

NCA Head and Neck QPI report

Patients diagnosed between 1st April 2022 and 31st March 2023

Extracted from eCASE on 11/09/2023

Background

Definitions for the QPIs reported in this section are published by Healthcare Improvement Scotland¹, while further information on datasets and measurability used are available from Information Services Division². Data for most QPIs are presented by Board of diagnosis; however QPI 8, relating to surgical margins, and QPI 11, surgical mortality, are presented by NHS Board of Surgery. Furthermore, Clinical trials data is withdrawn from QPI reporting and will be reported on a national basis. Please note that where QPI definitions have been amended, results are not compared with those from previous years.

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 cancer strategy committees at each North of Scotland health board.

[Further information is available here.](#)

The data contained within this report was extracted from eCASE. Cancer audit is a dynamic process with patient data continually being revised and updated as more information becomes available. This means that apparently comparable reports for the same time period and cancer site may produce different figures if extracted at different times.

**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.*

*QPIs v4.3, published August 2023 - and applicable for 1st April 2021 onwards
Measurability v4.0, applicable for 1st April 2021 onwards*

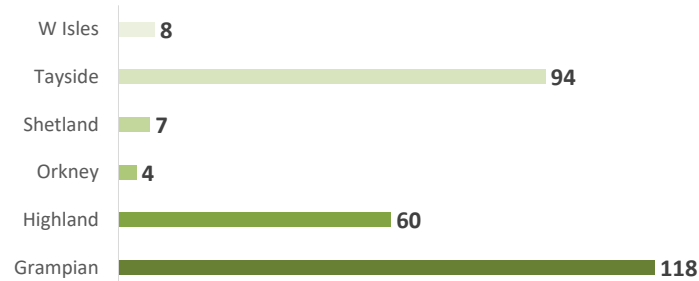




NCA Head and Neck QPI Overview

Patient overview

Number of Patients in the NCA **291**



QPI Performance overview

		2022/23	vs Target	vs Target
Diagnostics	QPI 1: Pathological Diagnosis of Head and Neck Cancer	97.2%	vs 95%	●
	QPI 2(i): Imaging	95.5%	vs 95%	●
	QPI 2(ii): Imaging	97.6%	vs 95%	●
MDT Discussion	QPI 3: Multi-Disciplinary Team (MDT) Meeting	97.8%	vs 95%	●
Smoking Cessation	QPI 4: Smoking Cessation	82.4%	vs 95%	●
Rehabilitation Plan	QPI 5(i): Oral and Dental Rehabilitation Plan	81.1%	vs 95%	●
	QPI 5(ii): Oral and Dental Rehabilitation Plan	93.4%	vs 95%	●
Nutritional Screening	QPI 6i: Nutritional Screening	34.4%	vs 95%	●
	QPI 6ii: Nutritional Screening	100.0%	vs 95%	●
	QPI 6iii: Nutritional Screening	82.7%	vs 95%	●
Therapist Access	QPI 7: Specialist Speech and Language Therapist Access	41.7%	vs 90%	●
Treatments - Surgery	QPI 8: Surgical Margins	5.3%	vs < 10%	●
	QPI 11(i): 30 Day Mortality (Surgery)	0.0%	vs < 5%	●
	QPI 11(i): 90 Day Mortality (Surgery)	0.0%	vs < 5%	●
Treatments - Chemo & Radiotherapy	QPI 11(ii): 30 Day Mortality (Radical Radiotherapy)	1.9%	vs < 5%	●
	QPI 11(ii): 90 Day Mortality (Radical Radiotherapy)	13.7%	vs < 5%	●
	QPI 11(iii): 30 Day Mortality (Chemoradiotherapy)	0.0%	vs < 5%	●
	QPI 11(iii): 90 Day Mortality (Chemoradiotherapy)	0.0%	vs < 5%	●
	QPI 14: Time from Surgery to Adjuvant Radiotherapy / Chemoradiotherap	15.4%	vs 50%	●
Testing	QPI 15: PD-L1 Combined Proportion Score (CPS) for Decision Making	50.0%	vs 75%	●



QPI 1: Pathological Diagnosis of Head and Neck Cancer

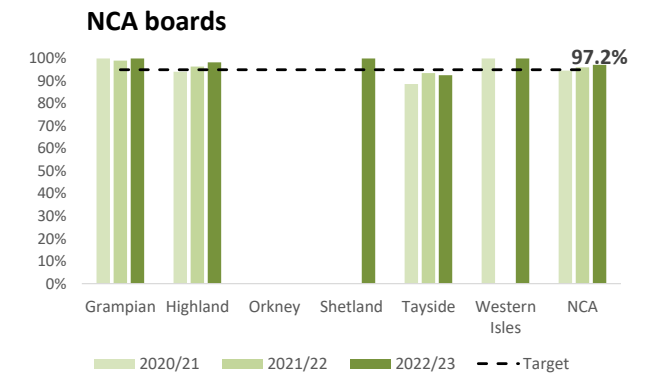
Patients with head and neck cancer should have a cytological or histological diagnosis before treatment.

