NOSCAN
North of Scotland
Cancer Network

NORTH OF SCOTLAND
PLANNING GROUP

Skin Cancer
Managed Clinical Network

Audit Report

Cutaneous Melanoma
Quality Performance Indicators

Patients diagnosed July 2015 – June 2016

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The North of Scotland Cancer Network (or NOSCAN), is one of the 3 regional Scottish Cancer Networks, which report to their respective regional NHS Board Planning Groups and for specific workstreams, to the Scottish Cancer Taskforce Group.

The principle role of NOSCAN is to support the organization, planning and delivery of regional and national cancer services, and thereby to ensure consistent and high quality cancer care is being provided equitably across the North of Scotland.

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EXECUTIVE SUMMARY

This publication reports the performance of cutaneous melanoma services in the six NHS Boards in the North of Scotland (NoS) against the Cutaneous Melanoma Quality Performance Indicators (QPIs) for patients diagnosed between July 2015 and June 2016. This is the second year in which QPIs results for cutaneous melanoma have been collected and results are compared with those from 2014-2015.

In the North of Scotland during the 2015-2016 period audited:

- There were 335 patients diagnosed with cutaneous melanoma, a decrease from the 352 recorded in 2014-2015.
- Overall case ascertainment was high at 108%, although this was a decrease from 2014-2015.
- Results were considered to be representative of cutaneous melanoma services in the region.

Summary of QPI Results

QPI	QPI Target	Performance[b]				
		NOSCAN	Grampian	Highland	Shetland	Tayside
QPI 1: Excision Biopsy - Proportion of patients with cutaneous melanoma who have their diagnostic excision biopsy carried out by a skin cancer clinician.	90%	**94%** n=278	91% n=116	100% n=50	100% n=7	97% n=101
QPI 2: Pathology Reporting - Proportion of patients with cutaneous melanoma who undergo diagnostic excision biopsy where the surgical pathology report contains a full set of data items.	90%	**73%** n=278	92% n=116	98% n=50	100% n=7	37% n=101
QPI 3: Multi-Disciplinary Team Meeting (MDT) - Proportion of patients with cutaneous melanoma who are discussed at a MDT meeting before definitive treatment.	95%	**87%** n=311	93% n=127	58% n=50	100% n=7	93% n=123
QPI 4: Clinical Examination of Draining Lymph Node Basins - Proportion of patients with cutaneous melanoma undergoing clinical examination of relevant draining lymph node basins as part of clinical staging.	95%	**75%** n=322	72% n=131	68% n=50	71% n=7	83% n=130
QPI 5: Sentinel Node Biopsy Pathology - Proportion of patients with cutaneous melanoma who undergo SNB where the SNB report contains a full set of data items.	90%	**72%** n=54	100% n=25	-	-	43% n=23
QPI 6: Wide Local Excisions - Proportion of patients with cutaneous melanoma who undergo a wide local excision, following diagnostic biopsy.						
Specification (i): Patients undergoing diagnostic excision biopsy and wide local excision	95%	**87%** n=278	91% n=116	88% n=50	100% n=7	81% n=101

Specification (ii): Patients undergoing partial biopsy and wide local excision	95%	**91%** n=22	71% n=7	-	-	100% n=15
QPI 7: Time to Wide Local Excision - Proportion of patients with cutaneous melanoma who undergo their wide local excision within 84 days of their diagnostic biopsy.						
Specification (i): Patients undergoing diagnostic excision biopsy and wide local excision within 84 days	95%	**64%** n=265	51% n=107	77% n=48	71% n=7	70% n=100
Specification (ii): Patients undergoing partial biopsy and wide local excision within 84 days	95%	**71%** n=24	22% n=9	-	-	100% n=14
QPI 8: BRAF - Proportion of patients with unresectable stage III or IV cutaneous melanoma who have their BRAF status checked.	75%	**100%** n=8	100% n=7	-	-	-
QPI 9: Imaging for Patients with Advanced Melanoma - Proportion of patients with stage III and IV cutaneous melanoma who undergo computed tomography (CT) or positron emission tomography (PET) CT prior to completion lymphadenectomy.	95%	**100%** n=5	-	-	-	-
QPI 10: Systemic Therapy - Proportion of patients with unresectable stage III and IV cutaneous melanoma undergoing SACT.	60%	**86%** n=7	83% n=6	-	-	-
QPI 11: Access to Lymphoedema Service - Proportion of patients with cutaneous melanoma who undergo groin block dissection and have been referred to a lymphoedema service.	40%	**-**	**-**	**-**	-	-
Clinical Trials Access - Proportion of patients with cutaneous melanoma who are enrolled in an interventional clinical trial or translational research.						
Interventional clinical trials	7.5%	**4%** n=311				
Translational research	15%	**0%** n=311				

Performance shaded pink where QPI target has not been met.
[b] Excluding results based on less than 5 patients.

During this second year of QPI reporting for patients with cutaneous melanoma, 5 out of the 12 quality performance targets set for this tumour group were achieved at a regional level in the North of Scotland.

Failing to meet the target in 7 of the 12 QPIs is disappointing. There are a variety of reasons for individual QPI targets not being met, some common to many of the NHS Boards in the North of Scotland and others are unique to an individual NHS Board. Following our first NOSCAN skin cancer MCN meeting recently, the NHS Boards in the North of Scotland have agreed to work together to collect data in the same way across the network and learn from each other in this regard.

Results from the second year of QPI reporting have helped to identify the following actions to improve on the quality of clinical services for patients with cutaneous melanoma in the North of Scotland:

- **MCN to develop a regional pathology proforma for use across the North of Scotland to ensure reporting conforms to the wording of the Royal College of Pathologists dataset as required by the QPI.**

- **MCN to collate information on how individual NHS Boards within the region identify patients for discussion at MDT.**

- **MCN to trial the development of protocols for simple cases of thin cutaneous melanoma so that MDT discussion is not needed for all patients.**

- **All NHS Boards to ensure that clinical examination of draining lymph nodes is carried out for all patients with cutaneous melanoma and recorded appropriately.**

- **All NHS Boards to ensure that appropriate terminology is used to ensure that all patients having a wide local excision are recorded as such.**

- **All NHS Boards to ensure that the MDT records the date by which a wide local excision is required to meet the QPI 7 target, ensure inclusion of this information on the MDT outcome sheets and plan patient care with this date in mind.**

- **NHS Boards to ensure complete capture of patients with advanced melanoma (stage III or IV) through cancer audit, for example through the use of the WISDOM database.**

- **All NHS Boards to ensure that the MDT records patients who have groin block dissection and highlights these patients as potential candidates for referral to lymphoedema services.**

- **MCN meetings to provide routine updates on ongoing clinical trials for cutaneous melanoma.**

In addition, the report identifies a potential amendment to one of the QPIs, which will be raised by the MCN at the Formal Review of the Cutaneous Melanoma QPIs following the third year of QPI reporting.

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1. Introduction

In 2010, the Scottish Cancer Taskforce established the National Cancer Quality Steering Group (NCQSG) to take forward the development of national Quality Improvement Indicators (QPIs) for all cancer types to enable national comparative reporting and drive continuous improvement for patients. In collaboration with the three Regional Cancer Networks (NOSCAN, SCAN & WoSCAN) and Information Services Division (ISD), the first QPIs were published by Healthcare Improvement Scotland (HIS) in January 2012. CEL 06 (2012) mandates all NHS Boards in Scotland to report on specified QPIs on an annual basis. Data definitions and measurability criteria to accompany the Cutaneous Melanoma QPIs are available from the ISD website[1].

The need for regular reporting of activity and performance (to assure the quality of care delivered) was first set out nationally as a fundamental requirement of a Managed Clinical Network (MCN) in NHS MEL(1999)10[2]. This has since been restated and reinforced in HDL(2002)69[3], HDL (2007) 21[4], and most recently in CEL 29 (2012)[5].

This report assesses the performance of the North of Scotland (NoS) cutaneous melanoma services using clinical audit data relating to patients diagnosed with cutaneous melanoma in the twelve months from 1st July 2015 to 30th June 2016. Results are measured against the Cutaneous Melanoma Quality Performance Indicators (QPIs)[6] which were implemented for patients diagnosed on or after 1st July 2014. Regular reporting of activity and performance is a fundamental requirement of a Managed Clinical Network (MCN) to assure the quality of care delivered across the region.

This report presents performance against 11 Cutaneous Melanoma QPIs using clinical audit data. The generic Clinical Trials QPI is also reported for cutaneous melanoma patients.

