# Quality Performance Indicators Audit Report

| | |
|---|---|
| **Tumour Area:** | Head and Neck Cancer |
| **Patients Diagnosed:** | 1st April 2020 – 31st March 2021 |
| **Published Date:** | April 2022 |

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

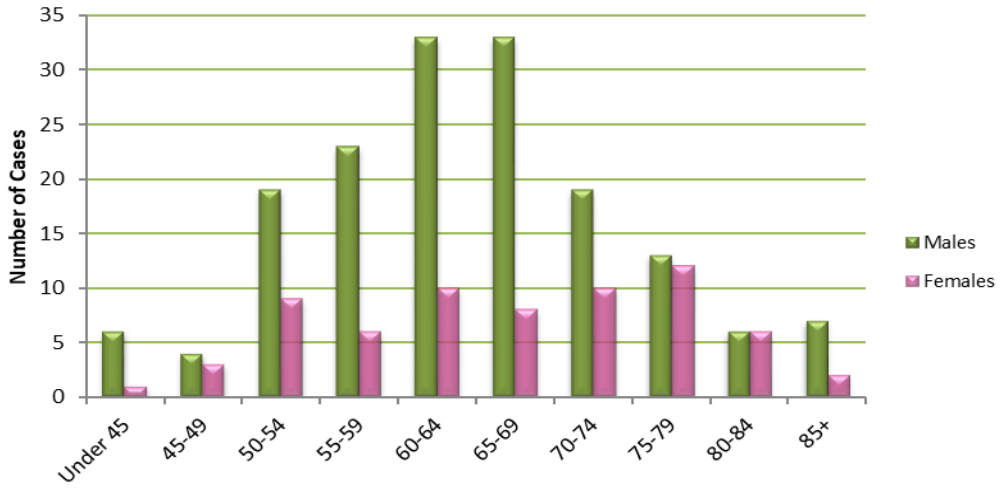
Between 1st April 2020 and 31st March 2021, a total of 230 cases of head and neck cancer was diagnosed in the North of Scotland and recorded through audit. Overall, case ascertainment was low at 73.6%.

**Case ascertainment by NHS Board for patients diagnosed with head and neck cancer in 2015-2019.**

| | Grampian | Highland | Orkney | Shetland | Tayside | W Isles | NoS |
|---|---|---|---|---|---|---|---|
| **No. of Patients 2020-21** | 93 | 37 | 2 | 1 | 89 | 8 | **230** |
| **% of NoS total** | 40.4% | 16.1% | 0.9% | 0.4% | 38.7% | 3.5% | **100%** |
| **Mean ISD Cases 2015-19** | 121.6 | 66.4 | 2.6 | 4.2 | 112.4 | 5.2 | **312.4** |
| **% Case ascertainment 2020-21** | 76.5% | 55.7% | 76.9% | 23.8% | 79.2% | 153.8% | **73.6%** |

## 2. Age Distribution

The figure below shows the age distribution of patients diagnosed with head and neck cancer in the North of Scotland in 20120-21, with numbers highest in the 60-64 and 65-69 years age bracket for males and in the 75-79 years age bracket for females.




**Age distribution of patients diagnosed with head and neck cancer in North of Scotland 2020-21**

## 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.*

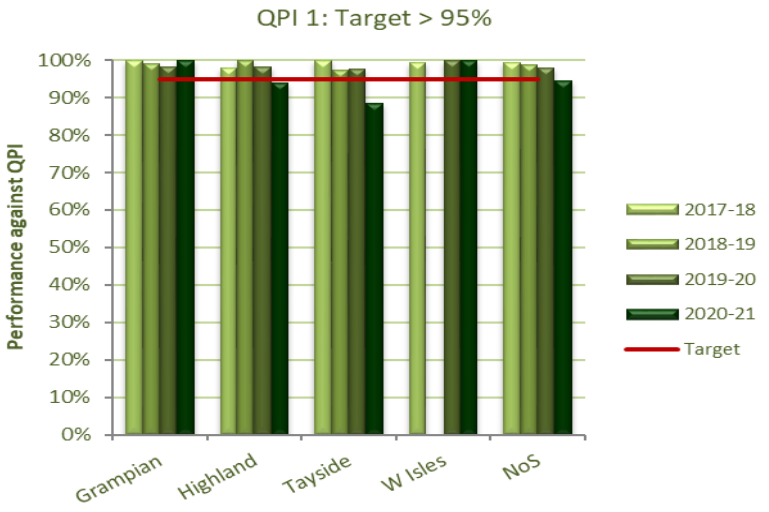
In regards to mortality following SACT, a decision has been taken nationally to move to a new generic QPI (30-day mortality for SACT) applicable across all tumour types. This new QPI will use CEPAS (Chemotherapy ePrescribing and Administration System) data to measure SACT mortality to ensure that the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