Description Proportion of patients with head and neck cancer who have a cytological or histological diagnosis before treatment.

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.

Target		95%								
		2022/23	Num	Denom	2021/22	2020/21				
2022/23	Grampian	100.0%	114	114	99.1%	100.0%				
	Highland	98.3%	57	58	96.4%	94.1%				
	Orkney	-	-	-	-	-				
	Shetland	100.0%	7	7	-	-				
	Tayside	92.6%	87	94	93.5%	88.6%				
	Western Isles	100.0%	7	7	-	100.0%				
NCA		97.2%	275	283	96.1%	94.6%				



Comments: This QPI has been met and shows an improvement versus last year's result.



QPI 2(i): Imaging

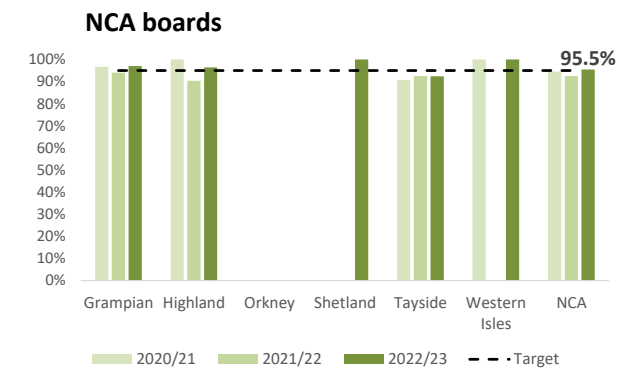
Patients with head and neck cancer should undergo computerised tomography (CT) and/or magnetic resonance imaging (MRI) of the primary site and draining lymph nodes with CT of the chest to determine the extent of disease and guide treatment decision making.

Description Proportion 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.

Numerator Number of Patients with head and neck cancer who undergo CT/ 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.

Target	95%					
	2022/23	Num	Denom	2021/22	2020/21	
2022/23						
Grampian	97.0%	97	100	94.1%	96.7%	
Highland	96.4%	54	56	90.4%	100.0%	
Orkney	-	-	-	-	-	
Shetland	100.0%	7	7	-	-	
Tayside	92.4%	85	92	92.5%	90.7%	
Western Isles	100.0%	7	7	-	100.0%	
NCA	95.5%	252	264	92.5%	94.6%	



Comments: This year NCA has met this target with 2.5% improvement versus last year's result.



QPI 2(ii): Imaging

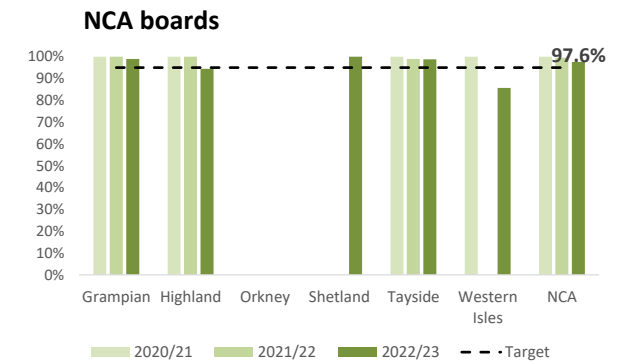
Patients with head and neck cancer should undergo computerised tomography (CT) and/or magnetic resonance imaging (MRI) of the primary site and draining lymph nodes with CT of the chest to determine the extent of disease and guide treatment decision making.

Description Proportion 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 where the report is available within 2 weeks of the final imaging procedure.

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 where the report is available within 2 weeks of the final imaging procedure.

Denominator All 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.

Target		95%								
	2022/23	Num	Denom	2021/22	2020/21					
2022/23										
	Grampian	99.0%	96	97	100.0%	100.0%				
	Highland	94.4%	51	54	100.0%	100.0%				
	Orkney	-	-	-	-	-				
	Shetland	100.0%	7	7	-	-				
	Tayside	98.8%	84	85	99.0%	100.0%				
	Western Isles	85.7%	6	7	-	100.0%				
	NCA	97.6%	246	252	99.6%	100.0%				



Comments: The NCA has consistently achieved the target.



