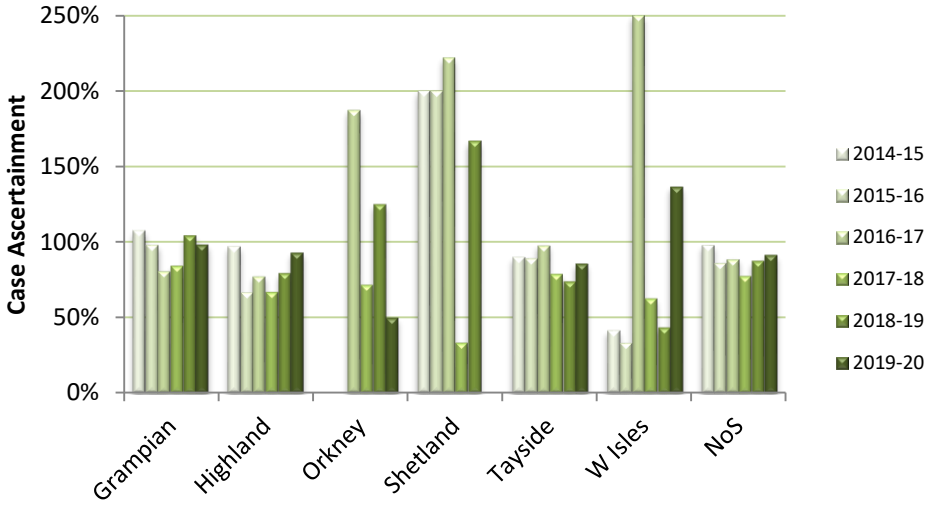
Quality Performance Indicators Audit Report

Tumour Area:	Head and Neck Cancer
Patients Diagnosed:	1st April 2019 – 31st March 2020
Published Date:	Wednesday 20th October 2021

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

Between 1st April 2019 and 31st March 2020 a total of 280 cases of head and neck cancer were diagnosed in the North of Scotland and recorded through audit. Overall case ascertainment was high at 91.4%. The head and neck cancer patient pathway is particularly complex, requiring input from many different services. This has resulted in data being required from a wide variety of sources and has presented a particular challenge. This is most notable around QPIs 4, 5(i & ii) and 6, where there are gaps in data regarding whether or when patients were offered referral to smoking cessation services (QPI 4), whether oral assessment is required (QPI 5) and where nutritional screening was completed prior to treatment. (QPI 6). The QPI results for patients diagnosed in 2019-20 includes a larger number of fields where data has not been recorded compared to the previous year of reporting.

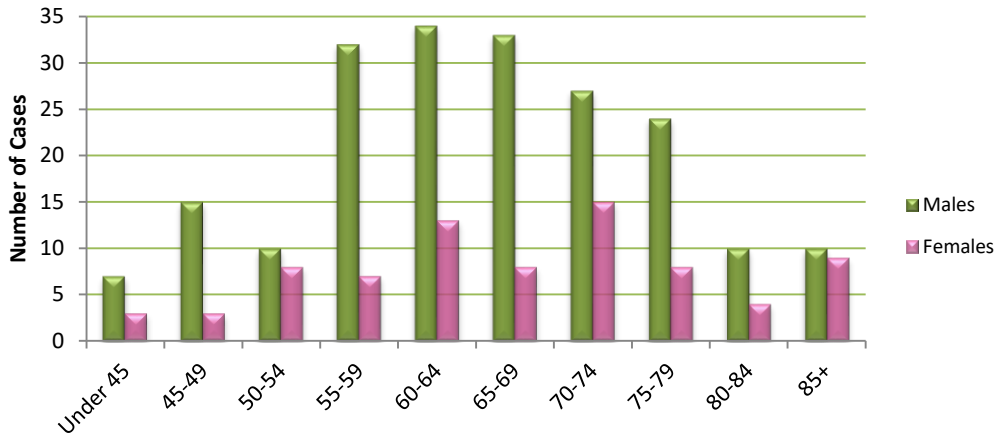


Case ascertainment by NHS Board for patients diagnosed with head and neck cancer in 2014-2020.

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
No. of Patients 2019-20	117	63	1	0	93	6	**280**
% of NoS total	41.8%	22.5%	0.4%	0%	33.2%	2.1%	**100%**
Mean ISD Cases 2014-18	119.2	67.8	2	4.4	108.6	4.4	**306.4**
% Case ascertainment 2019-20	98.2%	92.9%	50.0%	0%	85.6%	136.4%	**91.4%**

2. Age Distribution

The figure below shows the age distribution of patients diagnosed with head and neck cancer in the North of Scotland in 2019-20, with numbers highest in the 60-64 years age bracket for males and in the 70-74 years age bracket for females.



