

Quality Performance Indicators Audit Report



Tumour Area:	Head and Neck Cancer
Patients Diagnosed:	1 st April 2021 – 31 st March 2022
Published Date:	7 th December 2023

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

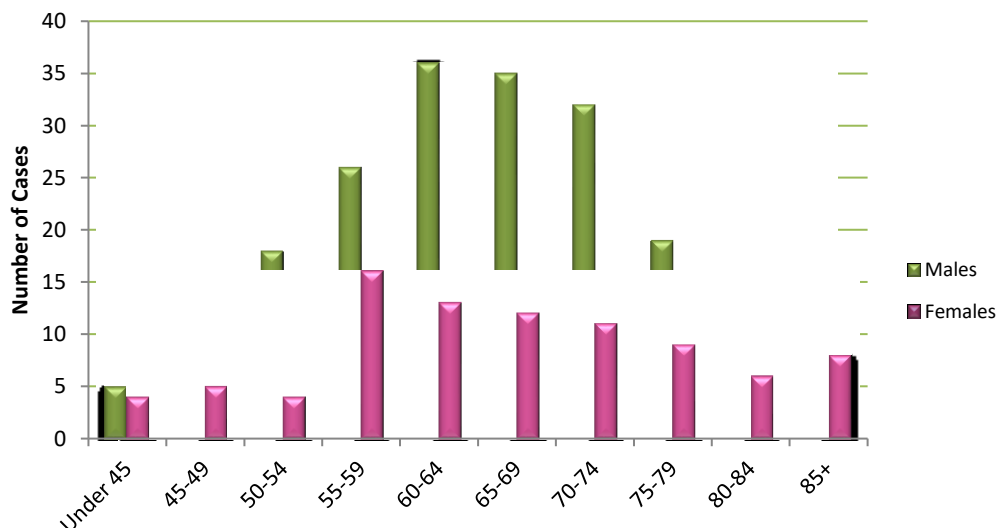
Between 1st April 2021 and 31st March 2022, a total of 290 cases of head and neck cancer were diagnosed in the North of Scotland and recorded through audit. Overall, case ascertainment was 94.3%.

Case ascertainment by NHS Board for patients diagnosed with head and neck cancer in 2016-2020.

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NCA
No. of Patients 2020-21	115	59	3	2	108	3	290
% of NCA total	39.7%	20.3%	1.0%	0.7%	37.2%	1.0%	100%
Mean PHS Cases 2016-20	115.6	65.2	2.6	3.6	114.4	6.0	307.4
% Case ascertainment 2020-21	99.5%	90.5%	115.4%	55.6%	94.4%	50.0%	94.3%

2. Age Distribution

The figure below shows the age distribution of patients diagnosed with head and neck cancer in the North of Scotland in 2021-2022, with numbers highest in the 60-64 years age bracket for males and in the 55-59 years age bracket for females.



Age distribution of patients diagnosed with head and neck cancer in North of Scotland 2021-22

3. Performance against Quality Performance Indicators (QPIs)

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, QPI 12, relating to clinical

trials and research access is reported by patients 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.*

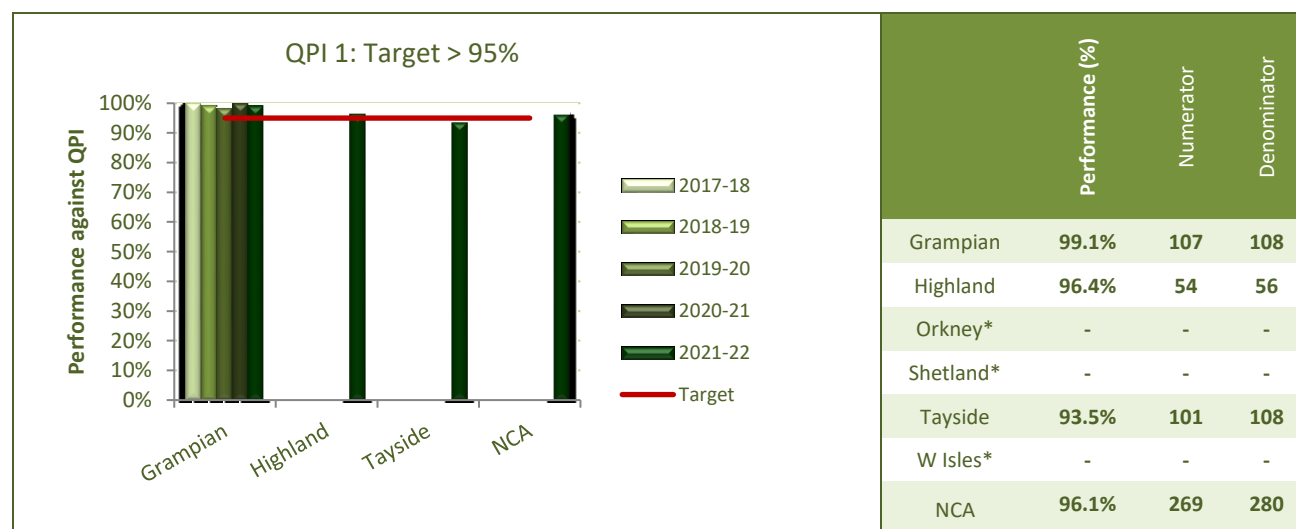
In regards to mortality following SACT, a decision has been taken nationally to move to a new generic QPI (30-day mortality for SACT) applicable across all tumour types. This new QPI will use CEPAS (Chemotherapy ePrescribing and Administration System) data to measure SACT mortality to ensure that the 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 cancer strategy committees at each North of Scotland health board.

Further information is available on the NCA website [here](#).