QPI 3: Multi-Disciplinary Team (MDT) Meeting

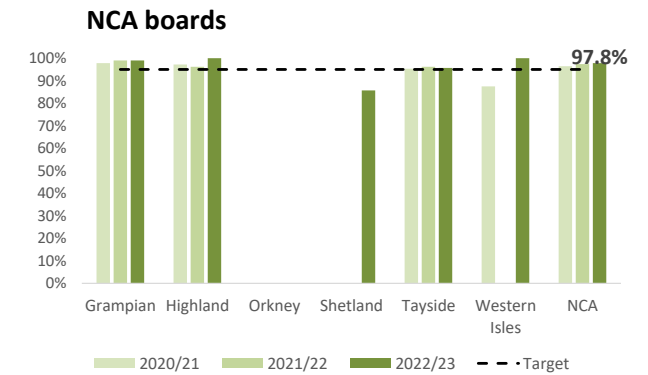
Patients with head and neck cancer should be discussed by a multidisciplinary team before definitive treatment.

Description Proportion of patients with head and neck cancer who are discussed at a MDT meeting before definitive treatment.

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

Denominator All patients with head and neck cancer.

Target		95%							
		2022/23	Num	Denom	2021/22	2020/21			
2022/23	Grampian	99.0%	102	103	99.0%	97.8%			
	Highland	100.0%	57	57	96.2%	97.2%			
	Orkney	-	-	-	-	-			
	Shetland	85.7%	6	7	-	-			
	Tayside	95.7%	88	92	96.2%	95.3%			
	Western Isles	100.0%	7	7	-	87.5%			
	NCA	97.8%	263	269	97.4%	96.5%			



Comments: The NCA has consistently achieved the target.



QPI 4: Smoking Cessation

Patients with head and neck cancer who smoke should be offered referral to smoking cessation before first treatment.

Description Proportion of patients with head and neck cancer who smoke who are offered referral to smoking cessation before first treatment.

Numerator Number of patients 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.

Target		95%					
		2022/23	Num	Denom	2021/22	2020/21	
2022/23	Grampian	82.2%	37	45	36.4%	26.7%	
	Highland	100.0%	19	19	66.7%	88.2%	
	Orkney	-	-	-	-	-	
	Shetland	-	-	-	-	-	
	Tayside	76.2%	16	21	76.9%	81.0%	
	Western Isles	-	-	-	-	-	
	NCA	82.4%	75	91	56.2%	57.5%	

NCA boards



Comments: The NCA as a whole region has not met this QPI, and there is some variation throughout the network. Data collection for Smoking Cessation remains an issue within the north boards; however, it is worth noting that 22/23 data show a substantial improvement versus last year's performance (82.4% Vs 56.2%).



QPI 5(i): Oral and Dental Rehabilitation Plan

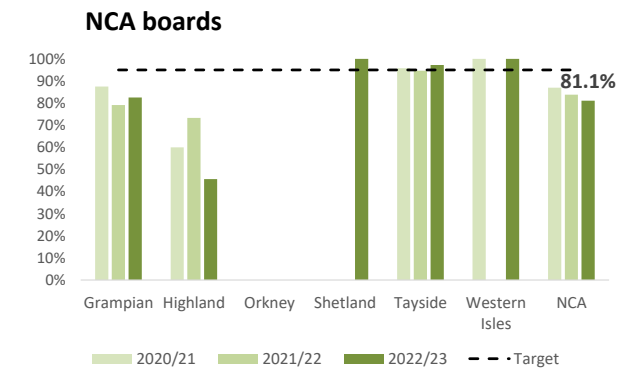
Patients whose head and neck cancer treatment may affect oral and dental appearance and function should have an assessment coordinated by a Consultant in Restorative Dentistry before initiation of treatment.

Description Proportion 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.

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.

Target	95%					
	2022/23	Num	Denom	2021/22	2020/21	
2022/23						
Grampian	82.6%	71	86	79.1%	87.5%	
Highland	45.7%	21	46	73.3%	60.0%	
Orkney	-	-	-	-	-	
Shetland	100.0%	7	7	-	-	
Tayside	97.2%	70	72	94.7%	95.8%	
Western Isles	100.0%	8	8	-	100.0%	
NCA	81.1%	180	222	83.9%	87.0%	



Comments: The Dental QPIs have not been achieved throughout the Region. Data related to Dental Rehabilitation plans remains a historical issue across the boards, especially in rural areas. Workforce capacity remains the main concern for this QPI.