Age distribution of patients diagnosed with head and neck cancer in North of Scotland 2019-20

3. Performance against Quality Performance Indicators (QPIs)

Definitions for the QPIs reported in this section are published by Health Improvement Scotland[1], while further information on datasets and measurability used are available from Information Services Division[2]. 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.*

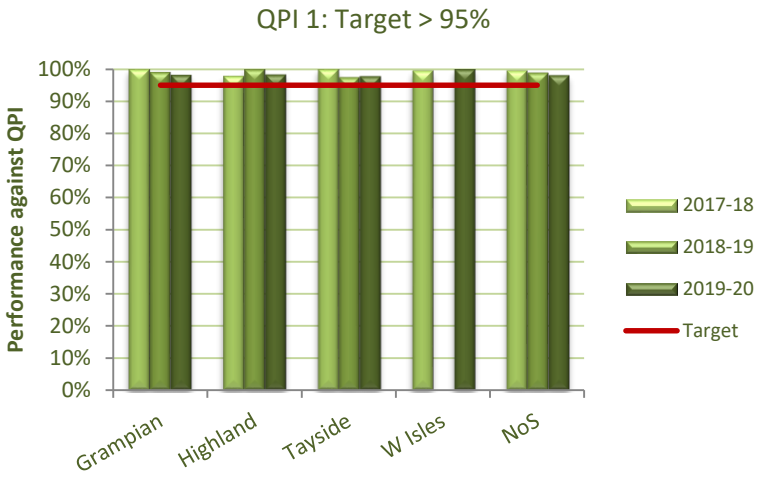
In regards to mortality following SACT, a decision has been taken nationally to move to a new generic QPI (30-day mortality for SACT) applicable across all tumour types. This new QPI will use CEPAS (Chemotherapy ePrescribing and Administration System) data to measure SACT mortality to ensure that the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

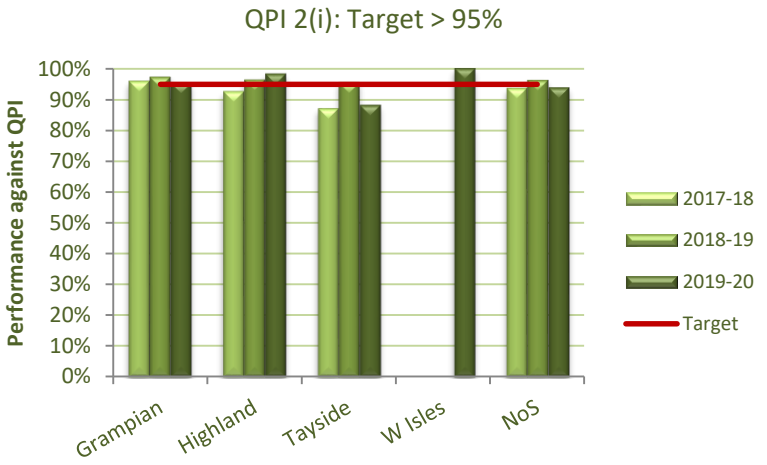
QPI 1	Pathological Diagnosis of Head and Neck Cancer
Proportion of patients with head and neck cancer who have a cytological or histological diagnosis before treatment.	



	Performance (%)	Numerator	Denominator
Grampian	**98.2%**	107	109
Highland	**98.3%**	59	60
Orkney*	-	-	-
Shetland	-	0	0
Tayside	**97.8%**	89	91
W Isles	**100%**	6	6
NoS	**98.1%**	**262**	**267**

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.	

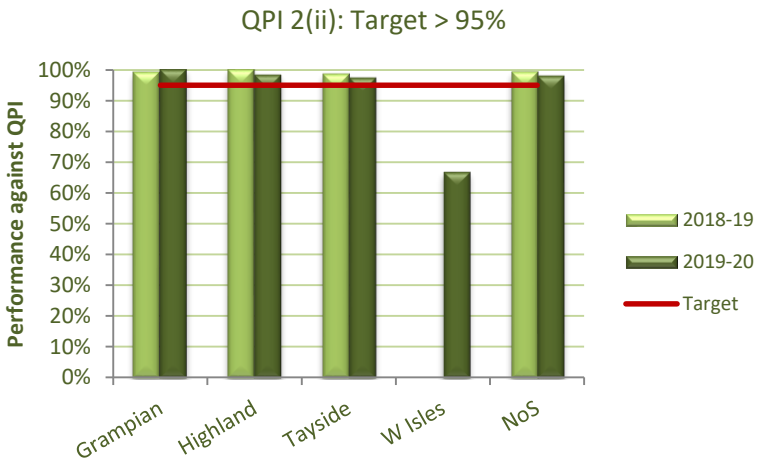
Specification (i) Patients with head and neck cancer who are evaluated with appropriate imaging before the initiation of treatment