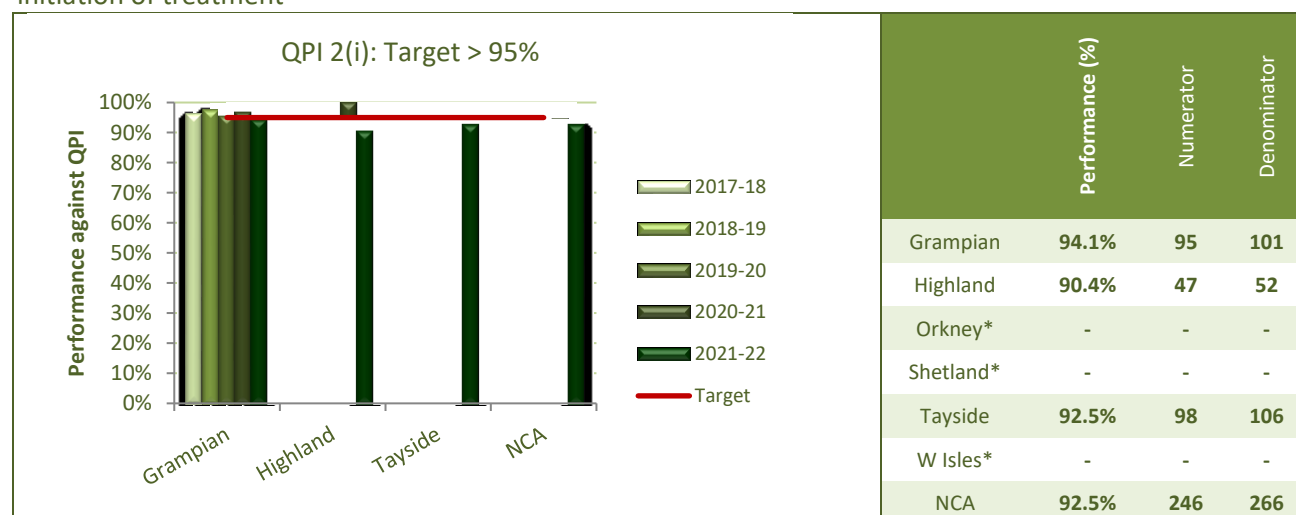
QPI 1	Pathological Diagnosis of Head and Neck Cancer
Proportion of patients with head and neck cancer who have a cytological or histological diagnosis before treatment.	



*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.

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

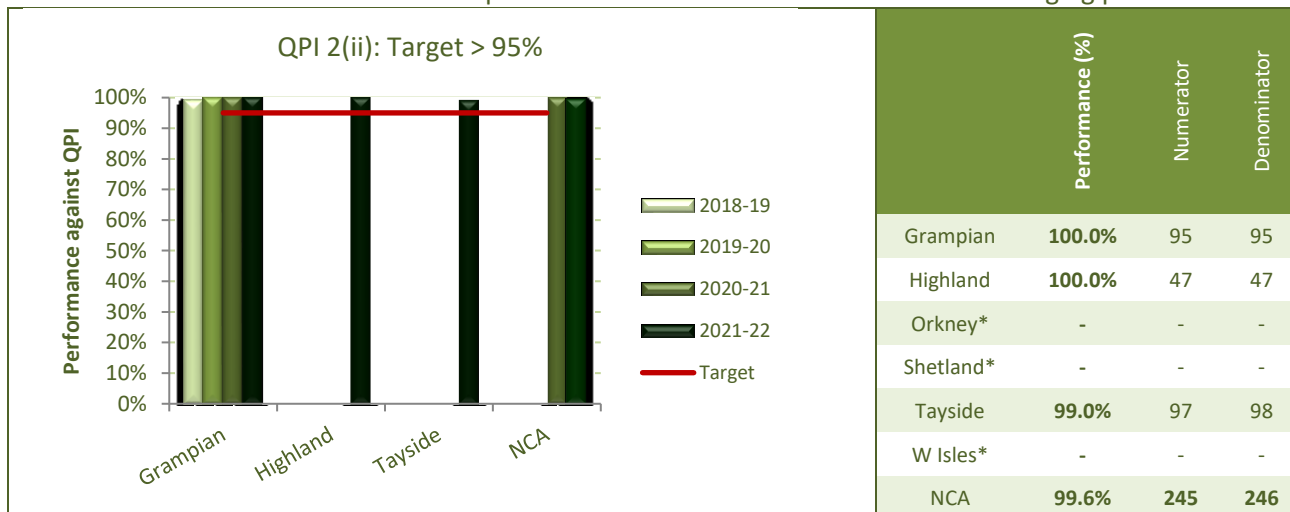
Specification (i) Patients with head and neck cancer who are evaluated with appropriate imaging before the initiation of treatment



*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.

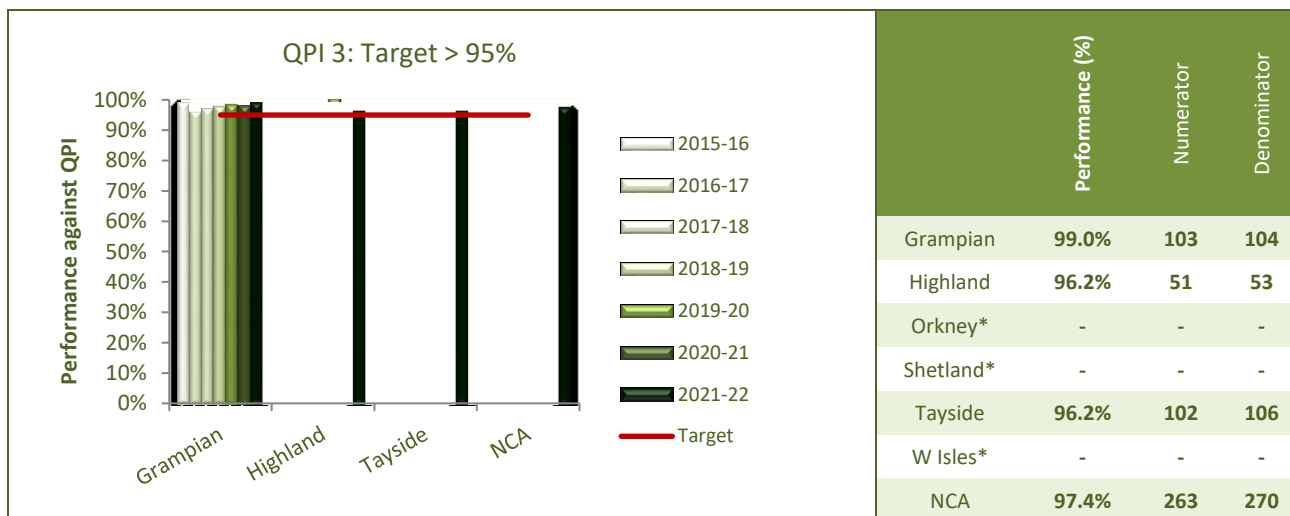
The North of Scotland narrowly missed this target. There were patient-specific reasons why imaging was not completed; individual boards have reviewed all of these cases.