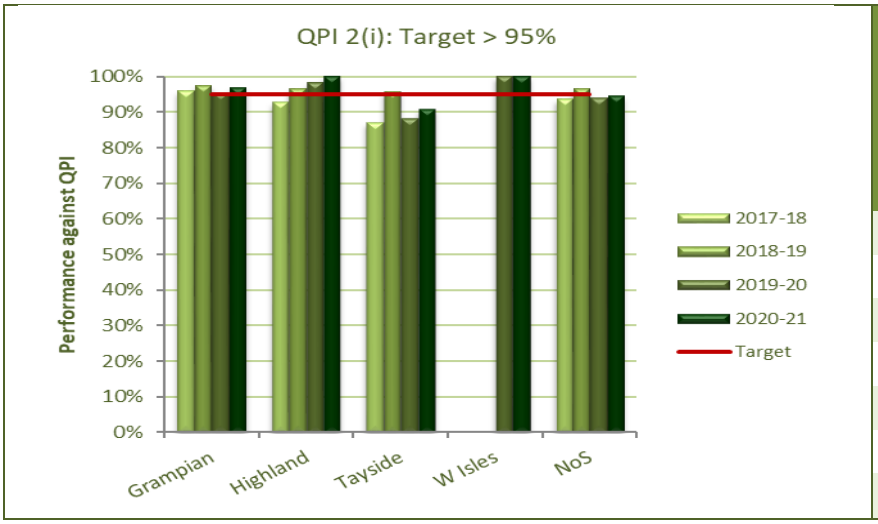

| | Performance (%) | Numerator | Denominator |
|---|---|---|---|
| Grampian | **100%** | 90 | 90 |
| Highland | **94.1%** | 32 | 34 |
| Orkney* | - | - | - |
| Shetland* | - | - | - |
| Tayside | **88.6%** | 78 | 88 |
| W Isles | **100%** | 8 | 8 |
| NoS | **94.6%** | **211** | **223** |

**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 have narrowly missed this target; there were patient specific reasons why biopsies were not considered suitable in some cases, these have been reviewed by individual boards.

| 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

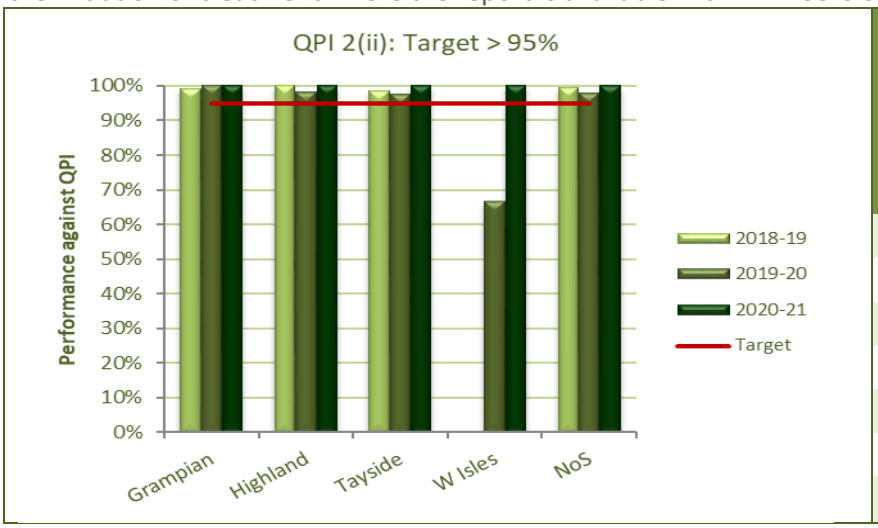



| | Performance (%) | Numerator | Denominator |
|---|---|---|---|
| Grampian | **96.7%** | 87 | 90 |
| Highland | **100.0%** | 34 | 34 |
| Orkney* | - | - | - |
| Shetland* | - | - | - |
| Tayside | **90.7%** | 78 | 86 |
| W Isles | **100.0%** | 8 | 8 |
| NoS | **94.6%** | **209** | **221** |

**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 target was narrowly missed by the North of Scotland. There were patient specific reasons why imaging was not completed; all of these cases have been reviewed by individual boards.

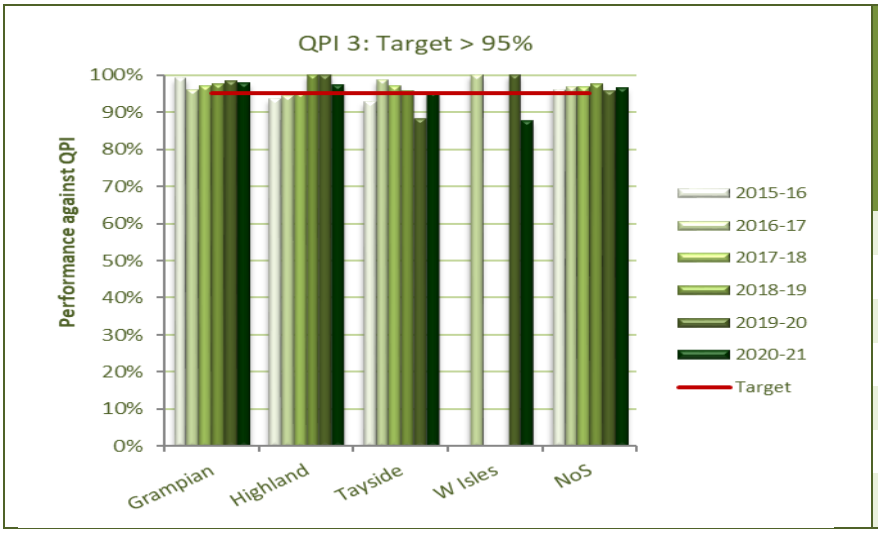
Specification (ii) Patients with head and neck cancer who are evaluated with appropriate imaging before the initiation of treatment where the report is available within 2 weeks of the final imaging procedure




| | Performance (%) | Numerator | Denominator |
|---|---|---|---|
| Grampian | **100.0%** | 87 | 87 |
| Highland | **100.0%** | 34 | 34 |
| Orkney* | - | - | - |
| Shetland* | - | - | - |
| Tayside | **100.0%** | 78 | 78 |
| W Isles | **100.0%** | 8 | 8 |
| NoS | **100.0%** | **209** | **209** |

