level that analysis of patients under the age of 16 years will not be included in published QPI reports, due to the very small numbers of patients involved.

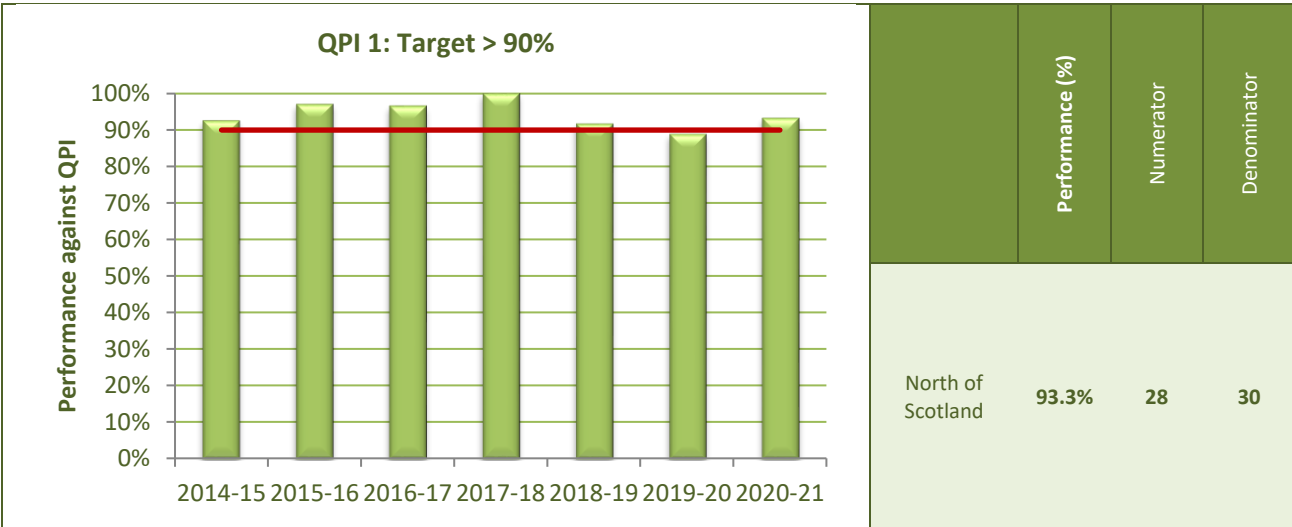
In regards to mortality following SACT, a decision has been taken nationally to move to a new generic QPI (30-day mortality for SACT) applicable across all tumour types. This new QPI will use CEPAS (Chemotherapy ePrescribing and Administration System) data to measure SACT mortality to ensure that the QPI focuses on the prevalent population rather than the incident population. The measurability for this QPI is still under development to ensure consistency across the country and it is anticipated that performance against this measure will be reported in the next audit cycle (the target will be revised from <5% to <10% when it is reported using CEPAS due to the increased clinical cohort who will be receiving appropriate palliative chemotherapy). In the meantime all deaths within 30 days of SACT will continue to be reviewed at NHS Board level.

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 the Clinical Governance committees at each North of Scotland health board.

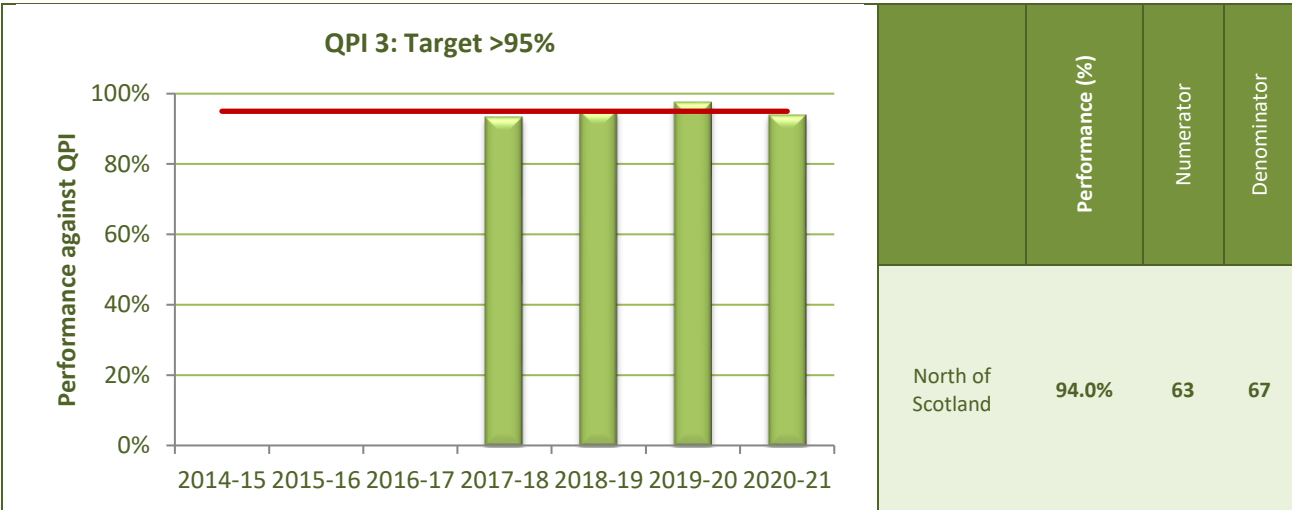
Further information is available [here](#).