QPI 5(ii): Oral and Dental Rehabilitation Plan

Patients whose head and neck cancer treatment may affect oral and dental appearance and function should have an assessment coordinated by a Consultant in Restorative Dentistry before initiation of treatment.

Description Proportion of patients with head and neck cancer deemed in need of an oral and dental rehabilitation plan who have an assessment before initiation of treatment.

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 pre-treatment assessment.

Target	95%					
	2022/23	Num	Denom	2021/22	2020/21	
2022/23						
Grampian	94.8%	55	58	94.1%	87.7%	
Highland	100.0%	20	20	74.1%	80.0%	
Orkney	-	-	-	-	-	
Shetland	-	-	-	-	-	
Tayside	89.1%	41	46	81.8%	83.3%	
Western Isles	100.0%	7	7	-	20.0%	
NCA	93.4%	127	136	84.7%	82.8%	



Comments: This QPI has been marginally missed, but it is worth mentioning that it shows an improvement versus last year's performance.



QPI 6i: Nutritional Screening

Patients with head and neck cancer should undergo nutritional screening before first treatment.

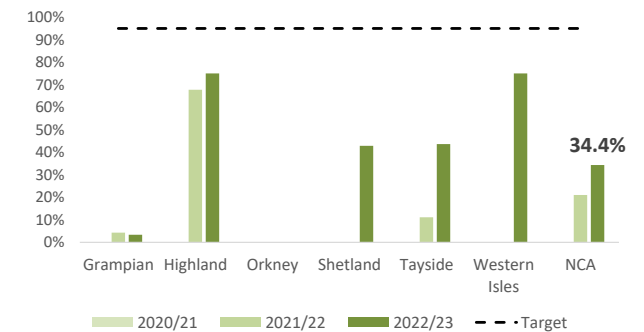
Description Patients with head and neck cancer who undergo nutritional screening with the Malnutrition Universal Screening Tool (MUST) before first treatment;

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.

Target	95%					
	2022/23	Num	Denom	2021/22	2020/21	
2022/23	Grampian	3.4%	4	118	4.3%	-
	Highland	75.0%	45	60	67.8%	-
	Orkney	-	-	-	-	-
	Shetland	42.9%	3	7	-	-
	Tayside	43.6%	41	94	11.1%	-
	Western Isles	75.0%	6	8	-	-
	NCA	34.4%	100	291	21.0%	-

NCA boards



Comments: MUST Nutritional Screening services are not offered consistently across the region and it is reflected in the result for these QPI. Actions for improvement are in place, and the next year's report should reflect these efforts.



QPI 6ii: Nutritional Screening

Patients with head and neck cancer should undergo nutritional screening before first treatment.

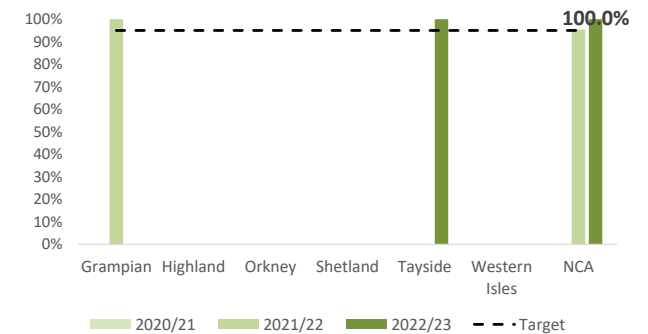
Description Patients at high risk of malnutrition (MUST score of 2 or more) who are assessed by a specialist dietitian

Numerator Number of patients with head and neck cancer at high risk of malnutrition (MUST Score of 2 or more) who are assessed by a specialist dietitian

Denominator All patients with head and neck cancer at high risk of malnutrition (MUST Score of 2 or more)

Target		95%								
		2022/23	Num	Denom	2021/22	2020/21				
2022/23	Grampian	-	-	-	100.0%	-				
	Highland	-	-	-	-	-				
	Orkney	-	0	0	-	-				
	Shetland	-	-	-	-	-				
	Tayside	100.0%	34	34	-	-				
	Western Isles	-	-	-	-	-				
NCA		100.0%	41	41	95.5%	-				

NCA boards



Comments: This QPI has been met, and it shows another improvement versus last year's result.