**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.*

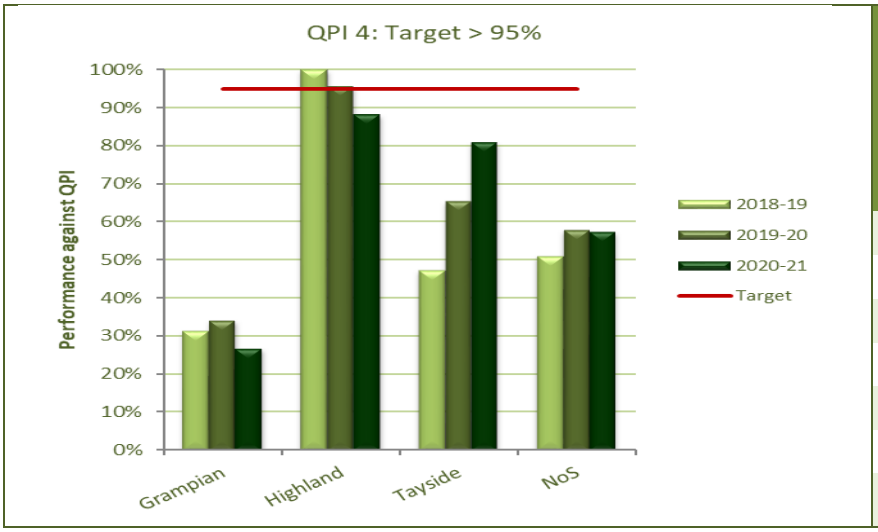
| QPI 3 | Multi-Disciplinary Team Meeting (MDT) |
|---|---|
| Proportion of patients with head and neck cancer who are discussed at a MDT meeting before definitive treatment. | |




| | Performance (%) | Numerator | Denominator |
|---|---|---|---|
| Grampian | **97.8%** | 91 | 93 |
| Highland | **97.2%** | 35 | 36 |
| Orkney* | - | - | - |
| Shetland* | - | - | - |
| Tayside | **95.3%** | 82 | 86 |
| W Isles | **87.5%** | 7 | 8 |
| NoS | **96.5%** | **218** | **226** |

**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. | |




| | Performance (%) | Numerator | Denominator |
|---|---|---|---|
| Grampian | **26.7%** | 8 | 30 |
| Highland | **88.2%** | 15 | 17 |
| Orkney | - | 0 | 0 |
| Shetland* | - | - | - |
| Tayside | **81.0%** | 17 | 21 |
| W Isles* | - | - | - |
| NoS | **57.5%** | **42** | **73** |

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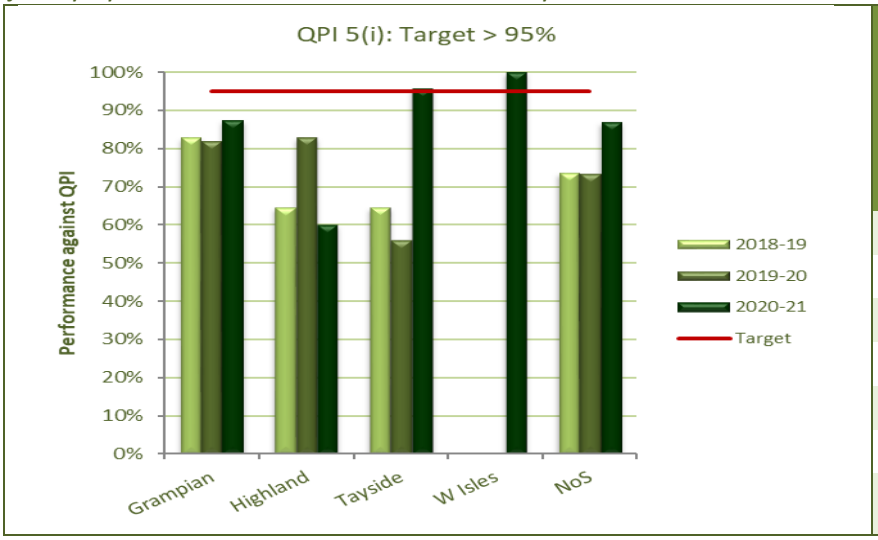
Assurance received through the North Cancer Head & Neck Pathway Board is that all patients who smoke are offered referral to smoking cessation prior to first treatment; however data collection remains an issue in the North of Scotland.

| 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 | **87.5%** | 70 | 80 |
| Highland | **60.0%** | 18 | 30 |
| Orkney* | - | - | - |
| Shetland* | - | - | - |
| Tayside | **95.8%** | 68 | 71 |
| W Isles | **100.0%** | 8 | 8 |
| NoS | **87.0%** | **167** | **192** |