2. Background

Six NHS Boards across the North of Scotland serve the 1.38 million population[7]. There were 335 patients diagnosed with cutaneous melanoma in the North of Scotland between 1st July 2015 and 30th June 2016.

It is recognised that patients diagnosed with cutaneous melanoma should be discussed at a Multidisciplinary Team Meeting (MDT), which is usually convened on a weekly basis. The configuration of the MDTs in the region is set out below.

MDT	Constituent Hospitals
Grampian	Aberdeen Royal Infirmary
Highland	Raigmore Hospital, Inverness
Tayside	Ninewells Hospital, Dundee

It should be noted that patients diagnosed in Orkney and Shetland will be discussed at the NHS Grampian MDT and those diagnosed in NHS Eileanan Siar (W.Isles) will be discussed at the NHS Highland MDT.

2.1 National Context

Cutaneous melanoma is the fifth most common cancer type in Scotland in both women and men, with approximately 1,250 cases diagnosed in 2014. Incidences of cutaneous melanoma have increased in the last 10 years by 33% in males and 12% in females. The primary recognised risk factor for melanoma of the skin is exposure to natural and artificial sunlight, especially, but not exclusively, at a young age[8]. Incidences of cutaneous melanoma are predicted to continue to increase in the coming years[9].

Relative survival from cutaneous melanoma is increasing[10]. The table below details the percentage change in 1 and 5 year relative survival for patients diagnosed 1987-1991 to 2007-2011.

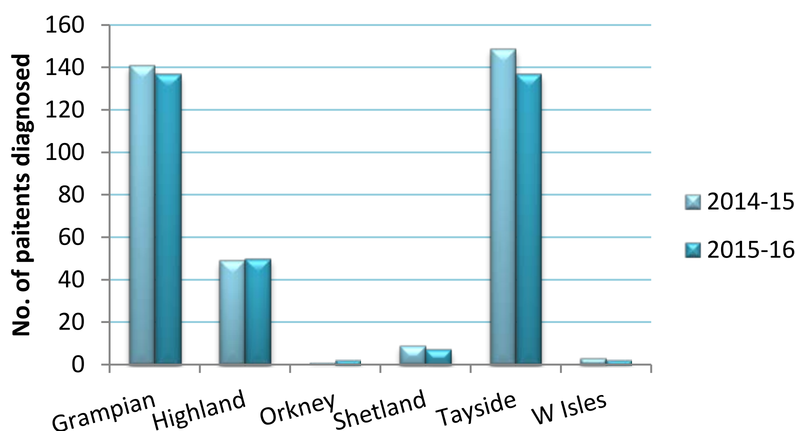
Relative age-standardised survival for cutaneous melanoma in Scotland at 1 year and 5 years showing percentage change from 1987-1991 to 2007-2011[10].

Sex	Relative survival at 1 year (%)		Relative survival at 5 years (%)	
	2007-2011	% change	2007-2011	% change
Male	97.4%	+ 4.4%	87.9%	+ 13.2%
Female	98.4%	+ 1.7%	95.1%	+ 6.0%

2.2 North of Scotland Context

A total of 335 cases of cutaneous melanoma were recorded through audit as diagnosed in the North of Scotland between 1st July 2015 and 30th June 2016, which is an decrease compared with 2014-2015 (352 patients). The number of patients diagnosed within each Board is presented below.

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
Number of Patients	137	50	2	7	137	2	**335**
% of NoS total	40.9%	14.9%	0.6%	2.1%	40.9%	0.6%	**100%**



Number of patients diagnosed with cutaneous melanoma by Board of diagnosis, 2014-2015 and 2015-2016.

3. Methodology

The clinical audit data presented in this report was collected in accordance with an agreed dataset and definitions[1]. The data was entered locally into the electronic Cancer Audit Support Environment (eCASE): a secure centralised web-based database.

Data for patients diagnosed between 1st July 2015 and 30th June 2016 were collated by cancer audit staff within individual NHS Boards. These data and any comments on QPI results were then signed-off at NHS Board level to ensure that the data were an accurate representation of service in each area prior to submission to NOSCAN for collation at a regional level. The reporting timetable was developed to take into account the patient pathway and ensure that a complete treatment record was available for the vast majority of cases.

Where the number of cases meeting the denominator criteria for any indicator is between one and four, the results have not been shown in any associated charts or tables. This is to avoid any unwarranted variation associated with small numbers and to minimise the risk of disclosure. Any charts or tables impacted by this are denoted with an asterisk (*). However, any commentary provided by NHS Boards relating to the impacted indicators will be included as a record of continuous improvement.

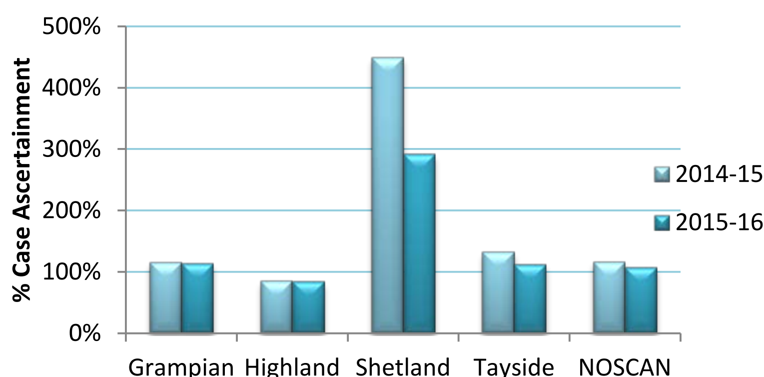
4. Results

4.1 Case Ascertainment

Audit data completeness can be assessed from case ascertainment, the proportion of expected patients that have been identified through audit. Case ascertainment is calculated by comparing the number of new cases identified by cancer audit with a five year average of the numbers recorded by the National Cancer Registry, by NHS Board of diagnosis. Cancer Registry figures were extracted from ACaDMe (Acute Cancer Deaths and Mental Health), a system provided by NHS Information Services Division (ISD). Due to timescale of data collection and verification processes, National Cancer Registry data are not available for 2015-2016. Consequently an average of the previous five years' figures is used to take account of annual fluctuations in incidence within NHS Boards.

Overall case ascertainment for the North of Scotland is high at 107.8% which indicates excellent data capture through audit, although it is a decrease from the 2014-2015 figure of 117%. Case ascertainment figures are provided for guidance and are not an exact measurement of audit completeness as it is not possible to compare the same cohort of patients. Case ascertainment for each Board across the North of Scotland is illustrated below; the variation in figures for Shetland is a reflection of the small numbers of patients diagnosed within this NHS Board.

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	**NoS**
Cases from audit	137	50	2	7	137	2	**335**
ISD Cases (2010-2014)	121	59	3	2	121	5	**311**
% Case ascertainment 2015-2016	113.6%	84.5%	76.9%	291.7%	112.9%	**43.5%**	**107.8%**



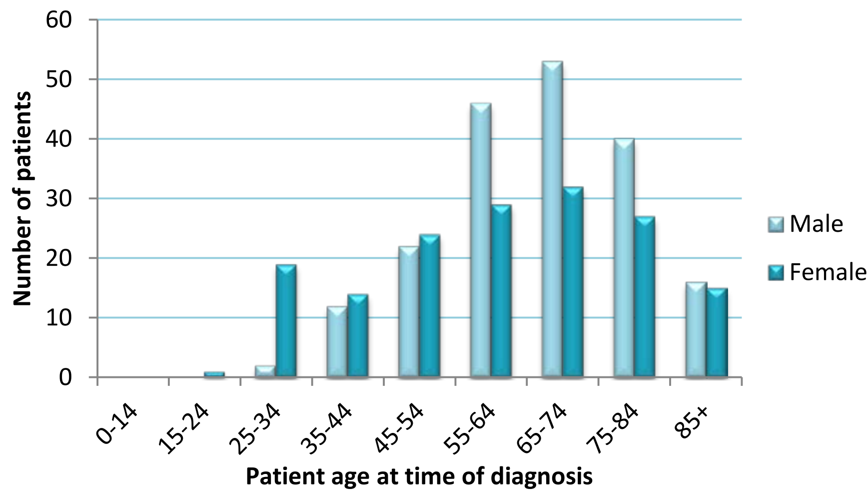
Case ascertainment by NHS Board for patients diagnosed with cutaneous melanoma 2014-2015 and 2015-2016.

Audit data were considered to be sufficiently complete to allow QPI calculations. The number of instances of data not being recorded was very low, with the only notable gap being in the recording of whether patients had a clinical examination of relevant draining lymph node basins as part of clinical staging. The lack of recording of this information has affected results for QPI 4 for all mainland NHS Boards in North of Scotland, with information not recorded for over 20% of patients.