QPI 1	Complete Diagnostic Panel
Proportion of patients with acute leukaemia undergoing treatment with curative intent who have complete diagnostic panel undertaken, defined as: (i) morphology; (ii) immunophenotyping; (iii) cytogenetics; and (iv) storage of genetic material for routine diagnostic testing.	



Cases where patients did not receive a complete diagnostic panel have been reviewed at a Board level. In both cases patients were given a full diagnostic workup; although this may not have been recorded accurately.

QPI 3	MDT Discussion
Proportion of patients with acute leukaemia who are discussed at MDT meeting within 8 weeks of diagnosis.	



QPI 5	Early Deaths
Proportion of patients with acute leukaemia being treated with curative intent who die within 30/35 days of treatment.	

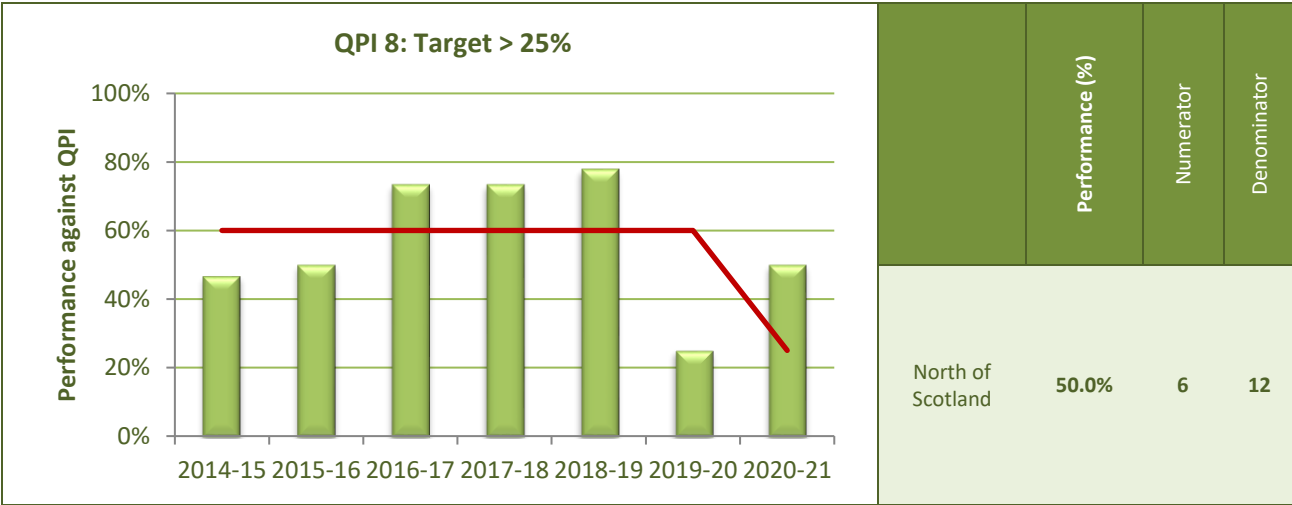
Specification (i) Patients with Acute Myeloid Leukaemia (AML) treated with curative intent who die within 30 days of treatment.					Specification (ii) Patients with Acute Lymphoblastic Leukaemia (ALL) treated with curative intent who die within 35 days of treatment.				
	Target	Performance (%)	Numerator	Denominator		Target	Performance (%)	Numerator	Denominator
Patients aged 16 to 60 years*	< 8%	0%	0	10	< 8%	-	-	-	-
Patients aged over 60 years*	< 18%	0%	0	16	< 20%	-	0	0	0

QPI 7	Deaths in Remission
Proportion of patients with acute leukaemia undergoing treatment with curative intent who die in first complete remission (CR), within 1 year of diagnosis. This QPI is reported 1 year in arrears so data presented is for patients diagnosed in 2019-20. Target < 10%	