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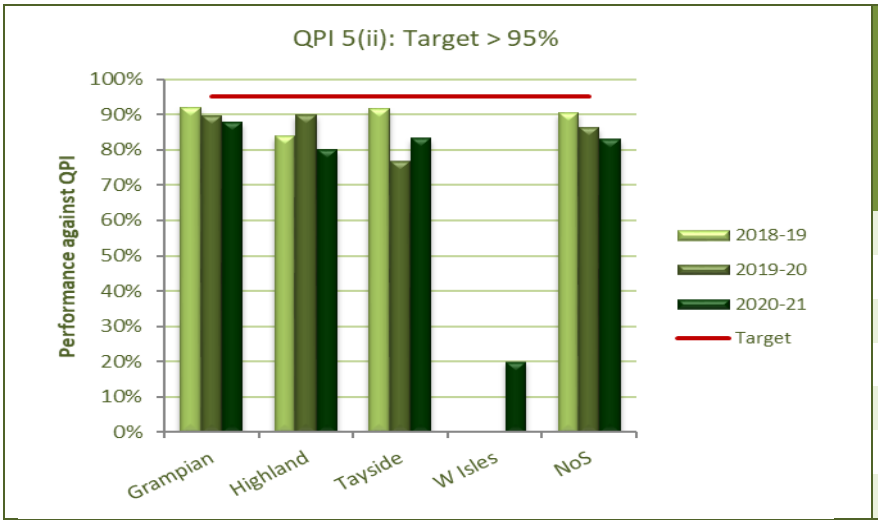
Specification (ii) Patients who require pre-treatment assessment that have this carried out before initiation of treatment.




| | Performance (%) | Numerator | Denominator |
|---|---|---|---|
| Grampian | **87.7%** | 50 | 57 |
| Highland | **80.0%** | 12 | 15 |
| Orkney* | - | - | - |
| Shetland* | - | - | - |
| Tayside | **83.3%** | 40 | 48 |
| W Isles | **20.0%** | 1 | 5 |
| NoS | **82.8%** | **106** | **128** |

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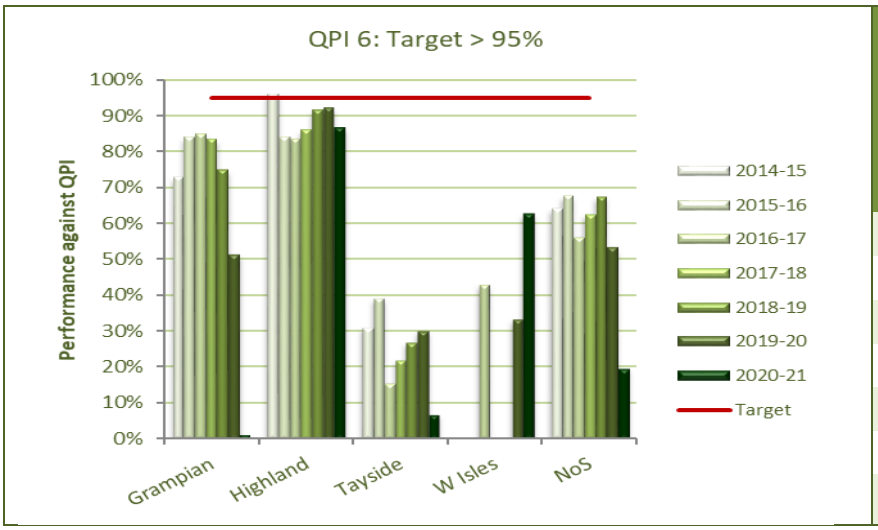
These QPIs remain under review. There is variable input from Restorative Dentistry into MDT decision-making and documentation of this remains an issue.

| 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 | **1.1%** | 1 | 93 |
| Highland | **86.5%** | 32 | 37 |
| Orkney* | - | - | - |
| Shetland* | - | - | - |
| Tayside | **6.7%** | 6 | 89 |
| W Isles | **62.5%** | 5 | 8 |
| NoS | **19.6%** | **45** | **230** |

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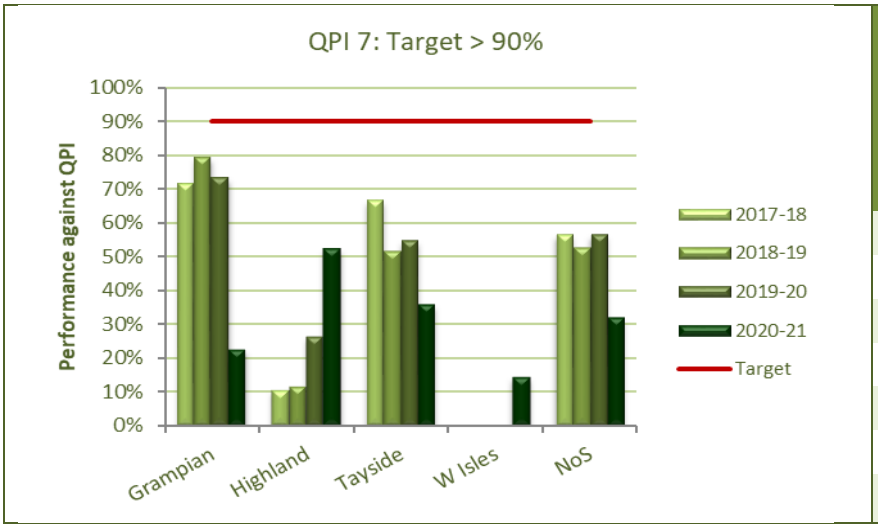
Availability of MUST data within patient records across the North of Scotland health boards remains variable.
It is accepted that the requirement for Head & Neck cancer patients to undergo MUST assessment will remain, and this will be reviewed at future pathway board meetings.