4.2 Age and Gender Distribution

The figure below shows the age distribution of patients diagnosed with cutaneous melanoma in the North of Scotland during 2015-2016 for both men and women. The numbers of diagnoses were considerably higher in males than in females, with incidence peaking in the 65-74 age group for both sexes.

Age	Sex	Grampian	Highland	Orkney	Shetland	Tayside	W. Isles	NOSCAN
0-14	*M*	0	0	0	0	0	0	**0**
	F	0	0	0	0	0	0	**0**
15-24	*M*	1	0	0	0	0	0	**1**
	F	1	1	0	0	1	0	**3**
25-34	*M*	3	0	0	0	2	0	**5**
	F	7	0	0	0	4	0	**11**
35-44	*M*	6	3	0	0	5	0	**14**
	F	10	4	0	0	10	0	**24**
45-54	*M*	4	1	0	0	8	0	**13**
	F	13	3	0	0	8	0	**24**
55-64	*M*	11	6	0	0	8	0	**25**
	F	10	4	0	2	8	0	**24**
65-74	*M*	22	7	0	3	25	0	**57**
	F	11	5	0	1	14	2	**33**
75-84	*M*	19	5	2	0	20	0	**46**
	F	11	4	0	1	11	0	**27**
85+	*M*	2	5	0	0	7	0	**14**
	F	6	2	0	0	6	0	**14**
Total	***M***	**68**	**27**	**2**	**3**	**75**	**0**	**175**
	F	**69**	**23**	**0**	**4**	**62**	**2**	**160**



4.3 Performance against Quality Performance Indicators (QPIs)

Results of the analysis of cutaneous melanoma Quality Performance Indicators are set out in the following sections. Graphs and charts have been provided where this aids interpretation and, where appropriate, numbers have also been included to provide context. Data have been compared with results from 2014-15 where possible, however some QPI definitions were changes following the baseline review of QPIs between reporting of the 2014-15 data and 2015-16 data, rendering results incomparable.

Data are presented by Board of diagnosis and for the whole of the North of Scotland. Where performance is shown to fall below the target, clinical commentary is often included to provide context to the variation. Specific regional and NHS Board actions have been identified to address issues highlighted through the data analysis.

QPI 1: Excision Biopsy

QPI 1: Excision Biopsy: Patients with cutaneous melanoma should have their diagnostic excision biopsy carried out by a skin cancer clinician.

The initial biopsy is important for both diagnosis and pathological staging. Evidence has shown excisional biopsy to be the most appropriate procedure, because it allows accurate evaluation of tumour thickness and other prognostic factors.

If melanoma is suspected an excision biopsy should be carried out to ensure the melanoma is completely removed, except in rare circumstances where an incision or shave biopsy may be a more appropriate initial procedure, due to location or size of lesion.

Patients suspected of having melanoma should be referred to secondary care to have their excisional biopsy carried out by someone with specialist experience in melanoma.

Numerator: Number of patients with cutaneous melanoma undergoing diagnostic excision biopsy who had this carried out by a skin cancer clinician.

Denominator: All patients with cutaneous melanoma undergoing diagnostic excision biopsy.

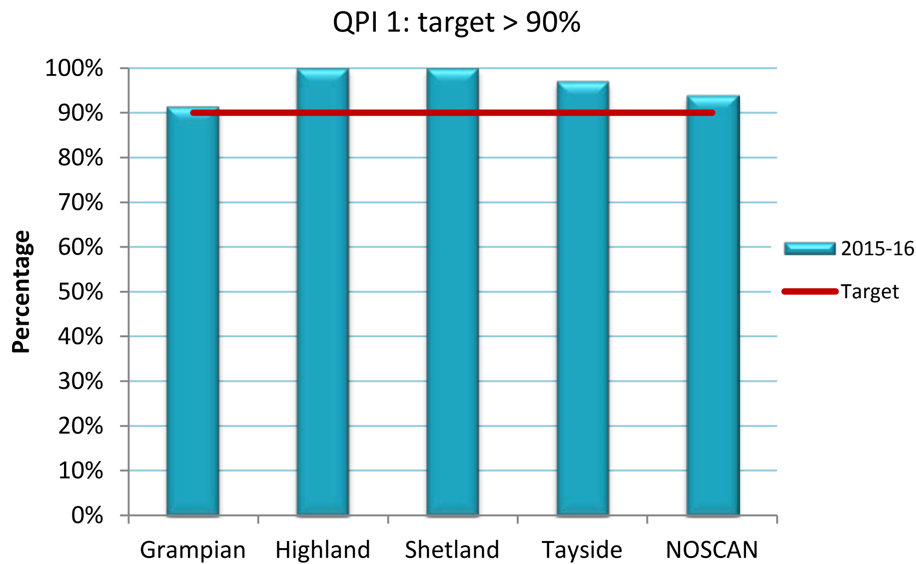
Exclusions: No Exclusions

Target: 90%

QPI 1 Performance against target

Of the 278 patients diagnosed with cutaneous melanoma in the North of Scotland who had a diagnostic excision biopsy, 261 had had this carried out by a skin cancer clinician. This equates to a rate of 93.9% and meets the target rate of 90%. Results are not comparable with those from 2014-15 due to changes in the way a skin cancer clinician is defined. A skin cancer clinician is now defined as a dermatologist, plastic surgeon or locally designated clinician with a special interest in skin cancer, who is also a member (or under the supervision of a member) of the melanoma MDT.

All NHS Boards in NOSCAN met this QPI except for NHS Orkney and NHS W Isles.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	91.4%	106	116	0	0%	0	0%	0
Highland	100%	50	50	0	0%	0	0%	0
Orkney*	-	-	-	-	-	-	-	-
Shetland	100%	7	7	0	0%	0	0%	0
Tayside	97.0%	98	101	0	0%	0	0%	0
W Isles*	-	-	-	-	-	-	-	-
NoS	93.9%	261	278	2	0.7%	0	0%	0

While this target was met across mainland NHS Boards in the North of Scotland, there are some differences in performance across the network due variation in local service provision. As long as patients are being considered in multi-disciplinary team meetings then no further actions are considered to be required.

Actions Required: No actions identified.

QPI 2: Pathology Reporting

QPI2: Pathology Reporting: Surgical pathology reports for patients with cutaneous melanoma should contain full pathology information to inform treatment decision making.

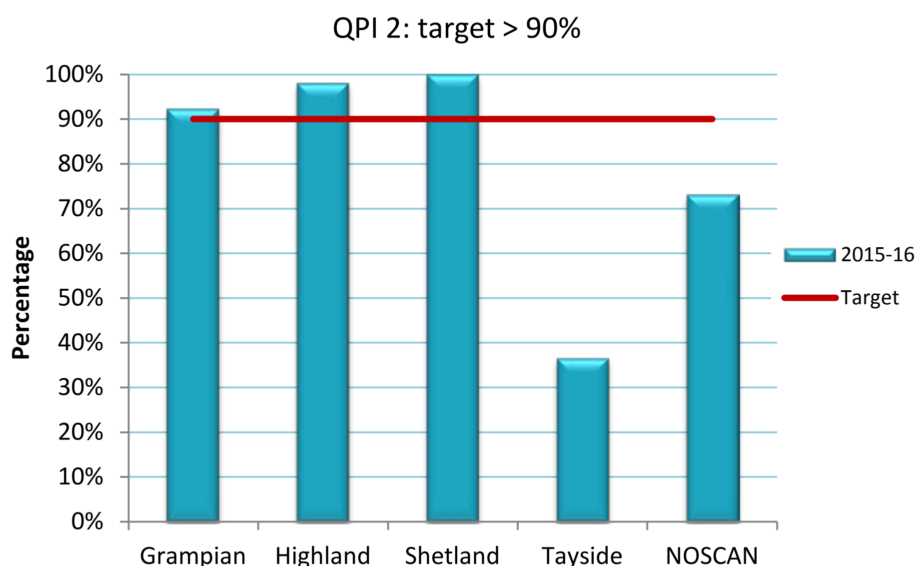
To allow treatment planning to take place for patients diagnosed with cutaneous melanoma, prognostic information from the primary excision biopsy is needed. The use of datasets 'improves the 'completeness' of data' in pathology reports.