	Performance (%)	Numerator	Denominator
Grampian	**95.3%**	102	107
Highland	**98.3%**	57	58
Orkney	-	0	0
Shetland	-	0	0
Tayside	**88.2%**	75	85
W Isles	**100%**	6	6
NoS	**93.8%**	**240**	**256**

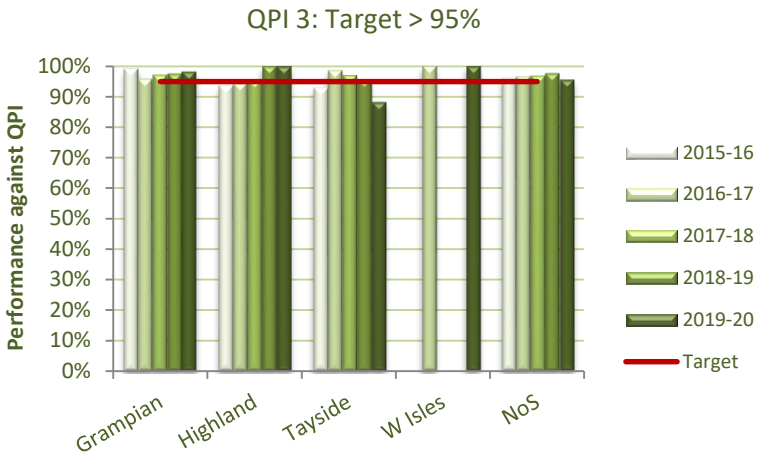
An audit has been undertaken at NHS Tayside to understand the reasons for the 10 patients who did not have imaging or were discussed at MDT prior to definitive treatment. Three patients were known to have Carcinoma In Situ and one patient was known to have dysplasia, all 4 patients had a focus of invasive cancer on surgery specimens. Other reasons included patients initially having a diagnostic procedure that was definitive treatment, emergency treatment required for one patient and others who had benign or low grade tumours where the decision to proceed was taken outwith MDT. These patients were discussed post-treatment but fail to meet the requirements of this QPI.

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



	Performance (%)	Numerator	Denominator
Grampian	**100%**	102	102
Highland	**98.2%**	56	57
Orkney	-	0	0
Shetland	-	0	0
Tayside	**97.3%**	73	75
W Isles	**66.7%**	4	6
NoS	**97.9%**	**235**	**240**

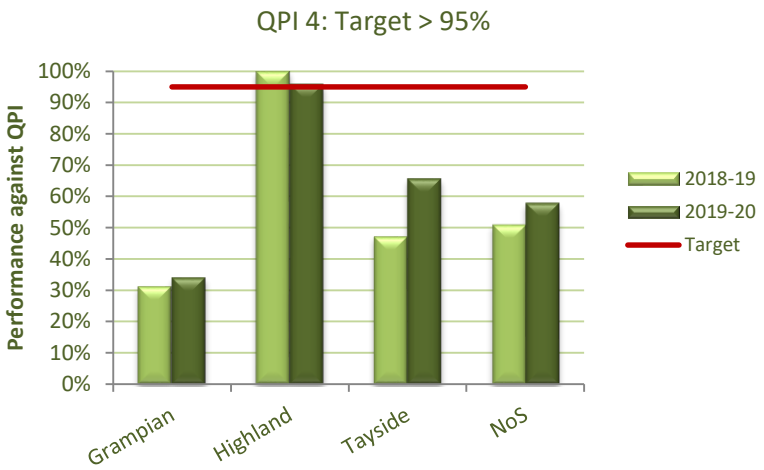
QPI 3	Multi-Disciplinary Team Meeting (MDT)
Proportion of patients with head and neck cancer who are discussed at a MDT meeting before definitive treatment.	



	Performance (%)	Numerator	Denominator
Grampian	**98.2%**	112	114
Highland	**100%**	59	59
Orkney	-	0	0
Shetland	-	0	0
Tayside	**88.2%**	75	85
W Isles	**100%**	6	6
NoS	**95.5%**	**252**	**264**

An audit has been undertaken at NHS Tayside to understand the reasons for the 10 patients who did not have imaging or were discussed at MDT prior to definitive treatment. Three patients were known to have Carcinoma In Situ and one patient was known to have dysplasia, all 4 patients had a focus of invasive cancer on surgery specimens. Other reasons included patients initially having a diagnostic procedure that was definitive treatment, emergency treatment required for one patient and others who had benign or low grade tumours where the decision to proceed was taken outwith MDT. These patients were discussed post-treatment but fail to meet the requirements of this QPI.