| 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 | **22.4%** | 13 | 58 |
| Highland | **52.0%** | 13 | 25 |
| Orkney* | - | - | - |
| Shetland | - | 0 | 0 |
| Tayside | **35.6%** | 21 | 59 |
| W Isles | **14.3%** | 1 | 7 |
| NoS | **31.8%** | **48** | **151** |

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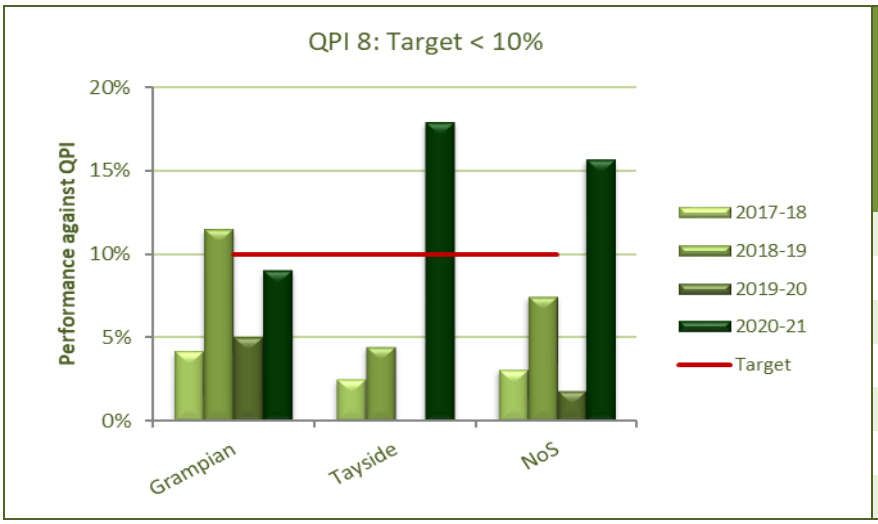
This continues to be failed across the North of Scotland. Due to redeployment throughout the Covid 19 pandemic the service was paused. This will continue to be monitored in future QPI reporting. It is noted there is additionally an ongoing data collection issues for this QPI.

| 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 | **9.1%** | 1 | 11 |
| Highland* | - | - | - |
| Orkney | - | 0 | 0 |
| Shetland | - | 0 | 0 |
| Tayside | **17.9%** | 7 | 39 |
| W Isles | - | 0 | 0 |
| NoS | **15.7%** | **8** | **51** |

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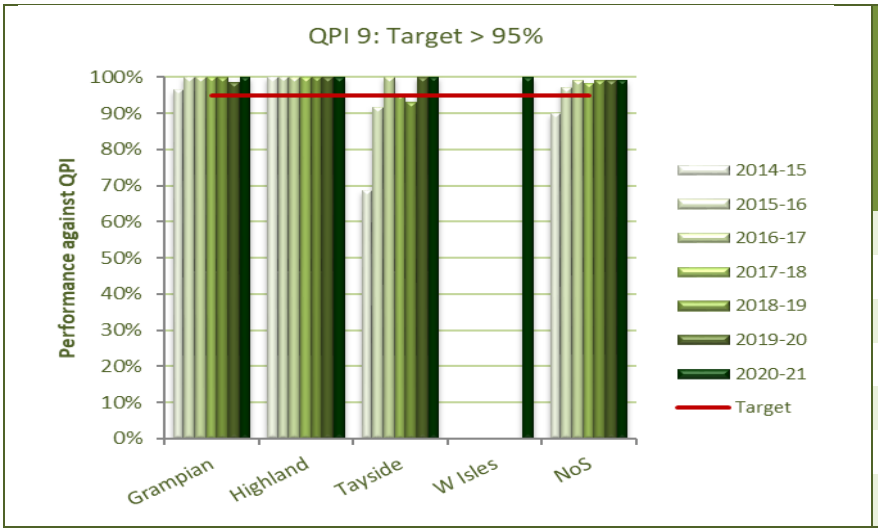
All patients with final excision margins of less of less than 1mm have been audited and this was often due to patient choice and fitness. These cases have all been reviewed at individual board.

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




| | Performance (%) | Numerator | Denominator |
|---|---|---|---|
| Grampian | **100.0%** | 55 | 55 |
| Highland | **100.0%** | 17 | 17 |
| Orkney* | - | - | - |
| Shetland | - | 0 | 0 |
| Tayside | **100.0%** | 40 | 40 |
| W Isles | **100.0%** | 5 | 5 |
| NoS | **99.2%** | **118** | **119** |