QPI 6iii: Nutritional Screening

Patients with head and neck cancer should undergo nutritional screening before first treatment.

Description Patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are assessed by a specialist dietitian

Numerator Number of patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are assessed by a specialist dietitian.

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

Target		95%							
		2022/23	Num	Denom	2021/22	2020/21			
2022/23	Grampian	86.4%	70	81	83.3%	-			
	Highland	75.0%	33	44	78.6%	-			
	Orkney	-	-	-	-	-			
	Shetland	85.7%	6	7	-	-			
	Tayside	81.5%	53	65	81.7%	-			
	Western Isles	87.5%	7	8	-	-			
	NCA	82.7%	172	208	82.0%	-			

NCA boards



Comments: This QPI has been audited; in the majority of the cases, the patients who missed the QPIs only had minor surgeries, confirming inputs from a dietician were not required.



QPI 7: Specialist Speech and Language Therapist Access

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

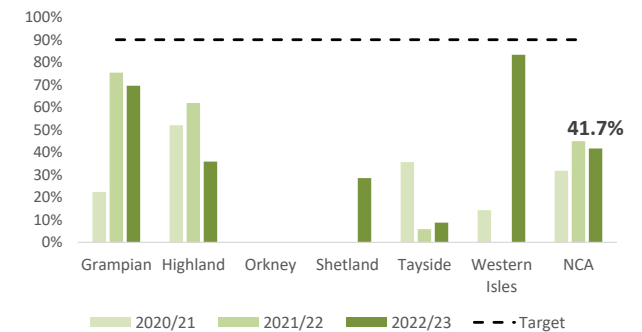
Description Proportion of patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are seen by a Specialist SLT before treatment.

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

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

Target		90%								
		2022/23	Num	Denom	2021/22	2020/21				
2022/23	Grampian	69.6%	48	69	75.4%	22.4%				
	Highland	35.9%	14	39	61.9%	52.0%				
	Orkney	-	-	-	-	-				
	Shetland	28.6%	2	7	-	-				
	Tayside	8.8%	5	57	5.9%	35.6%				
	Western Isles	83.3%	5	6	-	14.3%				
	NCA	41.7%	75	180	44.9%	31.8%				

NCA boards



Comments: Overall, the NCA has not met the QPI target of 90% with various results throughout the boards. There has been challenges in recruiting speech & language therapists.



QPI 8: Surgical Margins

Patients with head and neck cancer undergoing open surgical resection with curative intent should have their tumour adequately excised.

Description Proportion of patients with patients with squamous cell carcinoma of the oral cavity, larynx or pharynx with final excision margins of less than 1mm after open surgical resection with curative intent.

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).

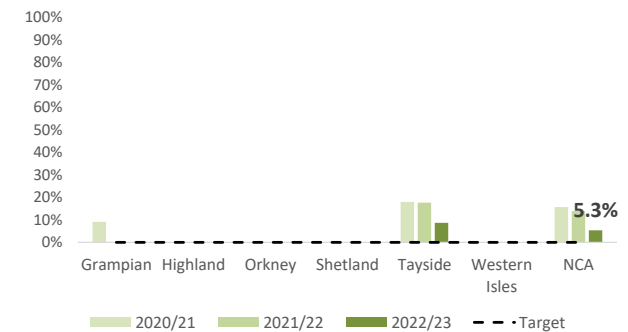
Denominator All patients with squamous cell carcinoma of the oral cavity, larynx or pharynx who undergo open surgical resection with curative intent.

Target

< 10%

		2022/23	Num	Denom	2021/22	2020/21
2022/23	Grampian	0.0%	0	27	0.0%	9.1%
	Highland	-	-	-	-	-
	Orkney	-	0	0	-	-
	Shetland	-	0	0	-	-
	Tayside	8.7%	4	46	17.6%	17.9%
	Western Isles	-	0	0	-	-
	NCA	5.3%	4	75	13.8%	15.7%

NCA boards



Comments: Following the improvement actions of the previous years we are pleased to see that the NCA has met this target.



QPI 11(i): 30 Day Mortality (Surgery)

30 day mortality after curative surgical treatment for head and neck cancer.