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



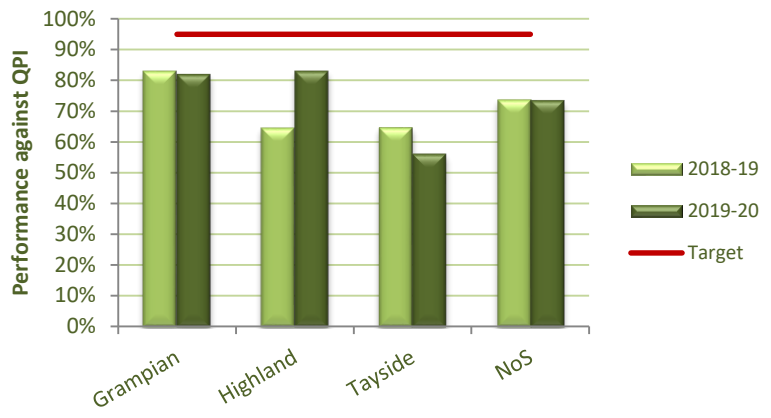
	Performance (%)	Numerator	Denominator
Grampian	**34.1%**	15	44
Highland	**95.7%**	22	23
Orkney*	-	-	-
Shetland	-	0	0
Tayside	**65.6%**	21	32
W Isles*	-	-	-
NoS	**57.8%**	**59**	**102**

Data collection remains an issue in the North of Scotland. Assurance received through the North Cancer Head & Neck Pathway Board is that all patients who smoke are offered referral to smoking cessation prior to first treatment, however this is usually through part of a conversation with the CNS.

NHS Highland have reflected their success in documenting this within a proforma stored with patient notes to ensure this can be included for audit.

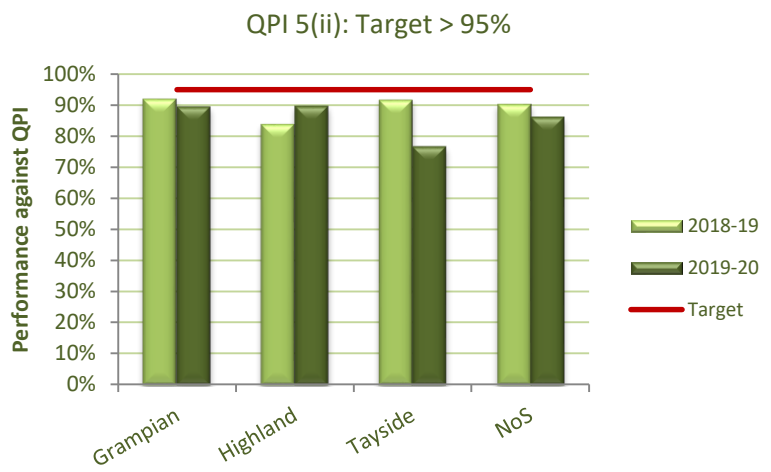
QPI 5	Oral and Dental Rehabilitation Plan
Proportion of patients with head and neck cancer deemed in need of an oral and dental rehabilitation plan who have an assessment before initiation of treatment.	

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



	Performance (%)	Numerator	Denominator
Grampian	**81.9%**	77	94
Highland	**83.0%**	39	47
Orkney*	-	-	-
Shetland	-	0	0
Tayside	**56.2%**	41	73
W Isles*	-	-	-
NoS	**73.5%**	**161**	**219**

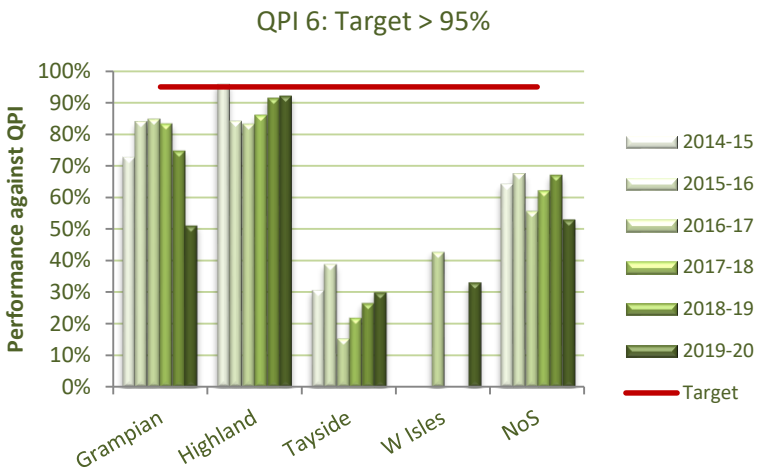
Specification (ii) Patients who require pre-treatment assessment that have this carried out before initiation of treatment.