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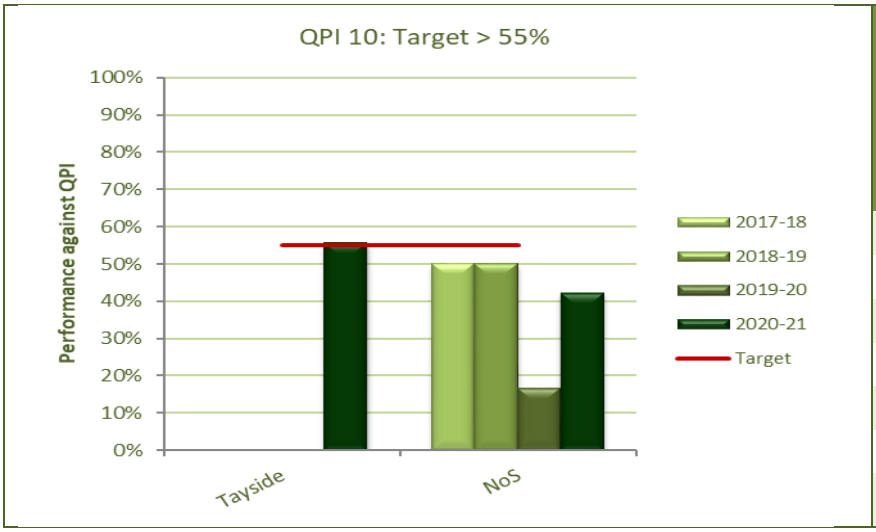
| QPI 10 | Post Operative Chemoradiotherapy |
|---|---|
| Proportion of patients with squamous cell carcinoma of the oral cavity, larynx or pharynx with nodal extracapsular spread and/or involved margins (<1mm) following surgical resection who receive chemoradiation. | |




| | Performance (%) | Numerator | Denominator |
|---|---|---|---|
| Grampian* | - | - | - |
| Highland* | - | - | - |
| Orkney | - | 0 | 0 |
| Shetland | - | 0 | 0 |
| Tayside | **55.6%** | 5 | 9 |
| W Isles | - | 0 | 0 |
| NoS | **42.1%** | **8** | **19** |

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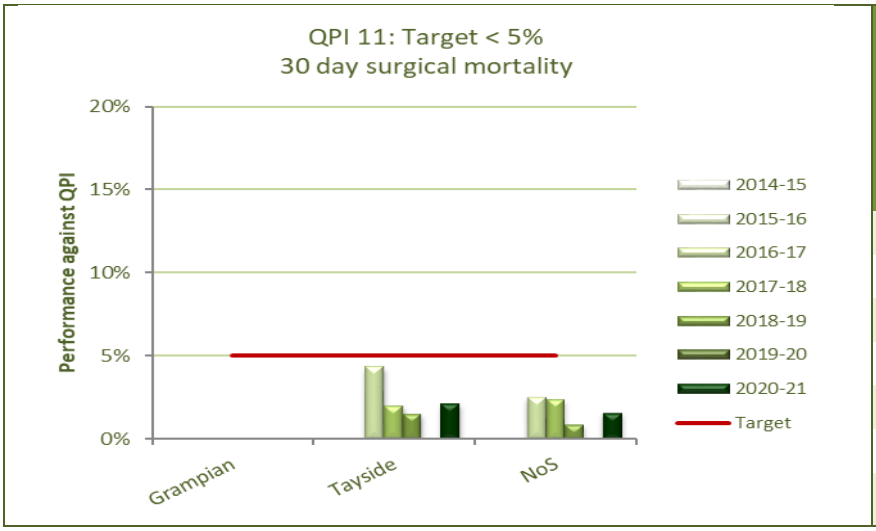
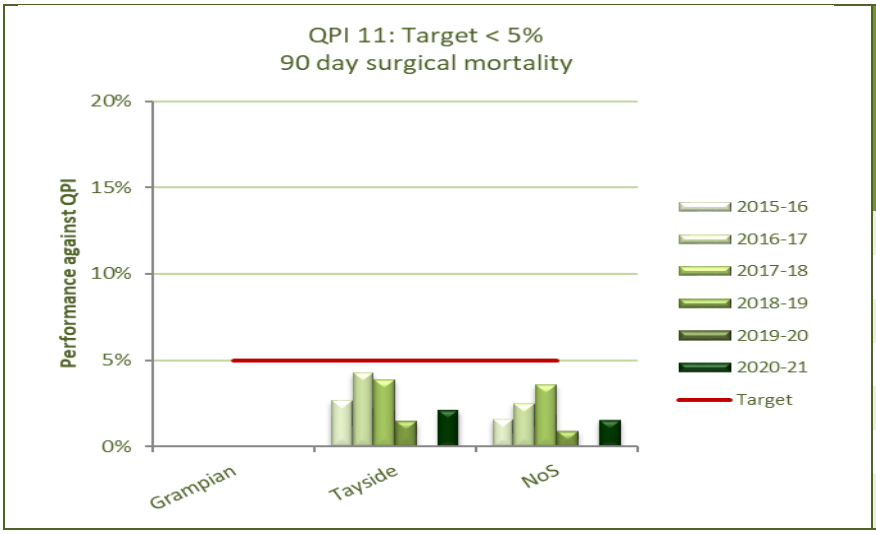
There were patient specific reasons where patients did not receive chemoradiotherapy; these have been audited and this was often due to patient choice or fitness. These cases have all been reviewed at individual board level.