Numerator:	Number of patients with cutaneous melanoma undergoing diagnostic excision biopsy where the surgical pathology report contains a full set of data items (as defined by the current Royal College of Pathologists dataset).
Denominator:	All patients with cutaneous melanoma undergoing diagnostic excision biopsy.
Exclusions:	No exclusions.
Target:	90%

QPI 2 Performance against target

Overall results for the North of Scotland on 2015-2016 indicate that 73.0% of patients with diagnosed with cutaneous melanoma and undergoing a diagnostic excision biopsy had a full set of data items on their surgical pathology report. This is below the target rate of 90%. Results are not comparable to those from 2014-2015 due to changes in the way the QPI is calculated.

In the North of Scotland this QPI was met by all NHS Boards except NHS Tayside and NHS W Isles, the latter failing due to a single patient not meeting the QPI requirements.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	**92.2%**	107	116	**0**	**0%**	**0**	**0%**	**0**
Highland	**98.0%**	49	50	**0**	**0%**	**0**	**0%**	**0**
Orkney*	**-**	-	-	**-**	**-**	**-**	**-**	**-**
Shetland	**100%**	7	7	**0**	**0%**	**0**	**0%**	**0**
Tayside	**36.6%**	37	101	**0**	**0%**	**0**	**0%**	**0**
W Isles*	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
NoS	**73.0%**	**203**	**278**	**0**	**0%**	**0**	**0%**	**0**

The results for this QPI largely reflect the variation terminology being used within the pathology reports.

Actions Required:

- **MCN to develop a regional pathology proforma for use across the North of Scotland to ensure reporting conforms to the wording of the Royal College of Pathologists dataset as required by the QPI.**

QPI 3: Multi-Disciplinary Team Meeting (MDT)

QPI 3: Multi-Disciplinary Team Meeting (MDT): Patients with cutaneous melanoma should be discussed by a multidisciplinary team prior to definitive treatment.

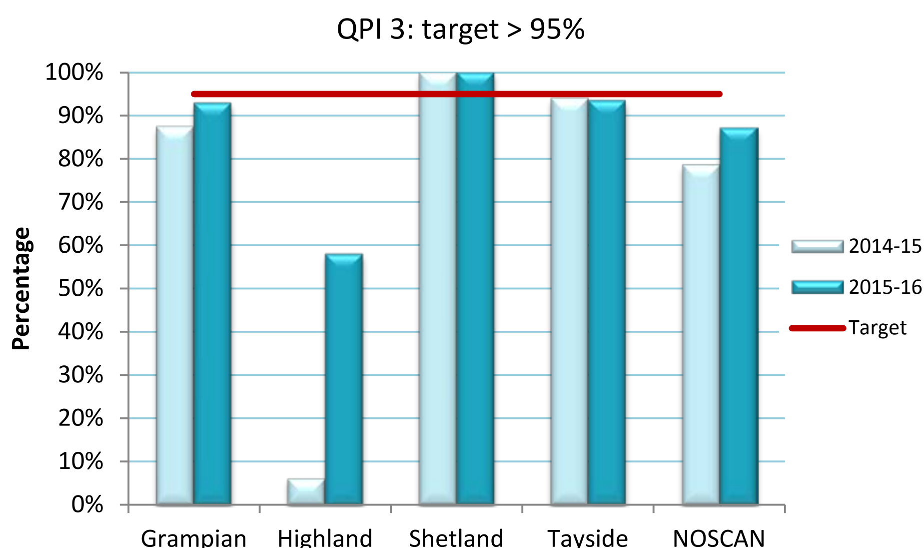
Evidence suggests that patients with cancer managed by a multi-disciplinary team have a better outcome. There is also evidence that the multidisciplinary management of patients increases their overall satisfaction with their care10. Discussion prior to definitive treatment decision provides reassurance that patients are being managed appropriately.

Numerator:	Number of patients with cutaneous melanoma discussed at the MDT before definitive treatment (wide local excision, chemotherapy/SACT, supportive care and radiotherapy).
Denominator:	All patients with cutaneous melanoma.
Exclusions:	Patients who died before first treatment.
Target:	95%

QPI 3 Performance against target

271 out of 311 patients diagnosed with cutaneous melanoma in the North of Scotland during the period audited (87.1%) were discussed at the MDT before definitive treatment; this means that at a regional level, the target of 95% was not met, however this is an improvement compared to the 2014-2015 result of 78.6%.

This QPI was not met by any of the mainland NHS Boards in the North of Scotland but was met by NHS Orkney and NHS Shetland, who has small numbers of patients. Considerable improvement in performance is noted in NHS Highland in 2015-2016 compared with 2014-2015.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator	% change from 2014-2015
Grampian	92.9%	118	127	0	0%	0	0%	0	+5.5%
Highland	58.0%	29	50	0	0%	0	0%	3	+51.9%
Orkney*	-	-	-	-	-	-	-	-	-
Shetland	100%	7	7	0	0%	0	0%	0	0%
Tayside	93.5%	115	123	0	0%	0	0%	0	-0.5%
W Isles*	-	-	-	-	-	-	-	-	-
NoS	87.1%	271	311	0	0%	0	0%	3	+8.5%

Results for this QPI were considered to be reasonable and it was noted that NHS Highland had only recently established their MDT and are continuing to develop the practice around these meetings to ensure that all cases are discussed before treatment.

It is noted that if the reporting pathologist highlight patients for inclusion on MDT lists then this may increase the proportion of patients discussed.

There has been some discussion in the North of Scotland about developing protocols for simple cases of thin melanoma where MDT discussion may not be needed. If this is eventually adopted then this QPI definition may need to be reconsidered at the Formal Review of Cutaneous Melanoma QPIs, which is scheduled for late 2017.

Actions Required:

- **MCN to collate information on how individual NHS Boards within the region identify patients for discussion at MDT.**
- **MCN to trial the development of protocols for simple cases of thin cutaneous melanoma so that MDT discussion is not needed for all patients.**
- **MCN to suggest revision of QPI 2 at the Formal Review of Cutaneous Melanoma QPIs if the protocols for simple cases of thin cutaneous melanoma have been agreed and established by this time.**

QPI 4: Clinical Examination of Draining Lymph Node Basins

QPI 4: Clinical Examination of Draining Lymph Node Basins: Patients with cutaneous melanoma should undergo clinical examination of relevant draining lymph node basins as part of clinical staging

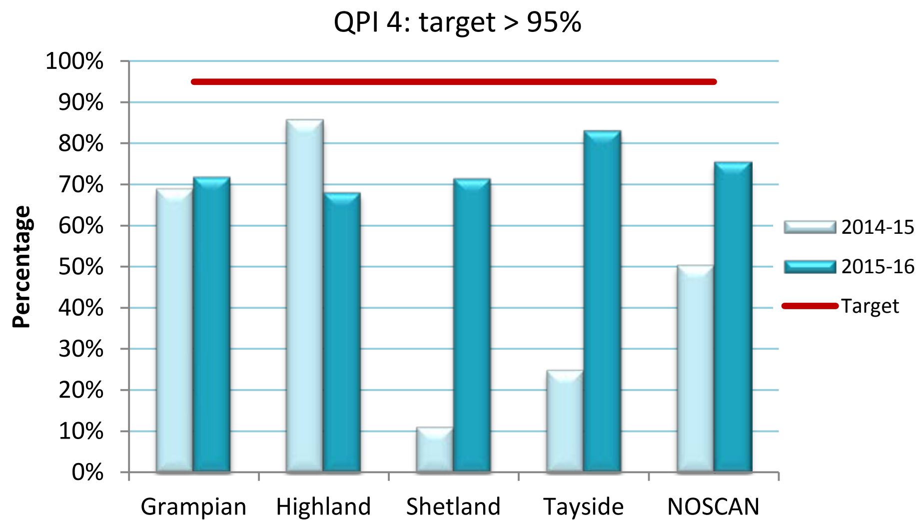
Scottish Intercollegiate Guidelines Network reports the examination of the regional lymph node basin as an important aspect of the clinical evaluation of patients with cutaneous melanoma as the presence of nodal metastasis is an important predictor of outcome and prognosis.

Numerator:	Number of patients with cutaneous melanoma who undergo clinical examination of relevant draining lymph node basins as part of clinical staging.
Denominator:	All patients with cutaneous melanoma.
Exclusions:	No exclusions.
Target:	95%

QPI 4 Performance against target

Of the 322 patients diagnosed with cutaneous melanoma in the North of Scotland in 2015 – 2016, 243 (75.5%) had a clinical examination of relevant draining lymph node basins as part of clinical staging. This was below the target rate of 95% but a considerable increase compared with the 2014-2015 figure of 50.4%. It should be noted that the lack of recording of whether relevant draining node basins were examined has affected results for this QPI; for 22.7% of patients it was not possible to determine whether this examination had taken place due to a lack of recording in 2015-16, and these patients are reported as not meeting the QPI. However, the improvement in recording over time should be noted; in 2014-15 these data were not recorded for 39.3% of patients.