Specification (ii) Patients with head and neck cancer who are evaluated with appropriate imaging before the initiation of treatment where the report is available within 2 weeks of the final imaging procedure



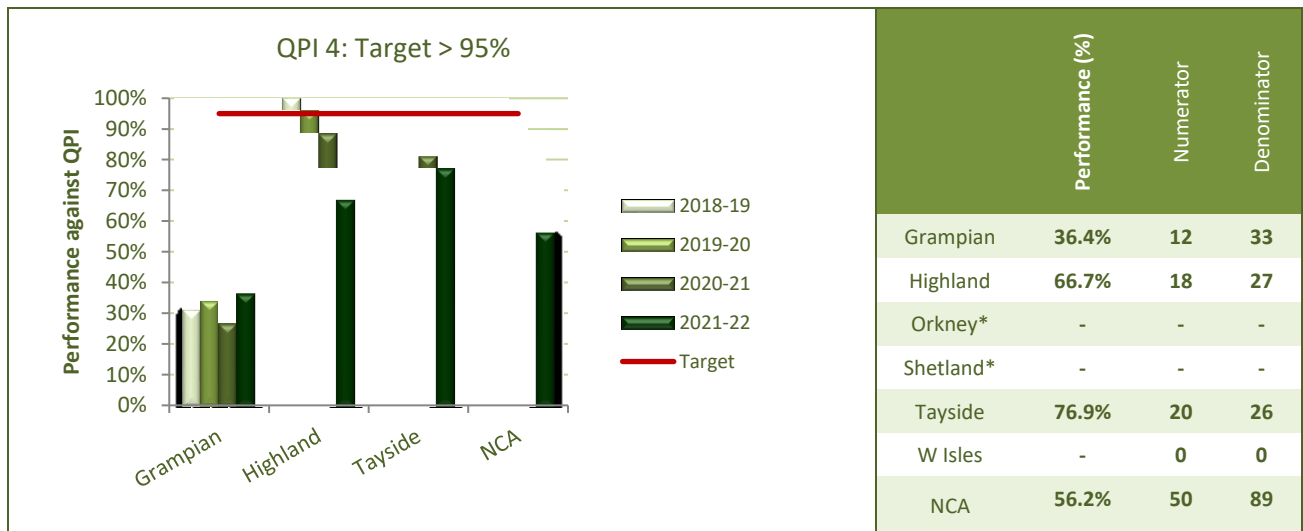
*Where the number of cases per Board is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure. However, all board results are included within the total for the North of Scotland.

QPI 3 Multi-Disciplinary Team Meeting (MDT)
 Proportion of patients with head and neck cancer who are discussed at a MDT meeting before definitive treatment.



*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.

QPI 4	Smoking Cessation
Proportion of patients with head and neck cancer who smoke who are offered referral to smoking cessation before first treatment.	

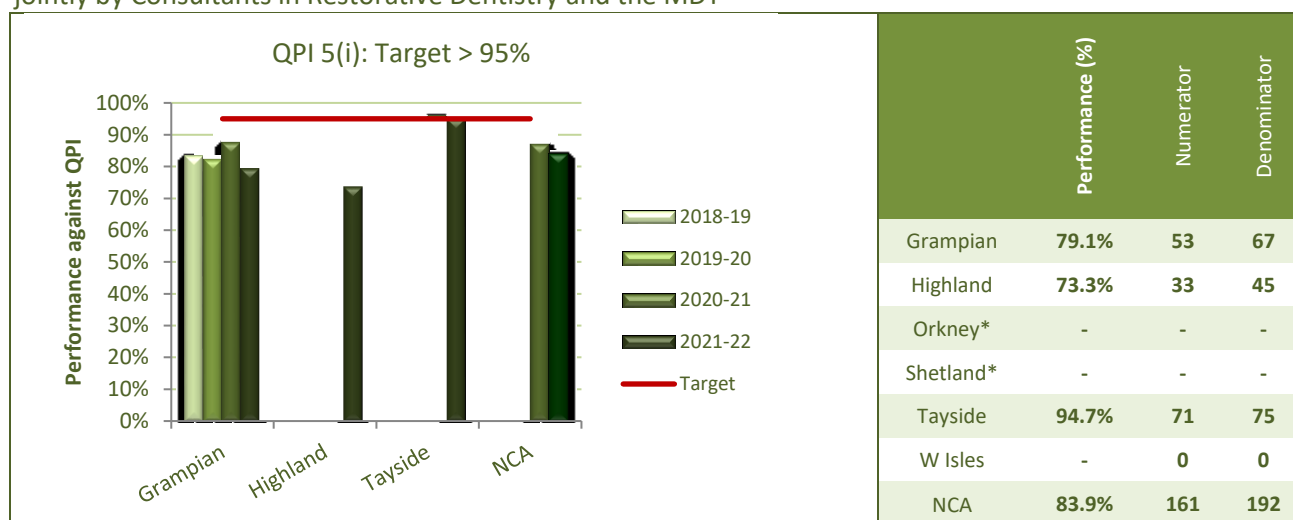


*Where the number of cases per Board is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure. However, all board results are included within the total for the North of Scotland.

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, there has been a drive to standardise the support provided to MDT to ensure the smoking cessation offers information is captured during the pre-admission assessment for all patients. It is noted that smoking cessation services are also offered via primary care and community settings.

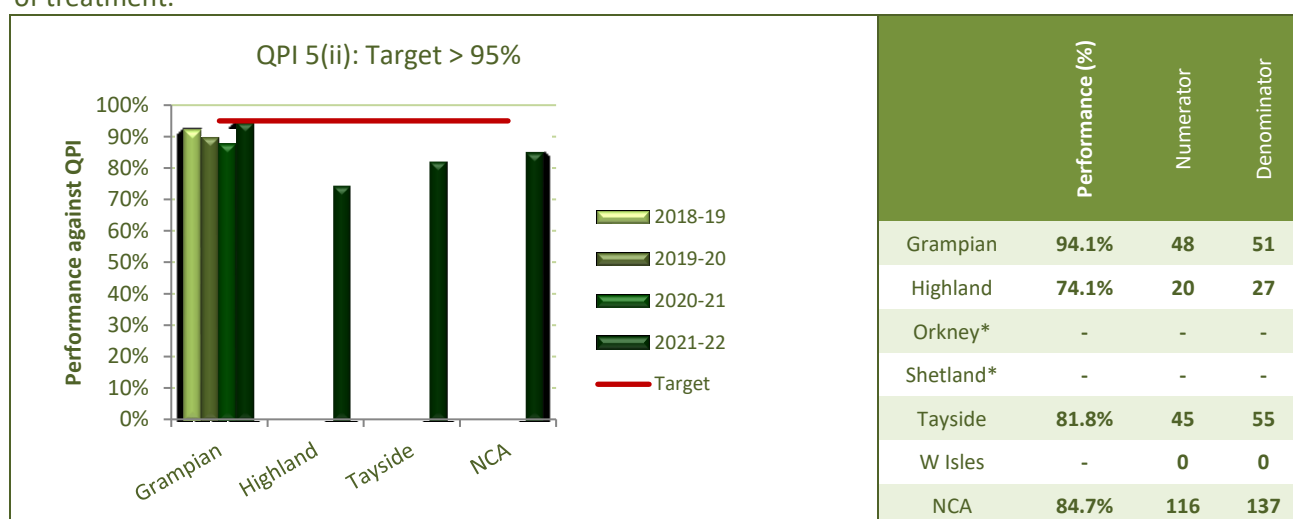
QPI 5	Oral and Dental Rehabilitation Plan
Proportion of patients with head and neck cancer deemed in need of an oral and dental rehabilitation plan who have an assessment before initiation of treatment.	