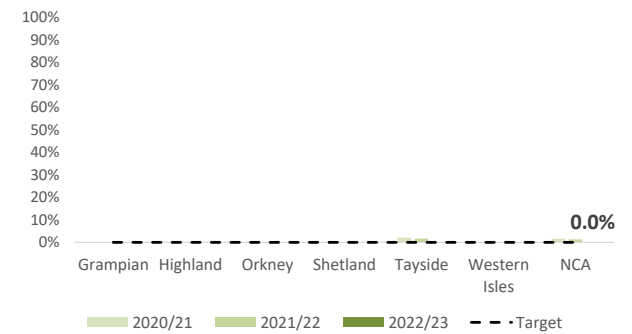
Description Proportion of patients with head and neck cancer who die within 30 days of surgery.

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

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

Target		< 5%					
		2022/23	Num	Denom	2021/22	2020/21	
2022/23	Grampian	0.0%	0	32	0.0%	0.0%	
	Highland	-	-	-	0.0%	-	
	Orkney	-	0	0	-	-	
	Shetland	-	0	0	-	-	
	Tayside	0.0%	0	63	1.7%	2.1%	
	Western Isles	-	0	0	-	-	
	NCA	0.0%	0	99	1.3%	1.6%	

NCA boards



Comments: This QPI has been met at 0%, which aligns with the expected result.



QPI 11(i): 90 Day Mortality (Surgery)

90 day mortality after curative surgical treatment for head and neck cancer.

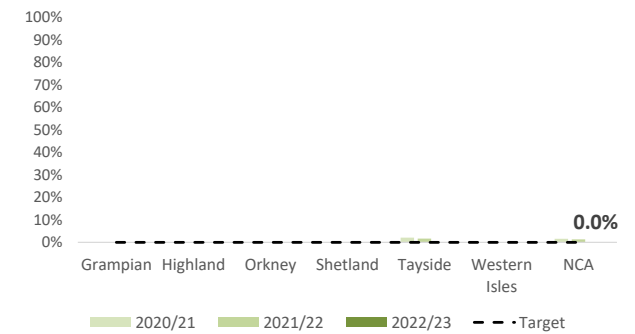
Description Proportion of patients with head and neck cancer who die within 90 days of surgery.

Numerator Number of patients with head and neck cancer who die within 90 days of surgery.

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

Target		< 5%								
		2022/23	Num	Denom	2021/22	2020/21				
2022/23	Grampian	0.0%	0	32	0.0%	0.0%				
	Highland	-	-	-	0.0%	-				
	Orkney	-	0	0	-	-				
	Shetland	-	0	0	-	-				
	Tayside	0.0%	0	63	1.7%	2.1%				
	Western Isles	-	0	0	-	-				
	NCA	0.0%	0	99	1.3%	1.6%				

NCA boards



Comments: This QPI has been met at 0%, which aligns with the expected result.



QPI 11(ii): 30 Day Mortality (Radical Radiotherapy)

30 day mortality after curative radical radiotherapy treatment for head and neck cancer.

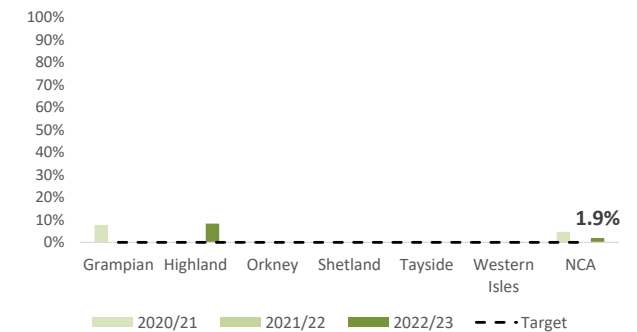
Description Proportion of patients with head and neck cancer who die within 30 days of radical radiotherapy treatment.

Numerator Number of patients with head and neck cancer who die within 30 days of radical radiotherapy

Denominator All patients with head and neck cancer who undergo radical radiotherapy treatment.

Target		< 5%					
		2022/23	Num	Denom	2021/22	2020/21	
2022/23	Grampian	0.0%	0	29	0.0%	7.7%	
	Highland	8.3%	1	12	0.0%	0.0%	
	Orkney	-	-	-	-	-	
	Shetland	-	-	-	-	-	
	Tayside	-	-	-	0.0%	0.0%	
	Western Isles	-	-	-	-	-	
	NCA	1.9%	1	53	0.0%	4.7%	

NCA boards



Comments: This QPI has been met.



QPI 11(ii): 90 Day Mortality (Radical Radiotherapy)

90 day mortality after curative radical radiotherapy treatment for head and neck cancer.