No NHS Boards in the North of Scotland met this QPI except NHS Orkney, however considerable improvements in results were noted, particularly in NHS Tayside. This improvement is associated with an improvement in the recording of clinical examination of draining lymph node basins.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator	% change from 2014-2015
Grampian	**71.8%**	94	131	**35**	**26.7%**	**0**	**0%**	**0**	+2.9%
Highland	**68.0%**	34	50	**16**	**32.0%**	**0**	**0%**	**0**	-17.7$%
Orkney*	**-**	-	-	**-**	**-**	**-**	**-**	**-**	-
Shetland	**71.4%**	5	7	**2**	**28.6%**	**0**	**0%**	**0**	+60.3%
Tayside	**83.1%**	108	130	**20**	**15.4%**	**0**	**0%**	**0**	+58.2%
W Isles*	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
NoS	**75.5%**	**243**	**322**	**73**	**22.7%**	**0**	**0%**	**0**	**+25.0%**

There is a need to continue to improve the recording of the clinical examination of draining lymph node basins, which is best captured at the MDT meeting or within the clinical details of the pathology form at the time of WLE.

Actions Required:

- **All NHS Boards to ensure that clinical examination of draining lymph nodes is carried out for all patients with cutaneous melanoma and recorded appropriately.**

QPI 5: Sentinel Node Biopsy Pathology

QPI 5: Sentinel Node Biopsy Pathology: Sentinel node biopsy (SNB) reports for patients with cutaneous melanoma should contain full pathology information to inform treatment decision making.

Evidence suggests SNB reports should be carried out in a standardised way so that findings between centres are comparable.

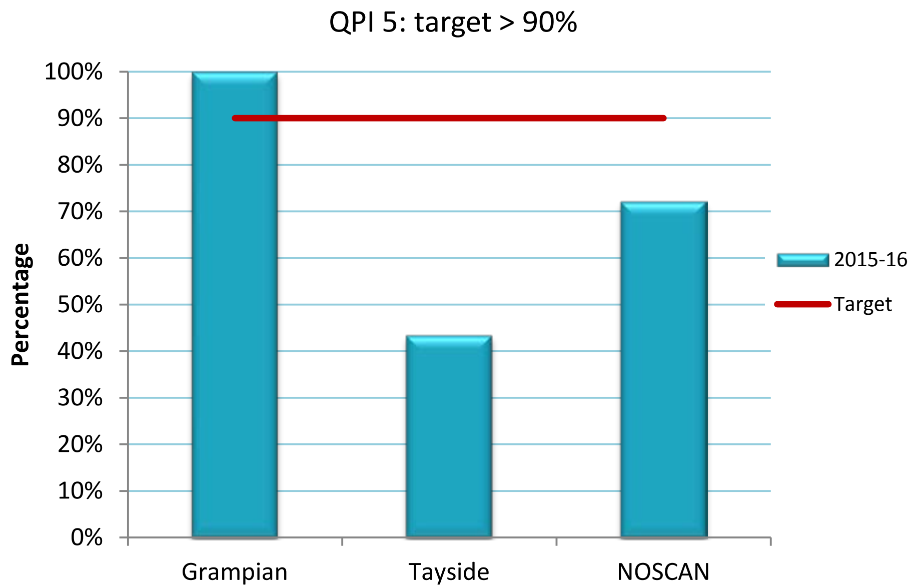
The importance of meticulous diagnosis and reporting has been outlined by Royal College of Pathologists; histological parameters play a major role in defining patient treatment.

Numerator:	Number of patients with cutaneous melanoma undergoing SNB, where the SNB report contains a full set of data items (as defined by the current Royal College of Pathologists dataset).
Denominator:	All patients with cutaneous melanoma undergoing SNB.
Exclusions:	No exclusions
Target:	90%

QPI 5 Performance against target

Overall in 2015 - 2016, 39 out of 54 patients diagnosed with melanoma and undergoing SNB in the North of Scotland had a SNB report containing a full set of data items (as defined by the current Royal College of Pathologists dataset). At a rate of 72.2%, this is below the required target of 90% of patients. Results are not comparable to those from 2014-2015 due to changes in the way the QPI is calculated.

There was a variation in performance within NOSCAN with NHS Grampian, NHS Highland and NHS Orkney achieving 100% while NHS Tayside and NHS Shetland did not meet the target.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	100%	25	25	0	0%	0	0%	0
Highland*	-	-	-	-	-	-	-	-
Orkney*	-	-	-	-	-	-	-	-
Shetland*	-	-	-	-	-	-	-	-
Tayside	43.5%	10	23	0	0%	0	0%	0
W Isles	-	0	0	0	-	0	-	0
NoS	72.2%	39	54	0	0%	0	0%	0

As for QPI 2, these results largely reflect the variation terminology being used within the pathology reports.

Actions Required: See action identified under QPI 2.

QPI 6: Wide Local Excisions

QPI 6(i): Wide Local Excisions: Patients with cutaneous melanoma should undergo a wide local excision of the initial diagnostic biopsy site to reduce the risk of local recurrence.

Surgical excision is an effective cure for primary cutaneous melanoma. The lesion is initially removed for histological diagnosis and assessment of tumour depth. A further excision is carried out to minimise the risk of local recurrence. Studies have shown the importance of removing the tumour and a margin of healthy skin.

The standard treatment for primary cutaneous melanoma is wide local excision of the skin and subcutaneous tissues around the melanoma. Treatment for melanoma aims to achieve histologically free margins with low likelihood of local recurrence or persistent disease.

The appropriate surgical margin is determined by the thickness of the lesion. Various evidence exists determining the most clinically appropriate surgical margin. The Melanoma QPI Development Group felt ensuring a wide local excision took place was a good indicator of quality, with the decision of appropriate surgical margin being left to MDT/Clinical judgement.

Specification (i)

Numerator: Number of patients with cutaneous melanoma undergoing diagnostic excision biopsy who undergo a wide local excision.

Denominator: All patients with cutaneous melanoma undergoing diagnostic excision biopsy.

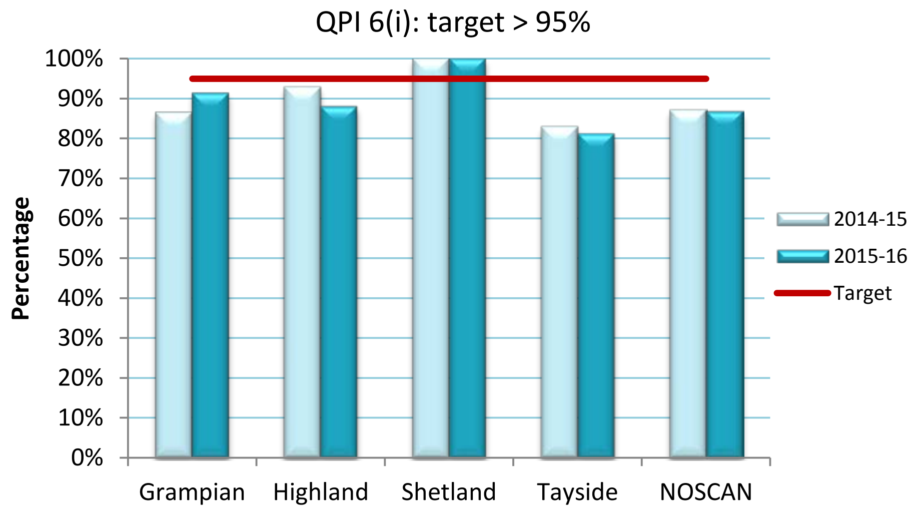
Exclusions: Patients who died before treatment

Target: 95%

QPI 6 (i) Performance against target

In 2015 - 2016, 86.7% of patients diagnosed with cutaneous melanoma and undergoing a diagnostic excision biopsy in the North of Scotland had a wide local excision. This falls short of the target of 95% and is very similar to the 2014-2015 result of 87.1%.

At Board level this QPI was not met by any mainland NHS Boards in the North of Scotland, with results very similar to those in 2014-15.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator	% change from 2014-2015
Grampian	**91.4%**	106	116	**0**	**0%**	**0**	**0%**	**0**	+4.8%
Highland	**88.0%**	44	50	**0**	**0%**	**0**	**0%**	**0**	-4.8%
Orkney*	**-**	-	-	**-**	**-**	**-**	**-**	**-**	-
Shetland	**100%**	7	7	**0**	**0%**	**0**	**0%**	**0**	0%
Tayside	**81.2%**	82	101	**0**	**0%**	**0**	**0%**	**0**	-1.7%
W Isles*	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
NoS	**86.7%**	**241**	**278**	**0**	**0%**	**0**	**0%**	**0**	**-0.4%**

QPI 6(ii): Wide Local Excisions: Patients with cutaneous melanoma should undergo a wide local excision of the initial diagnostic biopsy site to reduce the risk of local recurrence.