Specification (i) Patients in whom the decision for requiring pre-treatment assessment has been made jointly by Consultants in Restorative Dentistry and the MDT



*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.

Specification (ii) Patients who require pre-treatment assessment that have this carried out before initiation of treatment.

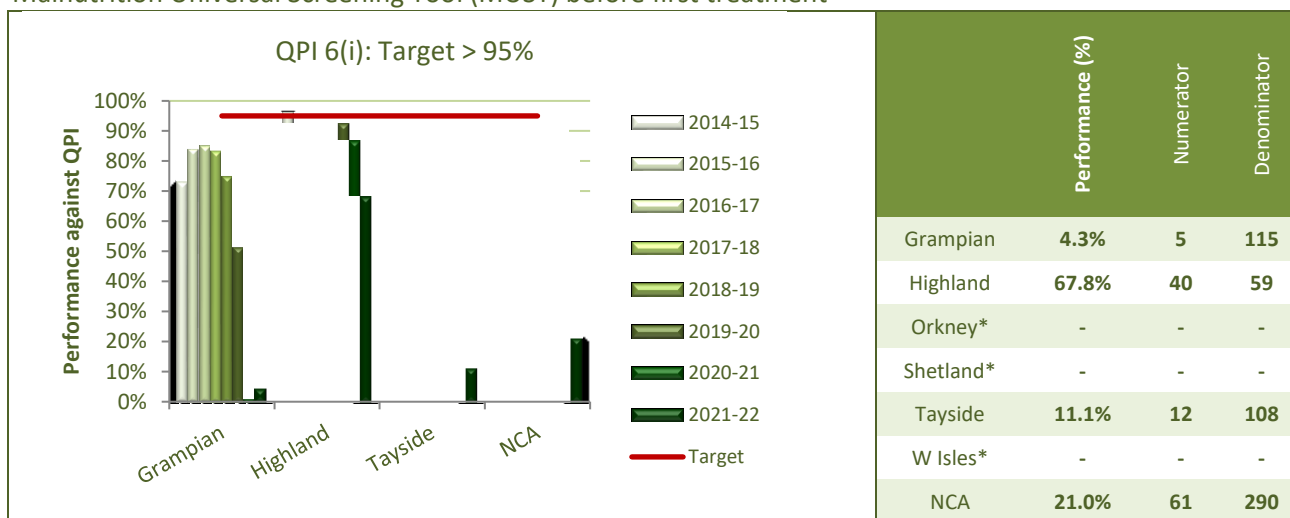


*Where the number of cases per Board is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure. However, all board results are included within the total for the North of Scotland.

QPI 5 has not been achieved throughout the NCA. Assessing data for audit related to dental rehabilitation plans remains a historical issue across the boards, especially in rural areas. However, it is noted that improvements have been made and offering dental assessment on the same day as the result appointment is currently being piloted.

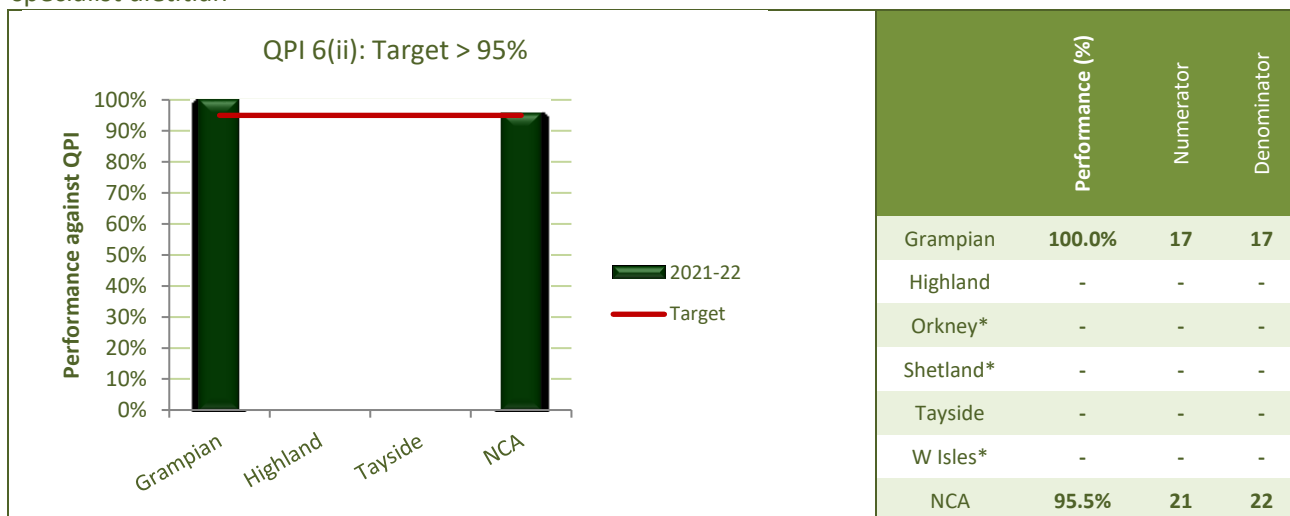
QPI 6	Nutritional Screening
Proportion of patients with head and neck cancer who undergo nutritional screening with the Malnutrition Universal Screening Tool (MUST) before first treatment.	