	Performance (%)	Numerator	Denominator
Grampian	**89.5%**	68	76
Highland	**89.7%**	26	29
Orkney*	-	-	-
Shetland	-	0	0
Tayside	**76.7%**	23	30
W Isles*	-	-	-
NoS	**86.2%**	**119**	**138**

These QPIs are currently under review. There is variable input from Restorative Dentistry into MDT decision-making and documentation of this remains an issue.

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.	

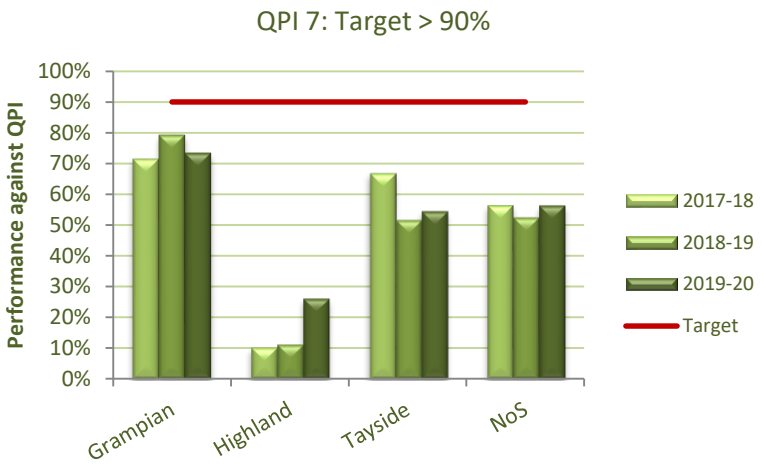


	Performance (%)	Numerator	Denominator
Grampian	**51.3%**	60	117
Highland	**92.1%**	58	63
Orkney*	-	-	-
Shetland	-	0	0
Tayside	**30.1%**	28	93
W Isles	**33.3%**	2	6
NoS	**53.2%**	**149**	**280**

Availability of MUST assessment within patient records across the North of Scotland health boards is variable. In practice it is used within in-patient settings, but may not be used fully or recorded within the outpatient setting. Elements of the MUST assessment are recorded - such as weight, height and BMI - but not the full assessment due to a lack of resource available within outpatient clinics.

While the QPI is currently under review, it is accepted that the requirement for Head & Neck cancer patients to undergo MUST assessment will remain.

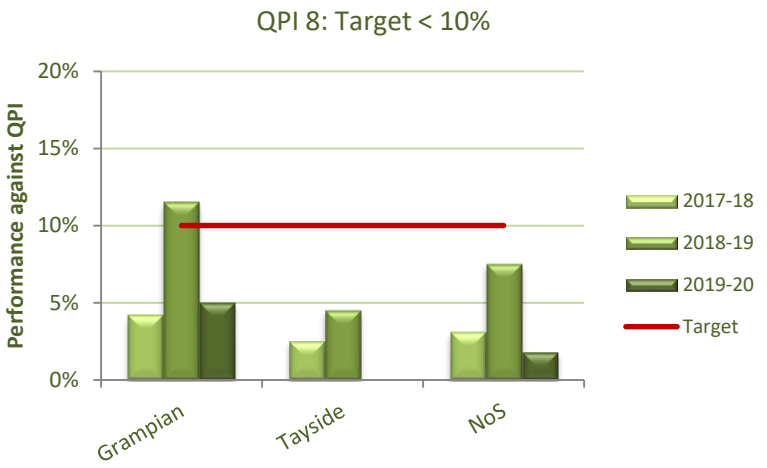
QPI 7	Specialist Speech and Language Therapist Access
Proportion of patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are seen by a Specialist SLT before treatment.	



	Performance (%)	Numerator	Denominator
Grampian	**73.3%**	63	86
Highland	**26.2%**	11	42
Orkney*	-	-	-
Shetland	-	0	0
Tayside	**54.5%**	24	44
W Isles*	-	-	-
NoS	**56.3%**	**99**	**176**

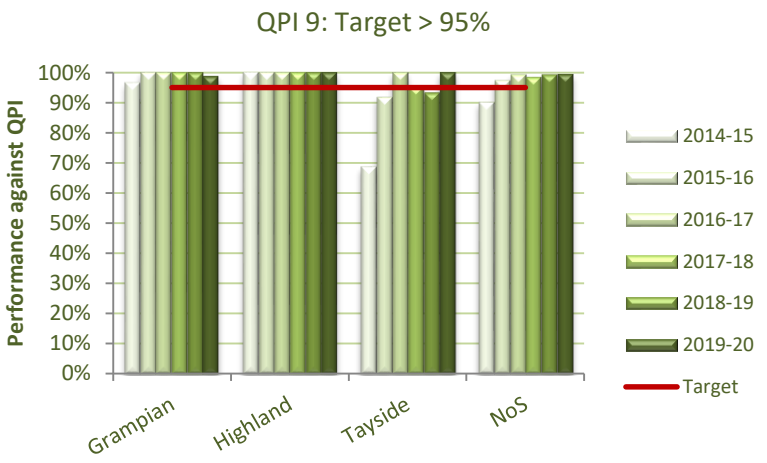
This QPI is currently being reviewed to improve data collection. However workforce pressures do have an impact on the ability to see all patients before treatment.