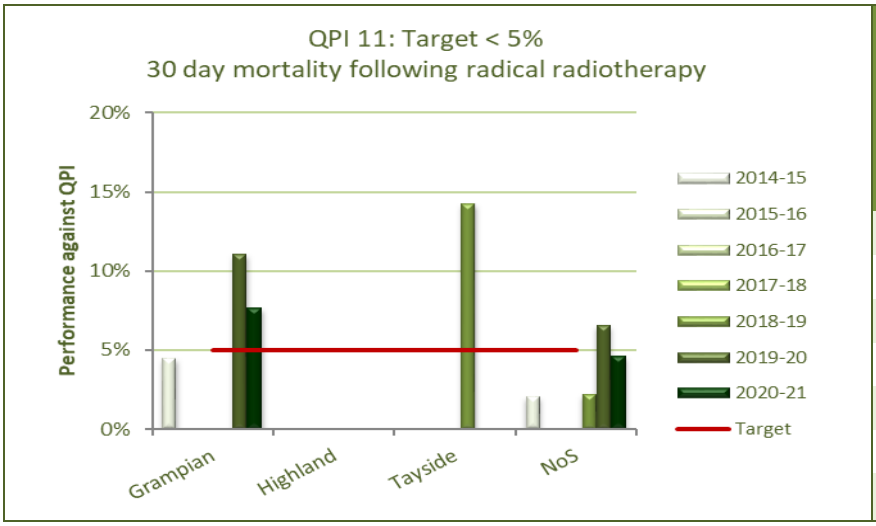
| QPI 11 | 30 and 90 Day Mortality |
|---|---|
| Proportion of patients with head and neck cancer who die within 30 or 90 days of curative treatment. | |




| | Performance (%) | Numerator | Denominator |
|---|---|---|---|
| Grampian | **0%** | 0 | 14 |
| Highland* | - | - | - |
| Orkney | - | 0 | 0 |
| Shetland | - | 0 | 0 |
| Tayside | **2.1%** | 1 | 47 |
| W Isles | - | 0 | 0 |
| NoS | **1.6%** | **1** | **64** |




| | Performance (%) | Numerator | Denominator |
|---|---|---|---|
| Grampian | **0%** | 0 | 14 |
| Highland* | - | - | - |
| Orkney | - | 0 | 0 |
| Shetland | - | 0 | 0 |
| Tayside | **2.1%** | 1 | 47 |
| W Isles | - | 0 | 0 |
| NoS | **1.6%** | **1** | **64** |




| | Performance (%) | Numerator | Denominator |
|---|---|---|---|
| Grampian | **7.7%** | 2 | 26 |
| Highland | **0.0%** | 0 | 7 |
| Orkney* | - | - | - |
| Shetland | - | 0 | 0 |
| Tayside | **0%** | 0 | 8 |
| W Isles* | - | - | - |
| NoS | **4.7%** | **2** | **43** |

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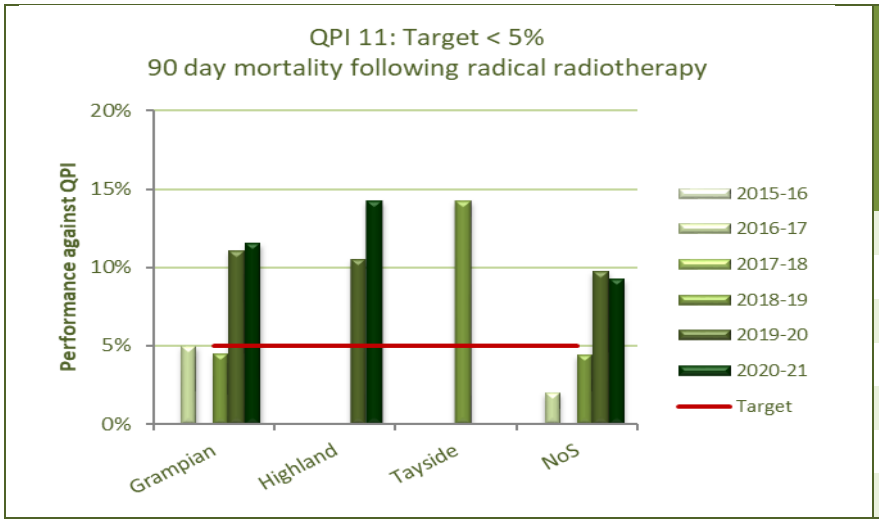
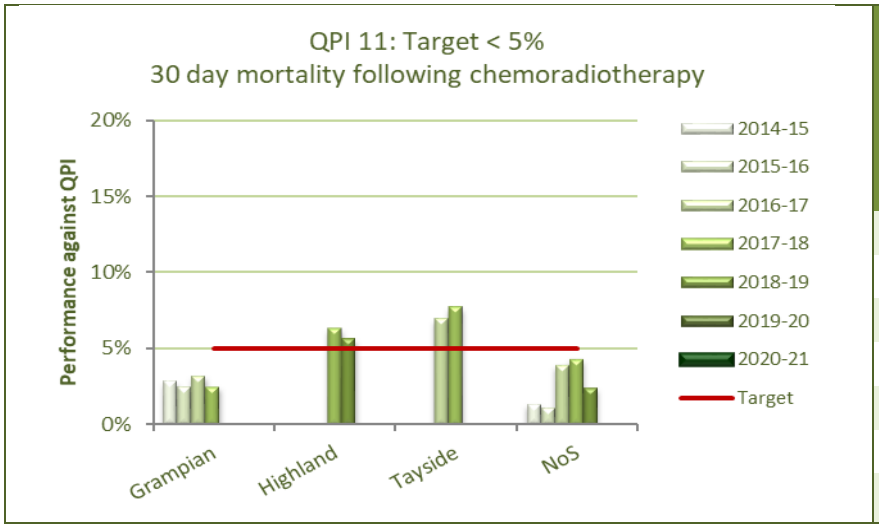
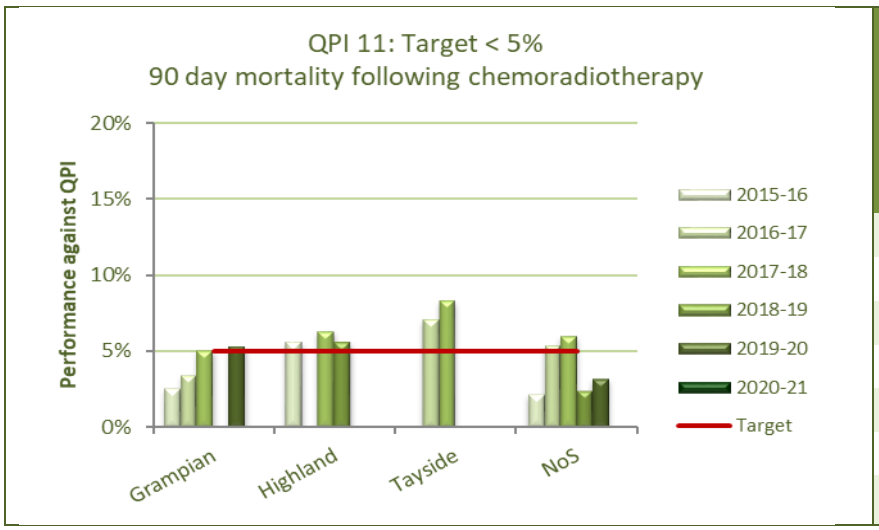