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



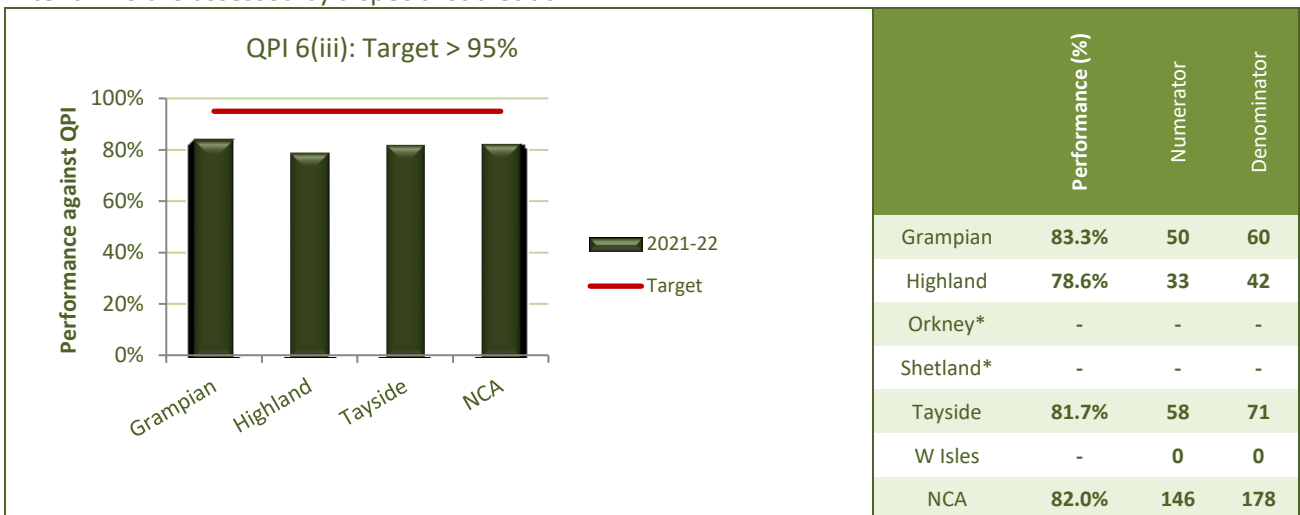
*Where the number of cases per Board is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure. However, all board results are included within the total for the North of Scotland.

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



*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.

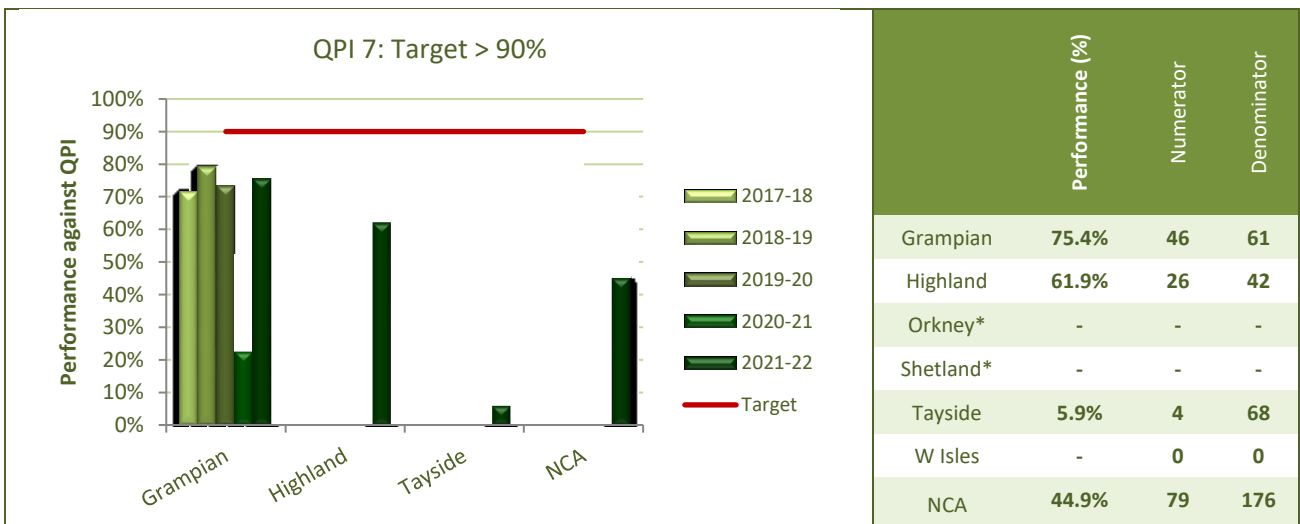
Specification (iii) - Patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are assessed by a specialist dietitian



*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.

MUST Nutritional screening services are not offered consistently across the region and it is reflected in the result for this QPI. MUST nutritional screening will be reviewed at a future meeting of the NCA Head and Neck Pathway Board.

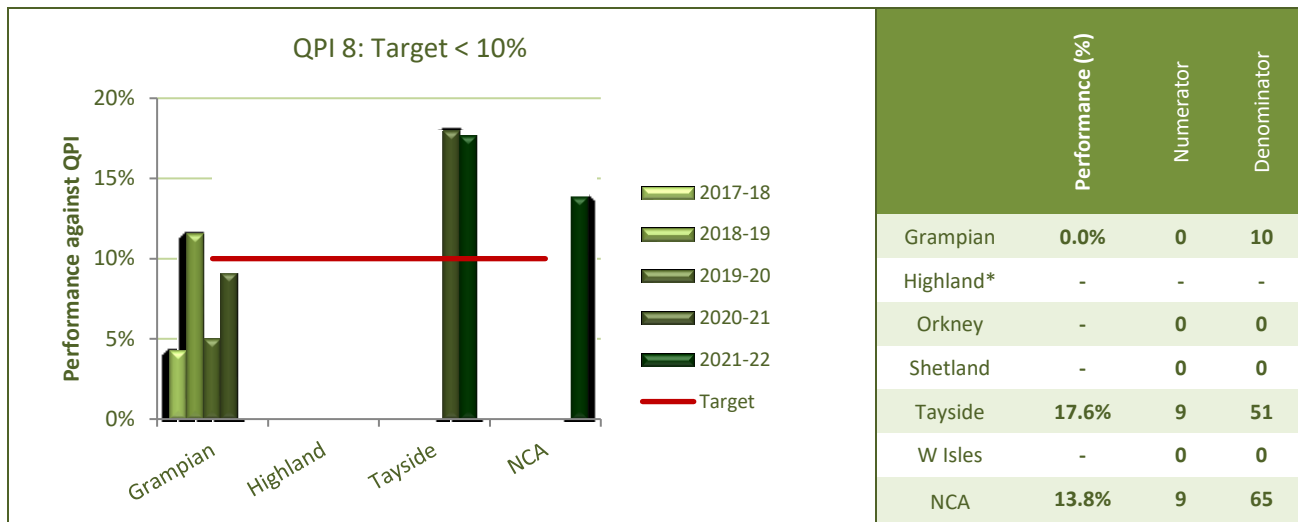
QPI 7	Specialist Speech and Language Therapist Access
Proportion of patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are seen by a Specialist SLT before treatment.	



*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.

Overall, the NCA has not met the QPI target of 90% with various results throughout the boards. NHS Tayside has missed this QPI due to workforce limitations within the Speech and Language department. The resources that are available focus on patients with high service needs. Performance in NHS Highland and NHS Grampian has improved in the last reporting year as new approaches to access the service have been implemented.