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.	



	Performance (%)	Numerator	Denominator
Grampian	**5.0%**	1	20
Highland	-	0	0
Orkney	-	0	0
Shetland	-	0	0
Tayside	**0%**	0	35
W Isles	-	0	0
NoS	**1.8%**	**1**	**55**

QPI 9	Intensity Modulated Radiotherapy (IMRT)
Proportion of patients with head and neck cancer undergoing radiotherapy who receive IMRT.	

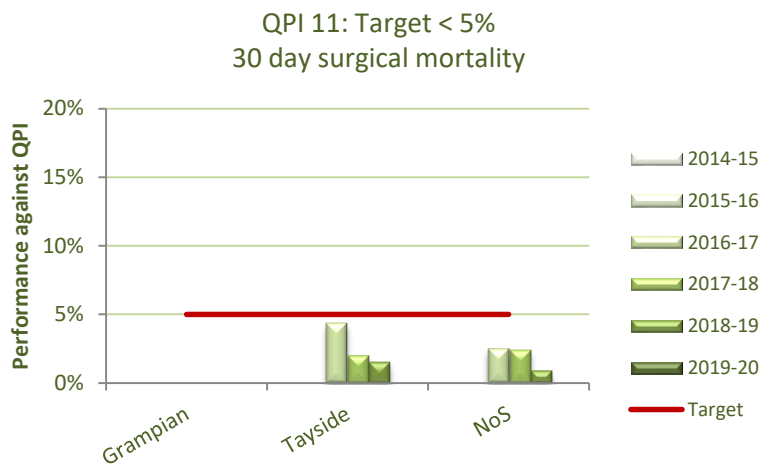


	Performance (%)	Numerator	Denominator
Grampian	**98.7%**	74	75
Highland	**100%**	30	30
Orkney*	-	-	-
Shetland	-	0	0
Tayside	**100%**	33	33
W Isles*	-	-	-
NoS	**99.3%**	**139**	**140**

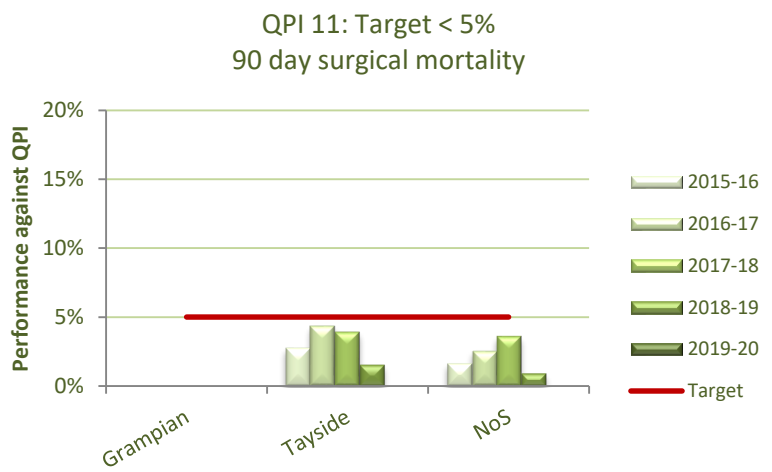
QPI 10	Post Operative Chemotherapy
Proportion of patients with squamous cell carcinoma of the oral cavity, larynx or pharynx with nodal extracapsular spread and/or involved margins (<1mm) following surgical resection who receive chemoradiation.	

	Performance (%)	Numerator	Denominator
Grampian*	-	-	-
Highland*	-	-	-
Orkney	-	0	0
Shetland	-	0	0
Tayside*	-	-	-
W Isles	-	0	0
NoS	**16.7%**	**1**	**6**