Specification (ii)

Numerator: Number of patients with cutaneous melanoma undergoing partial biopsy who undergo a wide local excision.

Denominator: All patients with cutaneous melanoma undergoing partial biopsy.

Exclusions:

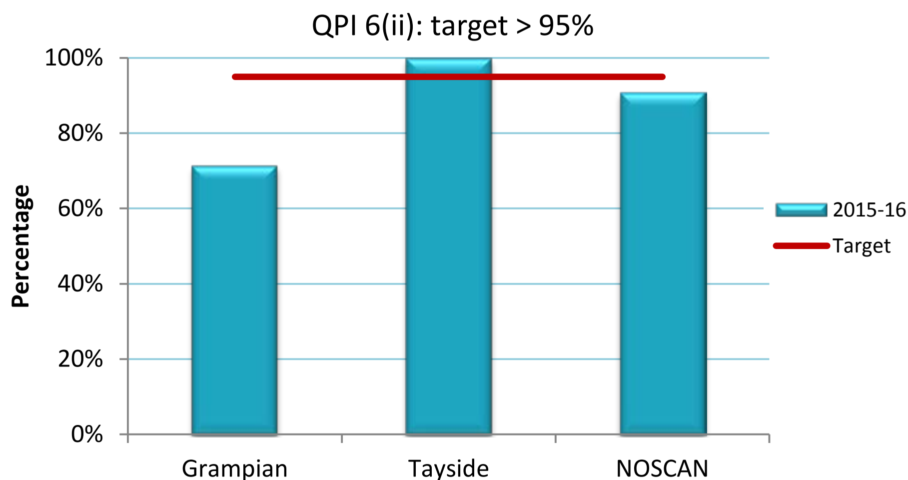
- Patients who died before treatment.
- Patients who have also undergone diagnostic excision biopsy.

Target: 95%

QPI 6 (ii) Performance against target

In 2015 - 2016, 90.9% of patients diagnosed with cutaneous melanoma and undergoing a partial biopsy in the North of Scotland had a wide local excision. This falls short of the target of 95%. No comparable data were collected in 2014-2015.

While this QPI was met in NHS Tayside but not in NHS Grampian, it is difficult to compare the results of these NHS Boards due to the small numbers of patients on which these QPI results were based.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	**71.4%**	5	7	**0**	0%	0	0%	0
Highland	**-**	0	0	0	-	0	-	0
Orkney	**-**	0	0	0	-	0	-	0
Shetland	**-**	0	0	0	-	0	-	0
Tayside	**100%**	15	15	**0**	0%	0	0%	0
W Isles	**-**	0	0	0	-	0	-	0
NoS	**90.9%**	**20**	**22**	**0**	0%	0	0%	**0**

The terminology use to define the procedures undertaken may have affected the results of this QPI, i.e. some patients may have had a wide local excision but if this terminology was not used in notes it may not have been recorded as such. Once recording is improved performance of NHS Boards against this indicator will be clearer.

Actions Required:

- **All NHS Boards to ensure that appropriate terminology is used to ensure that all patients having a wide local excision are recorded as such.**

QPI 7: Time to Wide Local Excision

QPI 7(i): Time to Wide Local Excision: Patients with cutaneous melanoma should have their wide local excision within 84 days of their diagnostic biopsy.

Patients with melanoma will undergo their diagnostic biopsy and may continue to have a wide local excision. A wide local excision is undertaken to achieve histologically negative margins and decrease the risk of local recurrence.

It is important that patients with cutaneous melanoma undergo surgical excision as soon as possible. There is no clear consensus from clinical literature on the most appropriate timeframe for wide local excision however studies have found that delays in receiving definitive treatment can have an unfavourable impact within a number of cancer types. They have also documented that these delays could cause the patient and relatives psychological distress.

The Cutaneous Melanoma QPI Development Group have therefore agreed that 84 days is the most appropriate timeframe based on clinical consensus and current best practice.

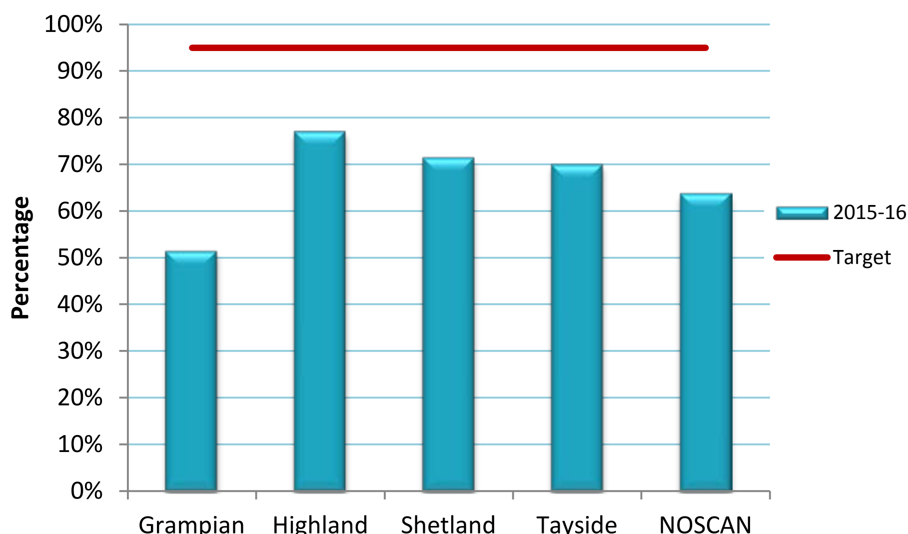
Specification (i)

Numerator:	Number of patients with cutaneous melanoma undergoing wide local excision within 84 days of their diagnostic excision biopsy.
Denominator:	All patients with cutaneous melanoma undergoing diagnostic excision biopsy.
Exclusions:	Patients who have also undergone partial biopsy
Target:	95%

QPI 7(i) Performance against target

169 of the 265 patients diagnosed with cutaneous melanoma during 2015-2016 in the North of Scotland and undergoing a diagnostic excision biopsy had a wide local excision within 84 days (63.8%), which is below the target rate of 95%. The way in which this QPI is calculated has been changes and therefore there is no comparable data for 2014-2015.

No NHS Boards within the North of Scotland met this QPI except NHS Orkney, where only one patient was included within the calculations.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	51.4%	55	107	0	0%	0	0%	0
Highland	77.1%	37	48	0	0%	0	0%	0
Orkney*	-	-	-	-	-	-	-	-
Shetland	71.4%	5	7	0	0%	0	0%	0
Tayside	70.0%	70	100	0	0%	0	0%	0
W Isles*	-	-	-	-	-	-	-	-
NoS	63.8%	169	265	0	0%	0	0%	0

QPI 7(ii): Time to Wide Local Excision: Patients with cutaneous melanoma should have their wide local excision within 84 days of their diagnostic biopsy.

Specification (ii)

Numerator: Number of patients with cutaneous melanoma undergoing wide local excision within 84 days of their partial biopsy.

Denominator: All patients with cutaneous melanoma undergoing partial biopsy.

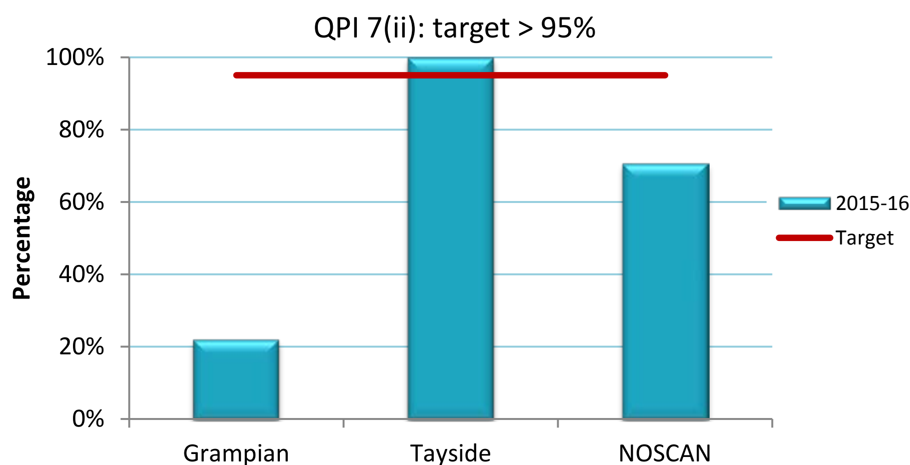
Exclusions: No exclusions

Target: 95%

QPI 7(ii) Performance against target

Seventeen of the 24 patients diagnosed with cutaneous melanoma during 2015-2016 in the North of Scotland and undergoing a diagnostic excision biopsy had a wide local excision within 84 days (70.8%), which is below the target rate of 95%. The way in which this QPI is calculated has been changes and therefore there is no comparable data for 2014-2015.