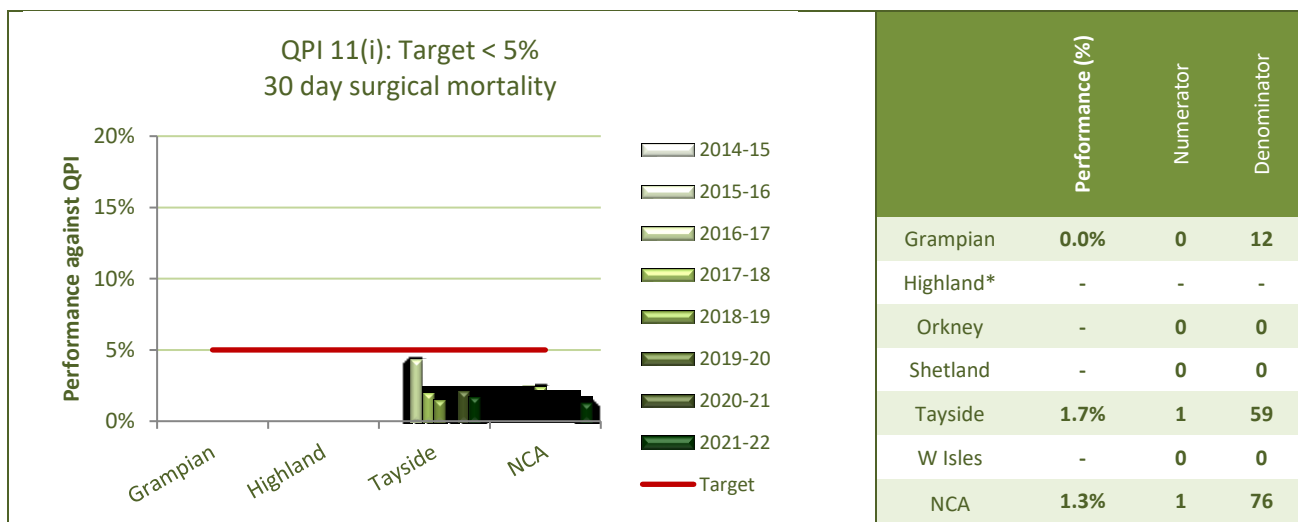
QPI 8	Surgical Margins
Proportion of patients with squamous cell carcinoma of the oral cavity, larynx or pharynx with final excision margins of less than 1mm after open surgical resection with curative intent.	



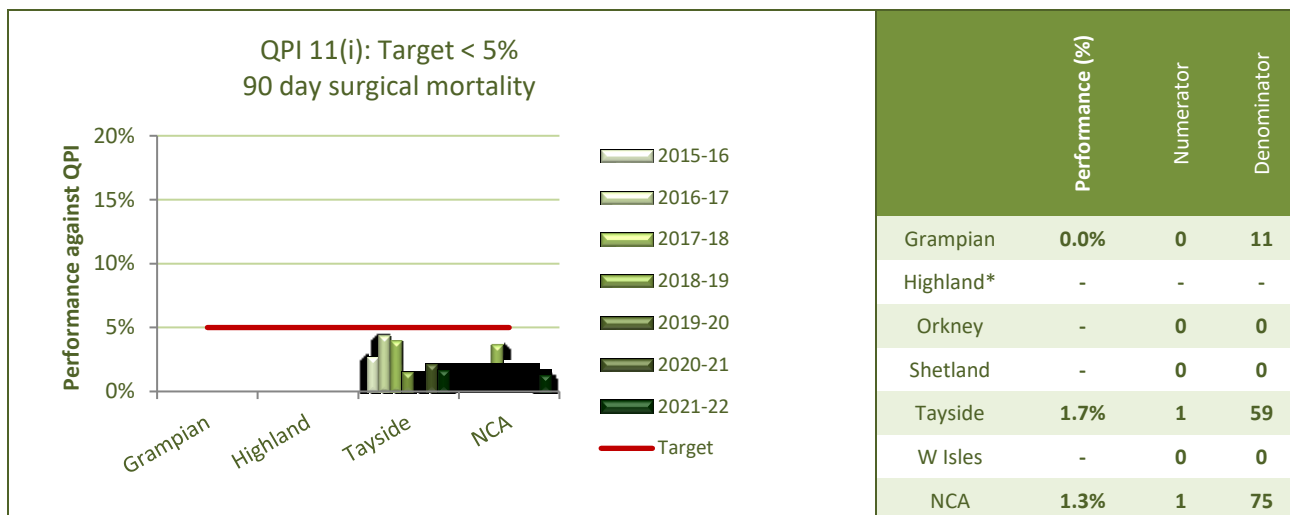
*Where the number of cases per Board is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure. However, all board results are included within the total for the North of Scotland.

NHS Tayside has investigated the 9 cases who were recorded through audit as receiving a positive margin and assurance has been received around these cases that some have been included as positive margins in error.

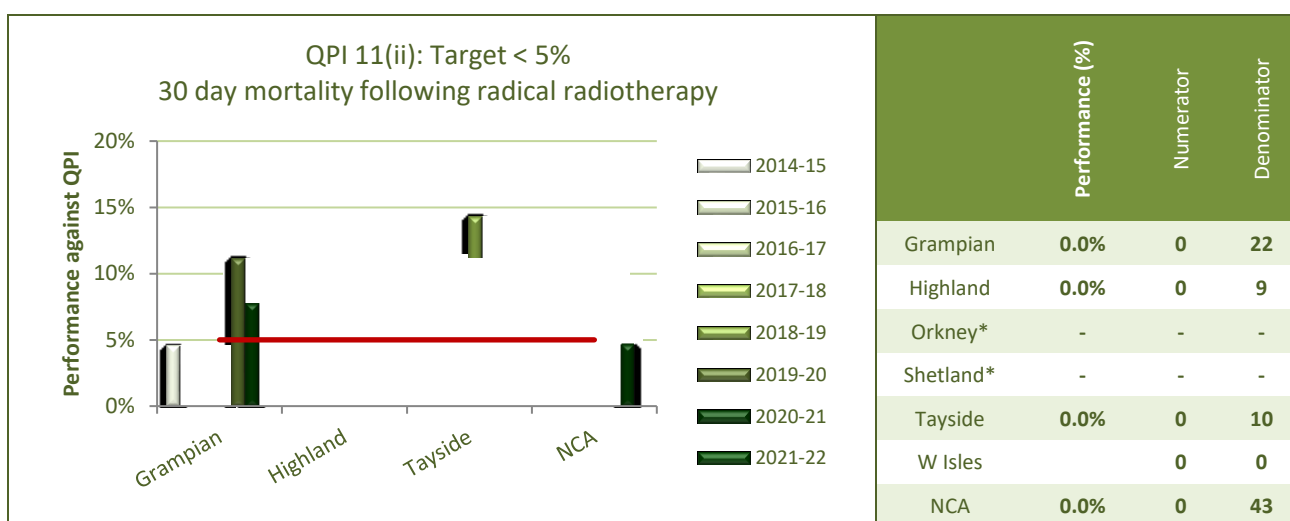
QPI 11	30 and 90 Day Mortality
Proportion of patients with head and neck cancer who die within 30 or 90 days of curative treatment.	