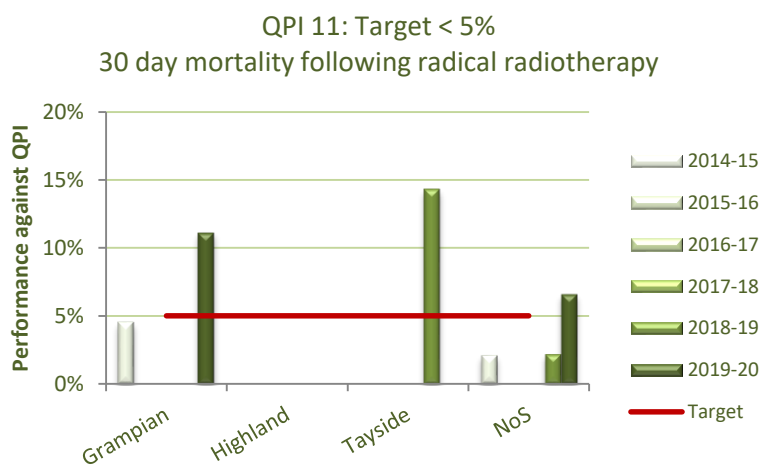
QPI 11	30 and 90 Day Mortality
Proportion of patients with head and neck cancer who die within 30 or 90 days of curative treatment.	



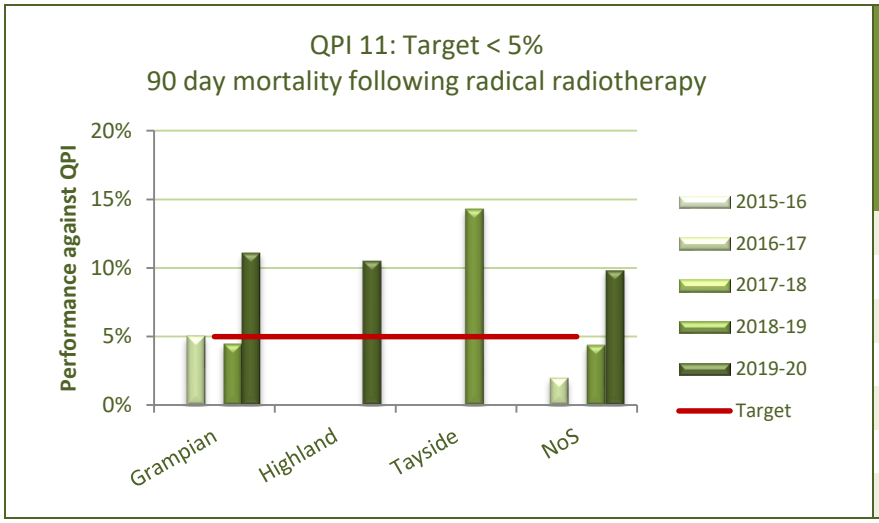
	Performance (%)	Numerator	Denominator
Grampian	**0%**	0	26
Highland*	-	-	-
Orkney	-	0	0
Shetland	-	0	0
Tayside	**0%**	0	33
W Isles	-	0	0
NoS	**0%**	**0**	**60**



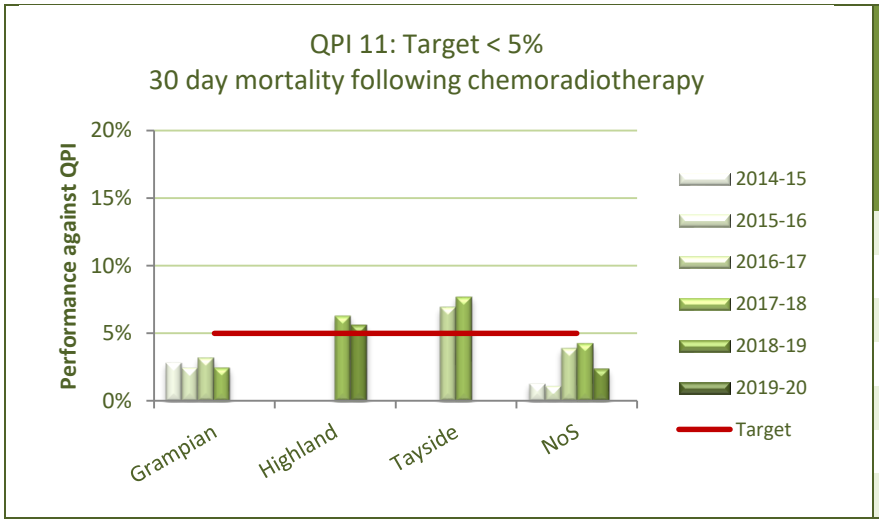
	Performance (%)	Numerator	Denominator
Grampian	**0%**	0	26
Highland*	-	-	-
Orkney	-	0	0
Shetland	-	0	0
Tayside	**0%**	0	33
W Isles	-	0	0
NoS	**0%**	**0**	**60**