Data not reported due to small numbers, however no patients undergoing treatment with curative intent died in first CR, within 1 year of diagnosis.	Performance (%)	Numerator	Denominator
	North of Scotland	-	0

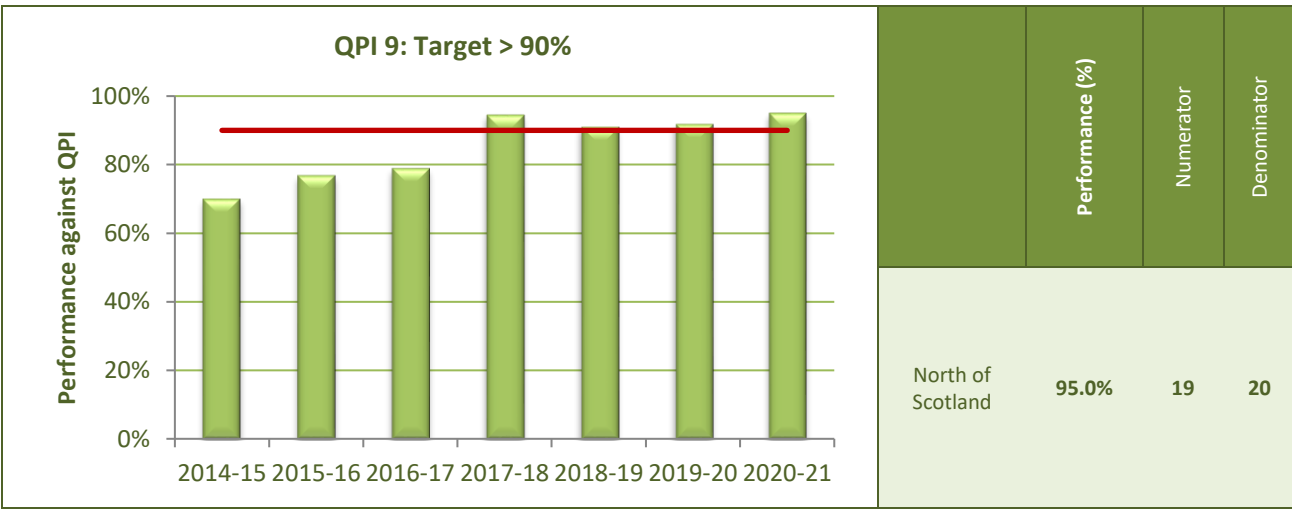
*Where the number of cases is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure.

QPI 8	Clinical Trials with Curative Intent
Proportion of patients with acute leukaemia being treated with curative intent who are enrolled in a clinical trial. Target for this QPI is changed from 60% to 25% in 2020-21.	

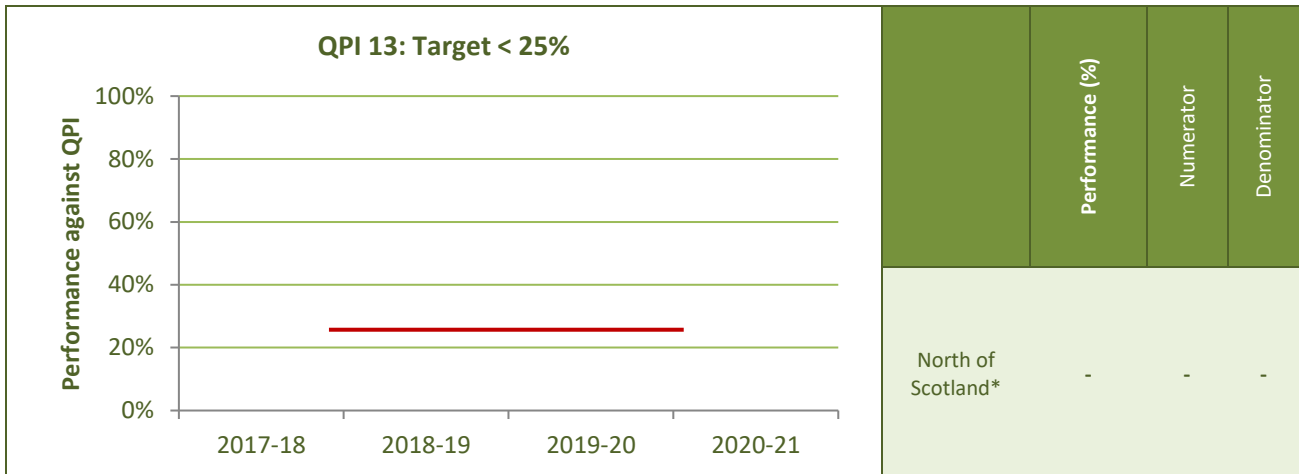


Due to the COVID-19 pandemic recruitment to clinical trials has decreased since 2019. This is partly due to all clinical trials across the UK being closed to recruitment on 13th March 2020. Trials began to reopen in a phased manner shortly after the closure based on local health board risk assessments. The cancer portfolio has since reopened the majority of trials and has been able to open new trials in all health boards. Impacts of COVID-19 on research staff have also effected the running of trials such as staff deployment to wards and COVID research. Also the impact of a reduced number of patients being diagnosed and coming into the cancer centres has had an impact on recruitment.