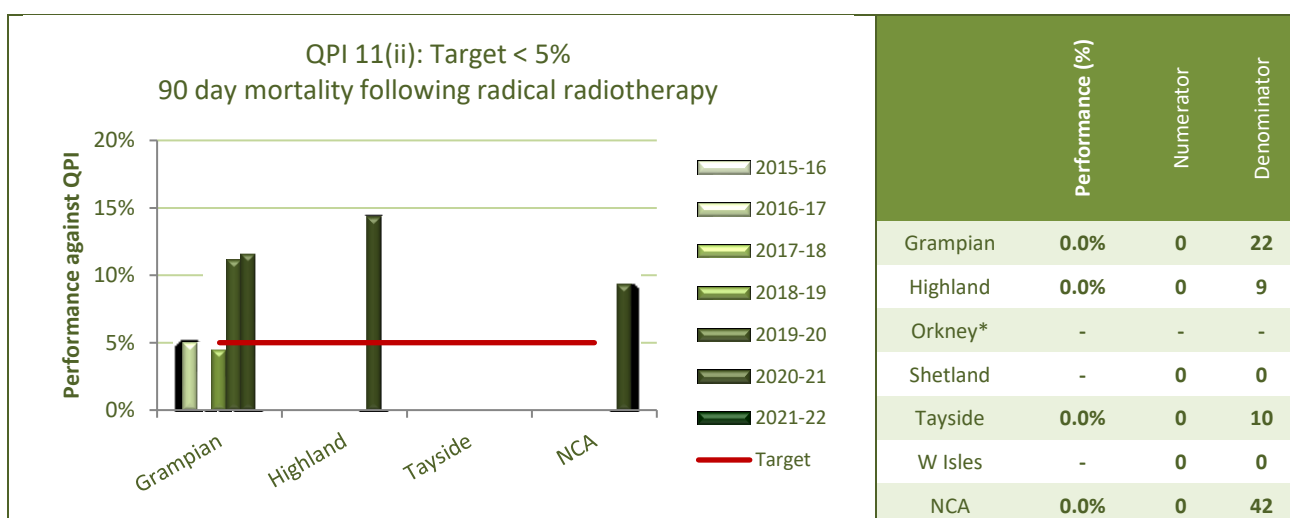
*Where the number of cases per Board is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure. However, all board results are included within the total for the North of Scotland.



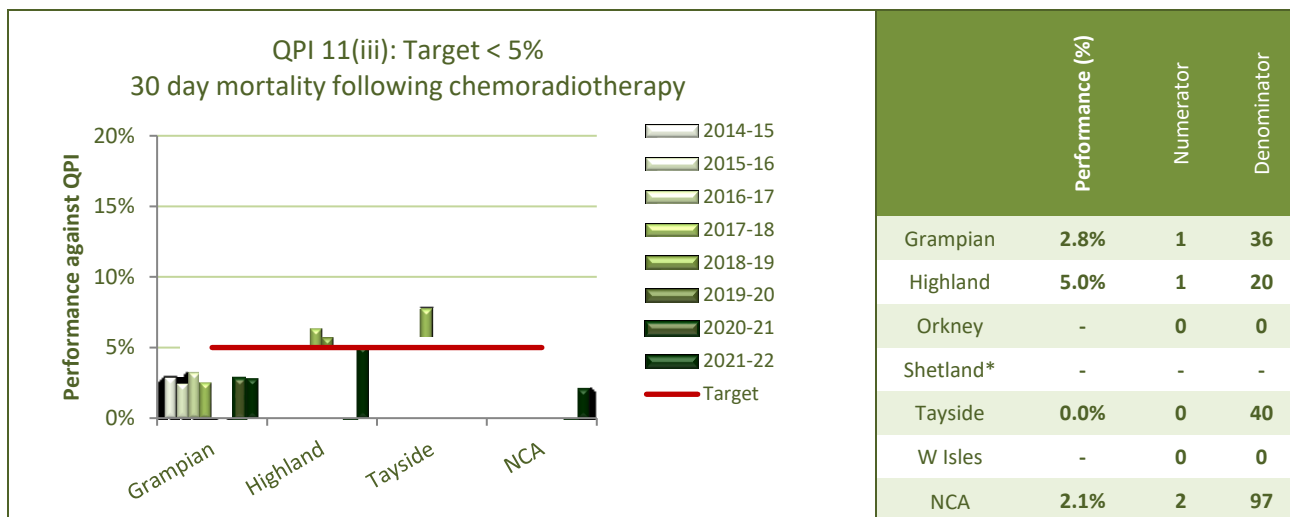
*Where the number of cases per Board is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure. However, all board results are included within the total for the North of Scotland.



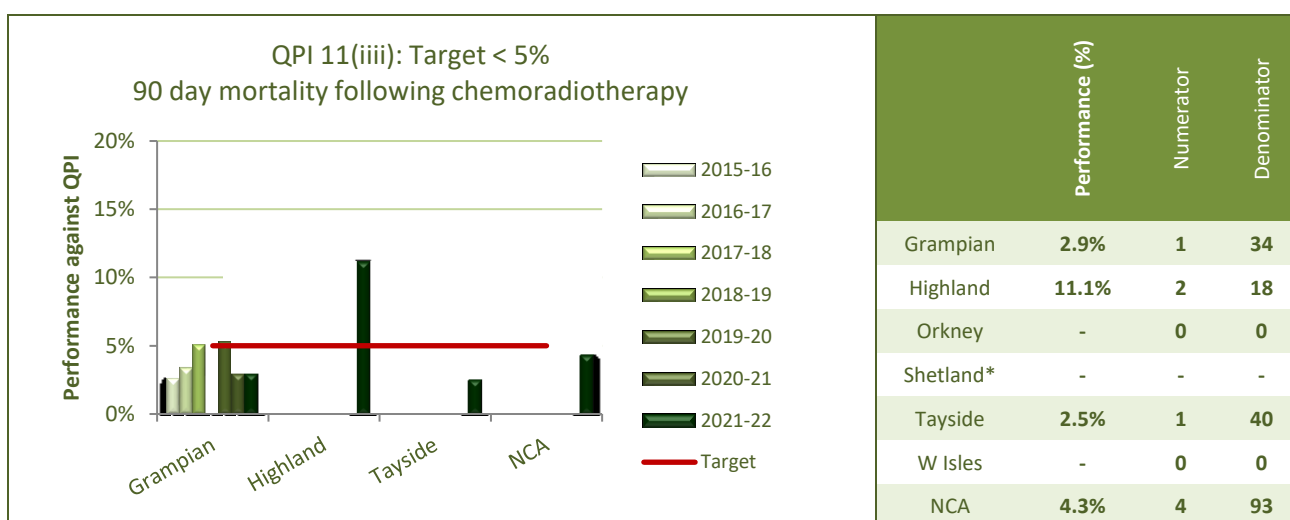
*Where the number of cases per Board is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure. However, all board results are included within the total for the North of Scotland.