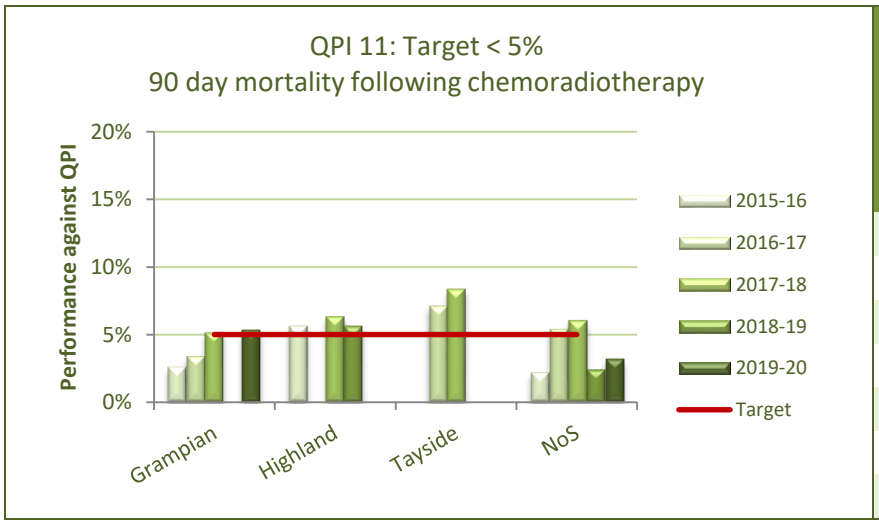
	Performance (%)	Numerator	Denominator
Grampian	**11.1%**	4	36
Highland	**0%**	0	19
Orkney	-	0	0
Shetland	-	0	0
Tayside	**0%**	0	6
W Isles	-	0	0
NoS	**6.6%**	**4**	**61**



	Performance (%)	Numerator	Denominator
Grampian	**11.1%**	4	36
Highland	**10.5%**	2	19
Orkney	-	0	0
Shetland	-	0	0
Tayside	**0%**	0	6
W Isles	-	0	0
NoS	**9.8%**	**6**	**61**



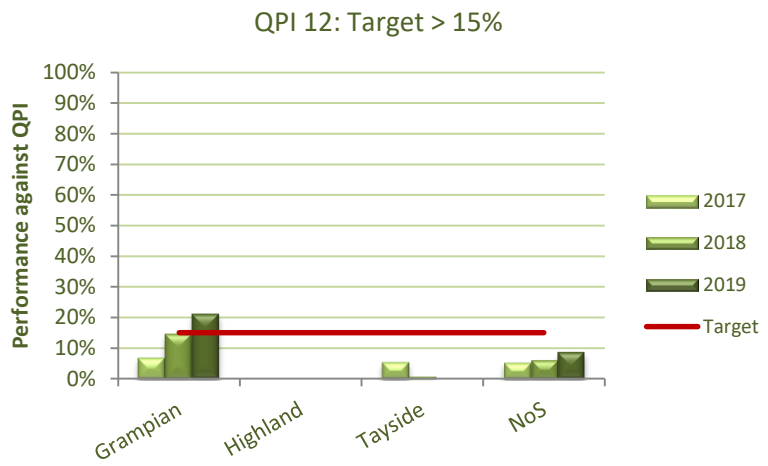
	Performance (%)	Numerator	Denominator
Grampian	**0%**	0	38
Highland	**0%**	0	14
Orkney*	-	-	-
Shetland	-	0	0
Tayside	**0%**	0	9
W Isles*	-	-	-
NoS	**0%**	**0**	**63**



	Performance (%)	Numerator	Denominator
Grampian	**5.3%**	2	38
Highland	**0%**	0	14
Orkney*	-	-	-
Shetland	-	0	0
Tayside	**0%**	0	9
W Isles*	-	-	-
NoS	**3.2%**	**2**	**63**

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

QPI 12	Clinical Trial and Research Study Access
Proportion of patients with head and neck cancer who are consented for a clinical trial / research study. Data reported for patients consented in 2019.	



	Performance (%)	Numerator	Denominator
Grampian	**21.0%**	25	119
Highland	**0%**	0	68
Orkney*	-	-	-
Shetland*	-	-	-
Tayside	**0%**	0	109
W Isles*	-	-	-
NoS	**8.8%**	**27**	**306**

References

1. Scottish Cancer Taskforce, 2018. Head and Neck Cancer Clinical Performance Indicators, Version 3.0. Health Improvement Scotland. http://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=f04d14f5-b832-4d92-ba4e-1c5493c49a02&version=-1

2. http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Audit/

Appendix 1: Clinical Trials and Research studies for head and neck cancer open to recruitment in the North of Scotland in 2019

Trial	Principle Investigator	Patients consented (Y/N)
CompARE Trial	Rafael Moleron (NHS Grampian)	Y
DOMINNATE	Rafael Moleron (NHS Grampian)	Y
IMVOKE	Rafael Moleron (NHS Grampian)	Y