At an NHS Board level this QPI was met by NHS Tayside and NHS Highland but not by NHS Grampian.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	**22.2%**	2	9	**0**	**0%**	**0**	**0%**	**0**
Highland*	**-**	-	-	-	-	-	-	-
Orkney	**-**	0	0	0	-	0	-	0
Shetland	**-**	0	0	0	-	0	-	0
Tayside	**100%**	14	14	**0**	**0%**	**0**	**0%**	**0**
W Isles	**-**	0	0	0	-	0	-	0
NoS	**70.8%**	**17**	**24**	**0**	**0%**	**0**	**0%**	**0**

There are multiple reasons for patients not meeting these targets and there is a need to raise awareness among clinicians of the importance of ensuring that patients have a wide local excision within 84 days of their biopsy. To help ensure that patients have a timely wide local excision, the date by which the procedure must be undertaken to meet the 84 day target should be recorded at MDT and considered when planning patient care.

Actions Required:

- **All NHS Boards to ensure that the MDT records the date by which a wide local excision is required to meet the QPI 7 target, ensure inclusion of this information on the MDT outcome sheets and plan patient care with this date in mind.**

QPI 8: BRAF Status

QPI 8: BRAF Status: Patients with unresectable stage III or IV cutaneous melanoma should have their BRAF status checked.

BRAF inhibitors, such as vemurafenib, significantly increase overall survival and progression-free survival compared with current standard chemotherapy for patients with previously untreated unresectable stage III or stage IV melanoma with V600 BRAF mutation.

Patients with unresectable stage IIIC and IV melanoma should undergo a B-RAF status check to assess suitability for vemurafenib.

As many patients with IIIC disease will not have undergone surgery, making pathological staging impossible, the Cutaneous Melanoma QPI Development Group have therefore agreed to measure all stage III patients within this QPI.

Numerator: Number of patients with unresectable stage III or IV cutaneous melanoma who have their BRAF status checked.

Denominator: All patients with unresectable stage III or IV cutaneous melanoma.

Exclusions: No exclusions.

Target: 75%

QPI 8 Performance against target

In 2015-2016 in the North of Scotland, there were 8 patients diagnosed with unresectable stage III or IV cutaneous melanoma. All of these patients (100%) had their BRAF status checked, which means that the target of 75% was met, as in 2014-2015.

Results are not shown graphically due to the small numbers of patients on which these results are based.

	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator	% change from 2014-2015
Grampian	**100%**	7	7	**0**	**0%**	**0**	**0%**	**1**	0%
Highland	**-**	0	0	0	-	0	-	0	-
Orkney	**-**	0	0	0	-	0	-	0	-
Shetland	**-**	0	0	0	-	0	-	0	-
Tayside*	**-**	-	-	-	-	-	-	-	-
W Isles	**-**	0	0	0	-	0	-	0	-
NoS	**100%**	**8**	**8**	**0**	**0%**	**0**	**0%**	**1**	**0%**

There were concerns that not all patients with advanced disease have been captured by the audit process in some NHS Boards. This could mean that not all relevant patients are included in figures for QPIs 8, 9 and 10.

Actions Required:

- **NHS Boards to ensure complete capture of patients with advanced melanoma (stage III or IV) through cancer audit, for example through the use of the WISDOM database.**

QPI 9: Imaging for Patients with Advanced Melanoma

> ***QPI 9: Imaging for Patients with Advanced Melanoma – Patients with stage III and IV cutaneous melanoma should be evaluated with appropriate imaging to guide treatment decision making.***
>
> Evidence found that patients should be imaged by CT prior to surgery, with specialist skin cancer multidisciplinary team review.
>
> Guidelines report that patients with high grade cutaneous melanoma should undergo imaging of the head, chest, abdomen and pelvis to exclude metastases. It has been reported that low grade cutaneous melanoma do not benefit from imaging due to the high incident rate of false positives. To ensure alignment with current clinical practice stage has been utilised to stratify patients for inclusion within this QPI over grading.
>
> Numerator: Number of patients with stage III and IV cutaneous melanoma undergoing completion lymphadenectomy who undergo CT or PET CT prior to completion lymphadenectomy.
>
> Denominator: All patients with stage III and IV cutaneous melanoma undergoing completion lymphadenectomy.
>
> Exclusions: No exclusions
>
> Target: 95%

QPI 9 Performance against target

Though numbers were small in 2015-2016, all five of the patients identified with stage III or IV cutaneous melanoma in the North of Scotland and undergoing completion lymphadenectomy had a CT or PET CT prior to completion lymphadenectomy (100%). This meets the required target of 95% and is the same as performance in 2014-2015.

Results are not shown graphically or in tabular form due to the small numbers of patients on which these results are based.

Actions Required: See action under QPI 8.

QPI 10: Systemic Therapy

QPI 10: Systemic Therapy – Patients with unresectable stage III and IV cutaneous melanoma should receive Systemic Anti Cancer Therapy

As the majority of metastatic melanomas are not amenable to surgery, it is often found that systemic therapy is the best option. SACT should be available for the management of patients with cutaneous melanoma where appropriate.

Studies have found that SACT is beneficial for patients who have a high risk of recurrence.

Numerator: Number of patients with unresectable stage III and IV cutaneous melanoma who undergo SACT.

Denominator: All patients with unresectable stage III and IV cutaneous melanoma.

Exclusions: Patients who died before treatment.

Target: 60%

QPI 10 Performance against target

In 2015-2016 there were 7 patients diagnosed with unresectable stage III or IV cutaneous melanoma in the North of Scotland. Six of these (85.7%) received SACT, which is above the required target of 60% and although it is a decrease compared with the 2014-2015 figure of 100%, this is the results of the outcome of a single patient.

Performance between NHS Boards is no compared and figures are not shown graphically due to the small numbers of patients on which these results are based.

	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator	% change from 2014-2015
Grampian	**83.3%**	5	6	0	0%	0	0%	1	-
Highland	**-**	0	0	0	-	0	-	0	-
Orkney	**-**	0	0	0	-	0	-	0	-
Shetland	**-**	0	0	0	-	0	-	0	-
Tayside*	**-**	-	-	-	-	-	-	-	-
W Isles	**-**	0	0	0	-	0	-	0	-
NoS	**85.7%**	**6**	**7**	**0**	**0%**	**0**	**0%**	**1**	**-14.3%**

Actions Required: See action under QPI 8.

QPI 11: Access to Lymphoedema Service

QPI 11: Access to Lymphoedema Service - Patients with cutaneous melanoma who undergo groin block dissection should be assessed for lymphoedema and have access to a lymphoedema service where clinically required.

Secondary lymphoedema is a common condition acquired from surgery. 10-45% patients with melanoma develop secondary lymphoedema due to inguinal lymph nodes dissection.

Given that not all patients will develop a lymphoedema after a groin block dissection the target has focused on the percentage of patients where referral for assessment would be clinically required.

Access to lymphoedema services is very difficult to measure accurately therefore referral is utilised within this QPI as a proxy for access. Although it will not provide an absolute measure of patient access to lymphoedema services it will give an indication of access across NHS Boards and highlight any areas of variance which can then be further examined.

Numerator: Number of patients with cutaneous melanoma undergoing groin block dissection who have been referred to a lymphoedema service.

Denominator: All patients with cutaneous melanoma undergoing groin block dissection.

Exclusions: No exclusions.

Target: 40%

QPI 11 Performance against target

In 2015-2016 there were only 2 patients diagnosed with cutaneous melanoma and undergoing groin block dissection in the North of Scotland, both of which were referred to a lymphoedema service. This meets the required target of 40% but with such small numbers comparison of performance between years or NHS Boards is not considered meaningful and figures are not provided in graphical of tabular form.

It is not considered a good use of the lymphoedema service for all patients who have a groin block dissection to be referred as not all patients will require the service. However, all patients should be aware of the risk of lymphoedema and that there is a local service that they can be referred to if they develop any early clinical features of lymphoedema.