QPI 9	Tissue Typing for Transplant
Proportion of patients with acute leukaemia eligible for transplant (i.e. over 16 years of age and under 65 years of age) being treated with curative intent should have a specimen sent to the lab for tissue typing at diagnosis.	

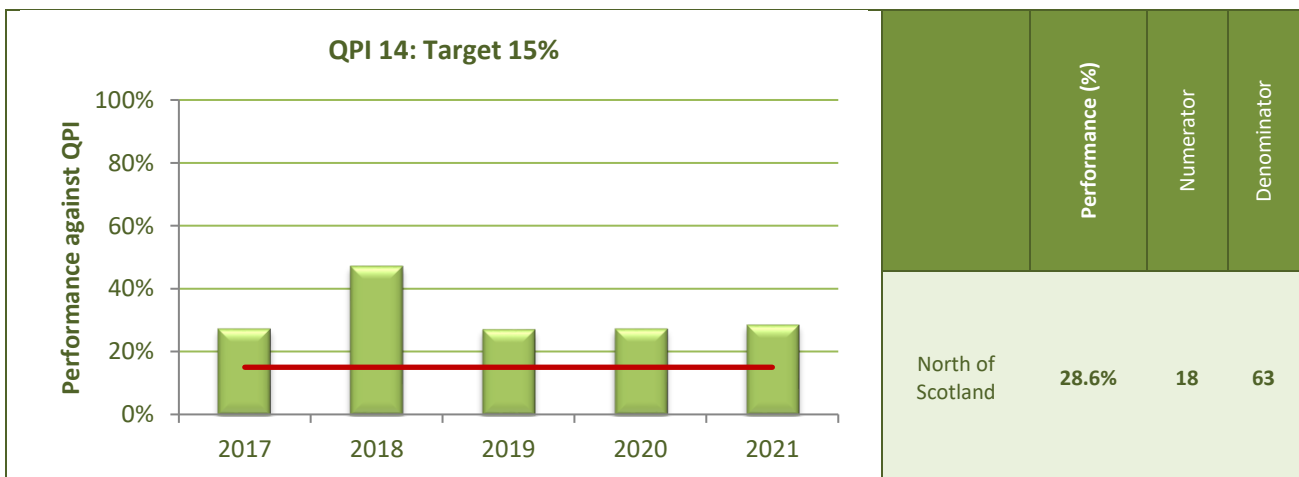


QPI 13	Early Deaths in Patients with Acute Promyelocytic Leukaemia
Proportion of patients with APL who die within 30 days of diagnosis.	



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QPI 14	Clinical Trials and Research Study Access
Proportion of patients diagnosed with Acute Leukaemia who are consented for a clinical trial / research study.	



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References

1. Scottish Cancer Taskforce. Acute Leukaemia Clinical Performance Indicators, Version 4.0. Health Improvement Scotland.
https://www.healthcareimprovementscotland.org/our_work/cancer_care_improvement/cancer_qpis/quality_performance_indicators.aspx
2. <http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Audit/>

Appendix 1: Clinical Trials for patient with Acute Leukaemia open for recruitment in the North of Scotland in 2021

Trial	Principle Investigator (Health Board)	Patients consented (Y/N)
AGILE	Sudhir Tauro (Tayside)	N
AML18	Dominic Culligan (Grampian) Caroline Duncan (Highland) Sudhir Tauro (Tayside)	Y
AML19	Dominic Culligan (Grampian) Caroline Duncan (Highland) Sudhir Tauro (Tayside)	N
Childhood cancer diagnosis	Hugh Bishop (Grampian)	N
MyeChild 01	Gordon Taylor (Grampian)	Y
NCCPG TDM 2018	Hugh Bishop (Grampian)	Y
PACE	Dominic Culligan (Grampian)	Y
SM Paeds	Hugh Bishop (Grampian)	
The BioCAN Study	Gordon Taylor (Grampian)	Y
UKALL 14	Dominic Culligan (Grampian) Sudhir Tauro (Tayside)	N
VICTOR	Dominic Culligan (Grampian)	N

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