| | Performance (%) | Numerator | Denominator |
|---|---|---|---|
| Grampian | **11.5%** | 3 | 26 |
| Highland | **14.3%** | 1 | 7 |
| Orkney* | - | - | - |
| Shetland | - | 0 | 0 |
| Tayside | **0%** | 0 | 8 |
| W Isles | - | - | - |
| NoS | **9.3%** | **4** | **43** |




| | Performance (%) | Numerator | Denominator |
|---|---|---|---|
| Grampian | **0%** | 0 | 29 |
| Highland | **0%** | 0 | 10 |
| Orkney* | - | - | - |
| Shetland | - | 0 | 0 |
| Tayside | **0%** | 0 | 30 |
| W Isles* | - | - | - |
| NoS | **0%** | **0** | **72** |

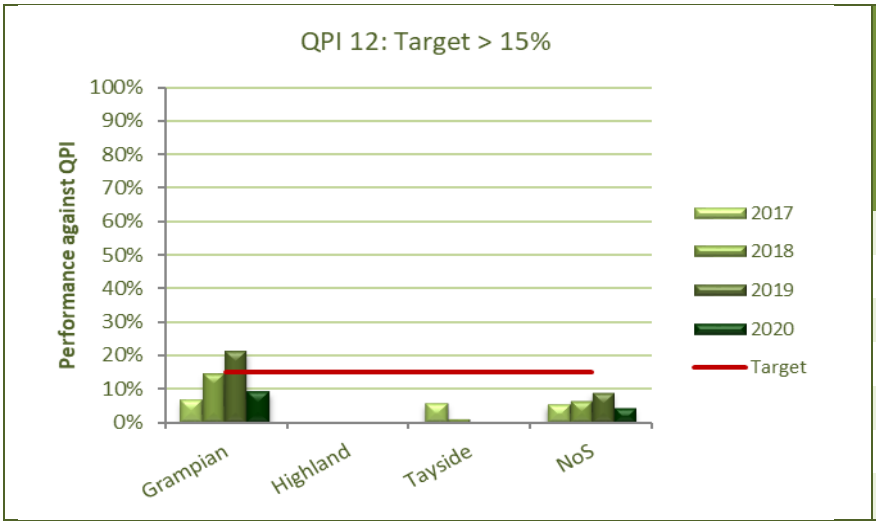



| | Performance (%) | Numerator | Denominator |
|---|---|---|---|
| Grampian | **0%** | 0 | 29 |
| Highland | **0%** | 0 | 10 |
| Orkney* | - | - | - |
| Shetland | - | 0 | 0 |
| Tayside | **0%** | 0 | 29 |
| W Isles* | - | - | - |
| NoS | **0.0%** | **0** | **71** |

**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 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 2020. | |




| | Performance (%) | Numerator | Denominator |
|---|---|---|---|
| Grampian | **9.0%** | 11 | 121.6 |
| Highland | **0.0%** | 0 | 66.4 |
| Orkney* | - | - | - |
| Shetland* | - | - | - |
| Tayside | **0.0%** | 0 | 112.4 |
| W Isles* | - | - | - |
| NoS | **4.2%** | **13** | **312.4** |

**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.*

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.

**References**


1. Scottish Cancer Taskforce, 2018. Head and Neck Cancer Clinical Performance Indicators, Version 3.0. Health 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/


**Appendix 1: Clinical Trials and Research studies for head and neck cancer open to recruitment in the North of Scotland in 2020**

| Trial | Principle Investigator | Patients consented (Y/N) |
|---|---|---|
| CompARE Trial | Rafael Moleron (NHS Grampian) | Y |
| DOMINNATE | Rafael Moleron (NHS Grampian) | N |
| IMVOKE | Rafael Moleron (NHS Grampian) | N |
| LEAP-009 | Rafael Moleron (NHS Grampian) | N |
| POPPY | Rafael Moleron (NHS Grampian) | Y |
| IDR-OM-02 | Rafael Moleron (NHS Grampian) | Y |