Actions Required:

- **All NHS Boards to ensure that the MDT records patients who have groin block dissection and highlights these patients as potential candidates for referral to lymphoedema services.**

Clinical Trials Access QPI

The ability of patients to readily access a Clinical Trial is a common issue for all cancer types, and in order to further support recruitment through more active comparison and measurement of Board and network performance across the country, a generic QPI was developed as part of the National Programme of cancer quality improvement. Further details on the development and definition of this QPI can be found here.

The QPI is defined as follows.

Clinical Trials Access QPI

All patients should be considered for participation in available clinical trials, wherever eligible.

Numerator: Number of patients with cutaneous melanoma enrolled in an interventional clinical trial of translational research.

Denominator: All patients with cutaneous melanoma.

Exclusions: No Exclusions

Target: Interventional clinical trials – 7.5%

Translational research - 15%

Key points during the period audited:

- 3.9% of patients with cutaneous melanoma in the North of Scotland were recruited into interventional clinical trials in one of the three cancer centres in the region in 2015; this is below the required target of 7.5% but an increase compared to the 2014 figure of 0%.
- Recruitment into translational research was lower in 2015 at 0%, and fell well below the more challenging target which is set at 15%. This was a decrease compared with the 2014 figure of 6.7%.

	Number of patients recruited	ISD Cases annual average (2010-2014)	Percentage of patients recruited
Interventional Clinical Trials	12	311	**3.9%**
Translational Research	0	311	**0%**

The QPI targets for clinical trials are 7.5% for interventional trials and for translational trials are 15%. It should be noted that these targets are ambitious, particularly with the move

towards more targeted trials. No interventional trials were open to recruitment for melanoma patients during this reporting period in NOSCAN, but patients have been referred to other centres where interventional trials are open such as the Royal Marsden, London and The Beaston Institute, Glasgow. This was due to a lack of suitable trials that could be opened in NOSCAN.

All cancer patients that pass through each of the three cancer centres in NOSCAN are considered for potential participation in the open trials currently available. However, as with other cancer specific studies, consequent to the demise of larger general trials and the advent of genetically selective trials that only target small populations of patients, many of the melanoma trials that are currently open to recruitment in the North of Scotland have very select eligibility criteria. Consequently they will only be available to a small percentage of the total number of people who were diagnosed with melanoma.

Many melanoma trials that are open have very select eligibility criteria and will only be available to a small percentage of people diagnosed with melanoma within a region. This is due to the demise of larger general trials and the advent of genetically selective trials that only target small populations of patients. NOSCAN had 1 interventional trial open to recruitment during 2015. NOSCAN has screened 12 (3.86%) patients for interventional trials during the reporting period. All patient recruitments were obtained from NHS Grampian as NHS Highland and NHS Tayside did not have any trials open for melanoma patients in this period.

All melanoma cancer patients that pass through the cancer centres in NOSCAN are considered for the open trials in melanoma cancer. It is not currently possible to open a greater number of trials, to have a greater scope of available trials, due to a lack of clinical and research support to run further trials especially due to the increasing complexity of trials and time burden needed to run them effectively. Constraints imposed by the commercial trial sponsors also limit the number of trials it is possible to open in smaller cancer centres such as those in the NOSCAN region. All feasibility requests for trials are reviewed by all consultants and if an expression of interest is submitted the changes are high that the site will be selected for running the trial.

Actions Required:

- **MCN meetings to provide routine updates on ongoing clinical trials for cutaneous melanoma.**

5. Conclusions

The Quality Performance Indicators programme was developed to drive continuous improvement and ensure equity of care for cancer patients across Scotland. As part of this the North of Scotland has initiated a programme of annual reporting of regional performance against QPIs. This is the second time the results of the Cutaneous Melanoma QPIs have been reported in the North of Scotland, providing a clearer measure of performance across the region and a more formal structure around which improvements will be made.

Following the first year of QPI reporting of the Cutaneous Melanoma QPIs[11] some areas where the QPI definitions should be reconsidered were identified. Following a national review of the Cutaneous Melanoma QPIs in 2015, refinements have been made to the way in which some of the QPIs are calculated to make results more clinically relevant. Consequently, while some QPI results are compared with those from 2014-2015, such comparisons have not been possible where QPI definitions have changed significantly.

Overall, results of Cutaneous Melanoma QPI reporting for patients diagnosed in 2015-2016 are mixed. Case ascertainment and data capture was of an overall high standard.

QPI targets were met over the North of Scotland for 5 of the 12 QPIs, an improvement from 2014-2015 when 4 of the indicators were met at a regional level. The failure of NOSCAN to meet the target in 7 of the 12 QPIs is disappointing; there are different reasons for individual QPI fails. Some reasons are shared throughout the NHS Boards in the North of Scotland and others are unique to an individual NHS Board. Following our first NOSCAN skin cancer MCN meeting recently, the NHS Boards in the North of Scotland have agreed to work together to collect data in the same way across the network and learn from each other in this regard.

Results from the second year of QPI reporting have helped to identify the following actions to improve on the quality of clinical services for patients with cutaneous melanoma in the North of Scotland:

- **MCN to develop a regional pathology proforma for use across the North of Scotland to ensure reporting conforms to the wording of the Royal College of Pathologists dataset as required by the QPI.**
- **MCN to collate information on how individual NHS Boards within the region identify patients for discussion at MDT.**
- **MCN to trial the development of protocols for simple cases of thin cutaneous melanoma so that MDT discussion is not needed for all patients.**
- **All NHS Boards to ensure that clinical examination of draining lymph nodes is carried out for all patients with cutaneous melanoma and recorded appropriately.**
- **All NHS Boards to ensure that appropriate terminology is used to ensure that all patients having a wide local excision are recorded as such.**
- **All NHS Boards to ensure that the MDT records the date by which a wide local excision is required to meet the QPI 7 target, ensure inclusion of this information on the MDT outcome sheets and plan patient care with this date in mind.**

- **NHS Boards to ensure complete capture of patients with advanced melanoma (stage III or IV) through cancer audit, for example through the use of the WISDOM database.**
- **All NHS Boards to ensure that the MDT records patients who have groin block dissection and highlights these patients as potential candidates for referral to lymphoedema services.**
- **MCN meetings to provide routine updates on ongoing clinical trials for cutaneous melanoma.**

In 2017, following the third year of Cutaneous Melanoma QPI reporting, there will be a Formal Review of the Cutaneous Melanoma QPIs. The review will provide an opportunity to amend the QPI definitions to ensure they continue to be indicators of a quality service for patients diagnosed with cutaneous melanoma. In addition to the actions above, one potential amendment to the QPIs is proposed in this report as follows:

- **MCN to suggest revision of QPI 2 at the Formal Review of Cutaneous Melanoma QPIs if the protocols for simple cases of thin cutaneous melanoma have been agreed and established by this time.**

The MCN will actively take forward regional actions identified and NHS Boards are asked to develop local Action / Improvement Plans in response to the findings presented in the report. A blank Action Plan template is provided in the Appendix.

Completed Action Plans should be returned to NOSCAN within two months of publication of this report.

Progress against these plans will be monitored by the skin cancer MCN and any service or clinical issue which the Advisory Board considers not to have been adequately addressed will be escalated to the NHS Board Lead Cancer Clinician and Regional Lead Cancer Clinician.

Additionally, progress will be reported to the Regional Cancer Advisory Forum (RCAF) annually by NHS Board Lead Cancer Clinicians and MCN Clinical Leads, as part of the regional audit governance process to enable RCAF to review and monitor regional improvement.

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Appendix 1: Open clinical trials for cutaneous melanoma that recruited patients in NOSCAN in 2015.

Trial	Principle Investigator	Trial Type
Role of soluble CTLA-4 in controlling immune responses in melanoma.	Tony Ormerod (Grampian)	Interventional

Appendix 2: Blank NHS Board Action Plan Template

Completed Action Plans should be returned to NOSCAN within two months of publication of this report.

NOSCAN
North of Scotland Cancer Network

Action Plan: Cutaneous Melanoma

Based on QPI results for patients diagnosed 2015-2016

Board:	
Action Plan Lead:	
Date:	

Status key	
1	Action Fully Implemented
2	Action agreed but not yet implemented
3	No action taken (please state reason)

QPI	Action Required	NHS Board Action Taken	Date		Lead	Progress	Status
			Start	End			
	Ensure actions mirror those detailed in Audit Report	*Detail specific actions that will be taken by the NHS Board*	*Insert date*	*Insert date*	*Insert name of responsible lead for each action.*	*Detail actions in progress, changes in practice, problems encountered of reasons why no action has been taken.*	*Insert no. from key*