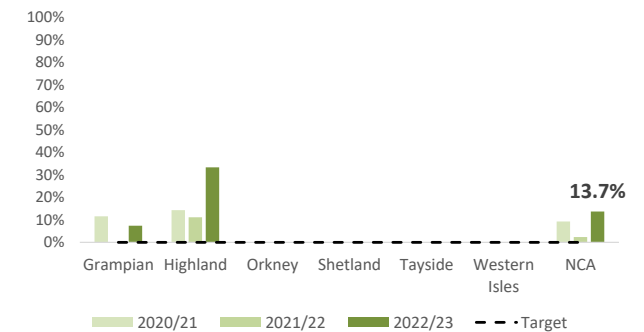
Description Proportion of patients with head and neck cancer who die within 90 days of radical radiotherapy treatment.

Numerator Number of patients with head and neck cancer who die within 90 days of radical radiotherapy

Denominator All patients with head and neck cancer who undergo radical radiotherapy treatment.

Target		< 5%								
		2022/23	Num	Denom	2021/22	2020/21				
2022/23	Grampian	7.4%	2	27	0.0%	11.5%				
	Highland	33.3%	4	12	11.1%	14.3%				
	Orkney	-	-	-	-	-				
	Shetland	-	-	-	-	-				
	Tayside	-	-	-	0.0%	0.0%				
	Western Isles	-	-	-	-	-				
	NCA	13.7%	7	51	2.4%	9.3%				

NCA boards



Comments: This QPI has been audited; the majority of cases where this QPI has not been met have been due to medical circumstances.



QPI 11(iii): 30 Day Mortality (Chemoradiotherapy)

30 day mortality after curative chemoradiotherapy treatment for head and neck cancer.

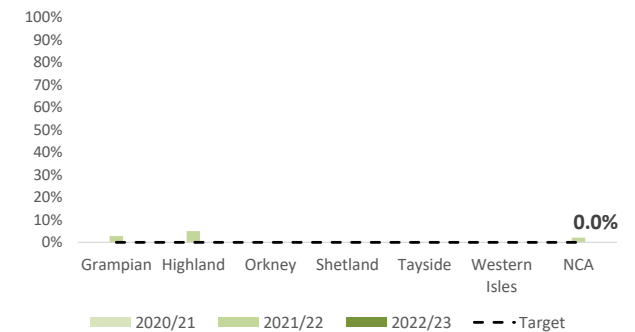
Description Proportion of patients with head and neck cancer who die within 30 days of chemoradiotherapy.

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

Denominator All patients with head and neck cancer who undergo chemoradiotherapy.

Target		< 5%								
		2022/23	Num	Denom	2021/22	2020/21				
2022/23	Grampian	0.0%	0	25	2.8%	0.0%				
	Highland	0.0%	0	20	5.0%	0.0%				
	Orkney	-	0	0	-	-				
	Shetland	-	-	-	-	-				
	Tayside	0.0%	0	37	0.0%	0.0%				
	Western Isles	-	-	-	-	-				
NCA		0.0%	0	86	2.1%	0.0%				

NCA boards



Comments: This QPI has been met at 0%.



QPI 11(iii): 90 Day Mortality (Chemoradiotherapy)

90 day mortality after curative chemoradiotherapy treatment for head and neck cancer.

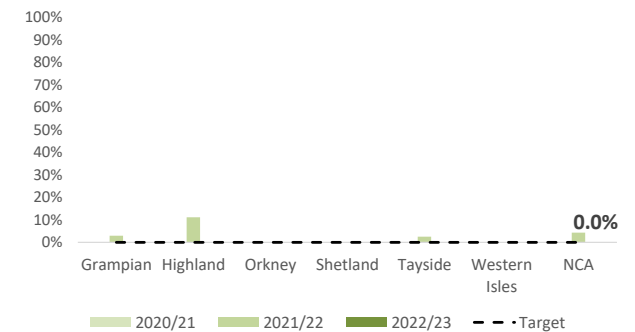
Description Proportion of patients with head and neck cancer who die within 90 days of chemoradiotherapy.

Numerator Number of patients with head and neck cancer who die within 90 days of chemoradiotherapy.

Denominator All patients with head and neck cancer who undergo chemoradiotherapy.