*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.



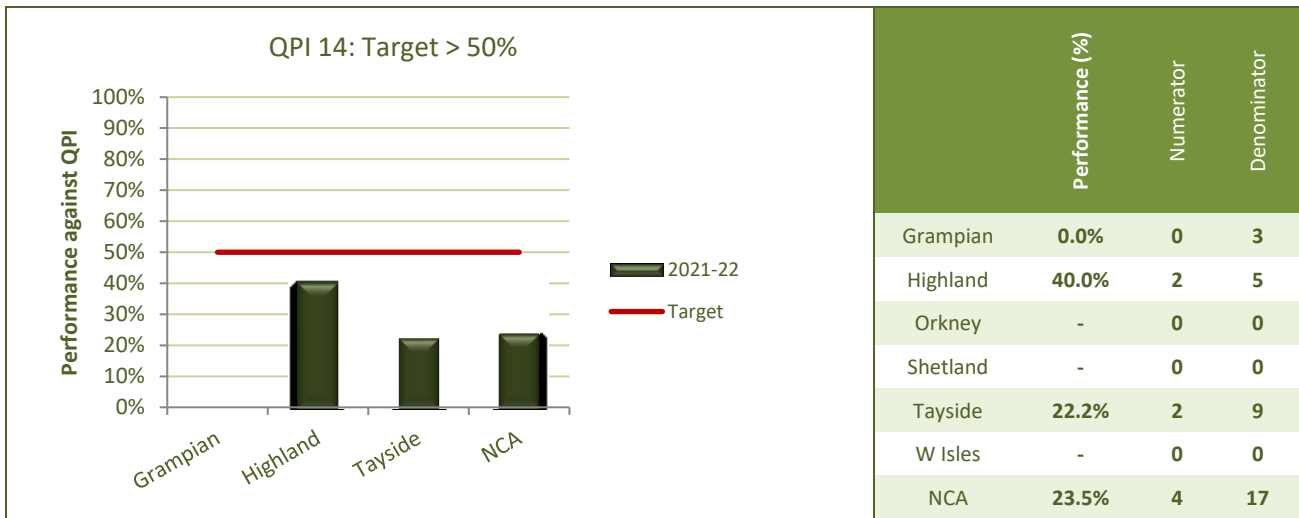
*Where the number of cases per Board is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure. However, all board results are included within the total for the North of Scotland.



*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.

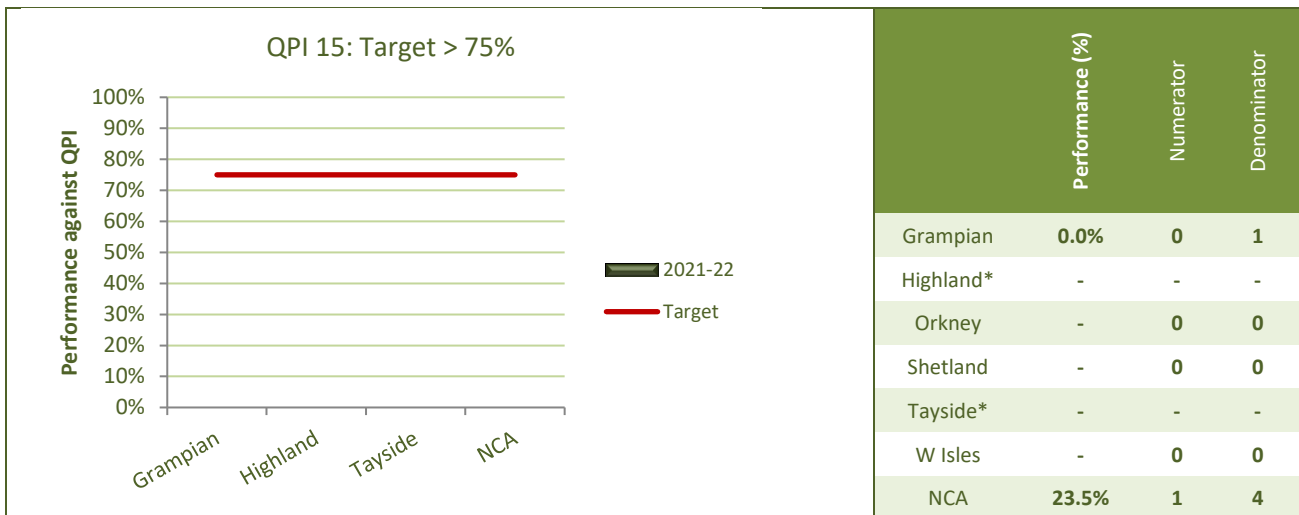
All patients who died 30 and 90-days after treatment have been reviewed at board level.

QPI 14	Time from Surgery to Adjuvant Radiotherapy / Chemoradiotherapy
Proportion of patients with head and neck cancer who are consented for a clinical trial / research study. Data reported for patients consented in 2020. 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.	



This QPI has been recently introduced, and the proportion of patients going through this research pathway in the region is limited. It is estimated to see an increased number of participants in the next few years. Results of this QPI will be monitored in future years reporting and reviewed at the NCA Head and Neck Pathway Board.

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



*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.

This QPI has been recently introduced following national formal review. The number of patients who fit the requirement criteria is potentially small in the region. Results of this QPI will be monitored in future years reporting and reviewed at the NCA Head and Neck Pathway Board.

References

1. Scottish Cancer Taskforce, 2018. Head and Neck Cancer Clinical Performance Indicators, Version 3.0. Healthcare Improvement Scotland.
<https://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=a51cc068-8652-4396-b04c-68b2e92514cf&version=-1>
2. <http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Audit/>