Target		< 5%								
		2022/23	Num	Denom	2021/22	2020/21				
2022/23	Grampian	0.0%	0	22	2.9%	0.0%				
	Highland	0.0%	0	16	11.1%	0.0%				
	Orkney	-	0	0	-	-				
	Shetland	-	-	-	-	-				
	Tayside	0.0%	0	33	2.5%	0.0%				
	Western Isles	-	-	-	-	-				
NCA		0.0%	0	74	4.3%	0.0%				

NCA boards



Comments: This QPI has been met at 0% showing a good improvement versus last year.



QPI 14: Time from Surgery to Adjuvant Radiotherapy / Chemoradiotherapy

Patients with squamous cell carcinoma of the oral cavity, pharynx or larynx who undergo adjuvant treatment should commence this within 7 weeks of surgical resection.

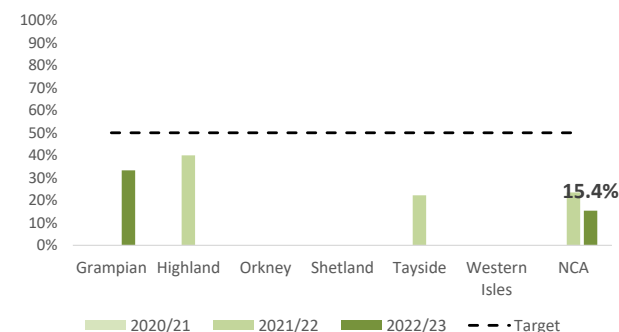
Description Proportion of patients with squamous cell carcinoma of the oral cavity, pharynx or larynx who undergo adjuvant radiotherapy or chemoradiotherapy and commence this within 7 weeks of definitive surgical resection

Numerator Number of patients with squamous cell carcinoma of the oral cavity, pharynx or larynx who undergo adjuvant radiotherapy or chemoradiotherapy who commence this within 7 weeks of definitive surgical resection.

Denominator All patients with squamous cell carcinoma of the oral cavity, pharynx or larynx who undergo definitive surgical resection followed by adjuvant radiotherapy or chemoradiotherapy

Target		50%								
		2022/23	Num	Denom	2021/22	2020/21				
2022/23	Grampian	33.3%	2	6	-	-				
	Highland	-	-	-	40.0%	-				
	Orkney	-	0	0	-	-				
	Shetland	-	0	0	-	-				
	Tayside	0.0%	0	5	22.2%	-				
	Western Isles	-	-	-	-	-				
NCA		15.4%	2	13	23.5%	-				

NCA boards



Comments: This QPI has been audited. Complex histology reporting with bone specimens requires time for decalcification. This window is short for the time required for the path reporting and patients decision making time.



QPI 15: PD-L1 Combined Proportion Score (CPS) for Decision Making

PD-L1 Combined Proportion Score (CPS) should be available to inform treatment decisions in patients with incurable head and neck cancer.

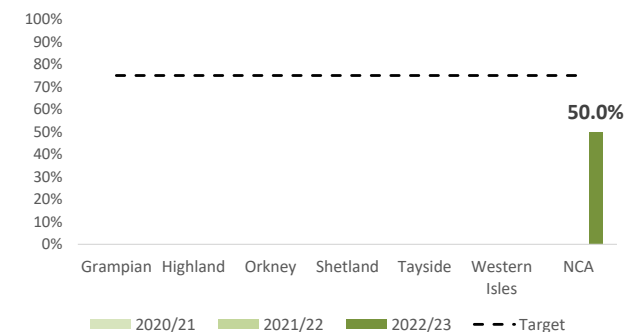
Description Proportion of patients with squamous cell head and neck cancer undergoing first line palliative SACT for whom PD-L1 CPS is reported within 14 days of MDT request.

Numerator Number of patients with squamous cell head and neck cancer undergoing first line palliative SACT for whom PD-L1 CPS is reported within 14 days of MDT request. Date of PD-L1 Combined Prognostic Score (CPS) Reporting not coded as inapplicable; AND Date of PDL1 Combined Prognostic Score (CPS) Reporting

Denominator All patients with squamous cell head and neck cancer undergoing first line palliative SACT. (Exclude patients with nasopharyngeal cancer).

Target		75%							
		2022/23	Num	Denom	2021/22	2020/21			
2022/23	Grampian	-	0	0	-	-			
	Highland	-	-	-	-	-			
	Orkney	-	0	0	-	-			
	Shetland	-	0	0	-	-			
	Tayside	-	-	-	-	-			
	Western Isles	-	0	0	-	-			
	NCA	50.0%	3	6	-	-			

NCA boards



Comments:

The failure of the QPI is a reflection only of the small number of patients involved.