

# Quality Performance Indicators Audit Report



<b>Tumour Area:</b>	Cutaneous Melanoma
<b>Patients Diagnosed:</b>	1 <sup>st</sup> July 2018 – 30 <sup>th</sup> June 2019
<b>Published Date:</b>	13 <sup>th</sup> January 2021
<b>Clinical Commentary:</b>	North Cancer Skin Pathway Board (NCSPB)

## 1. Cutaneous Melanoma in Scotland

Cutaneous melanoma is the sixth most common cancer type in Scotland in both women and men, with approximately 1,230 cases diagnosed in 2017. Incidences of cutaneous melanoma have increased in the last 10 years by 18% in men, but decreased by 6% in women. 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<sup>1</sup>. Incidences of cutaneous melanoma are predicted to continue to increase in the coming years<sup>2</sup>.

Relative survival from cutaneous melanoma is increasing<sup>3</sup>. 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<sup>3</sup>.**

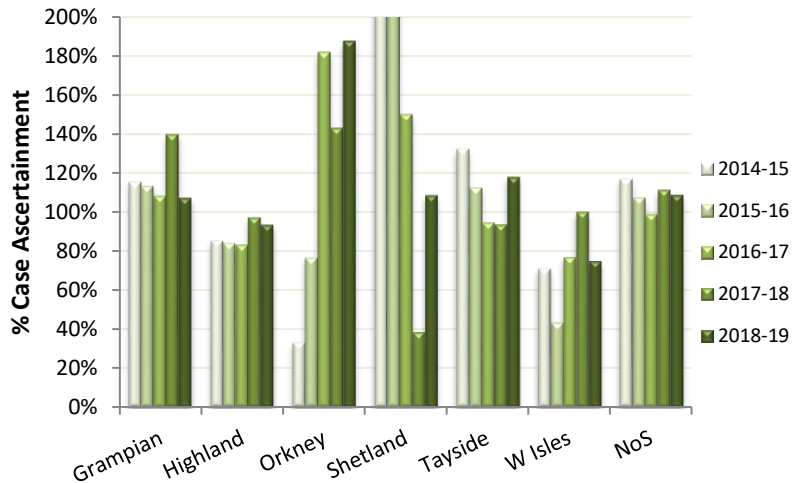
Sex	Relative survival at 1 year (%)		Relative survival at 5 years (%)	
	2007-2011	% change	2007-2011	% change
Male	97.4%	+ 4.4%	87.9%	+ 13.2%
Female	98.4%	+ 1.7%	95.1%	+ 6.0%

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

Between 1<sup>st</sup> July 2018 and 30<sup>th</sup> June 2019 a total of 360 cases of cutaneous melanoma were diagnosed in the North of Scotland and recorded through audit. Overall case ascertainment was high at 109% which indicates excellent data capture through audit. 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, recording of stage of disease for some patients in Tayside and recording of clinical margins at the time of excision biopsy. The lack of recording of these data has affected results for QPI 4, 9 and 12.

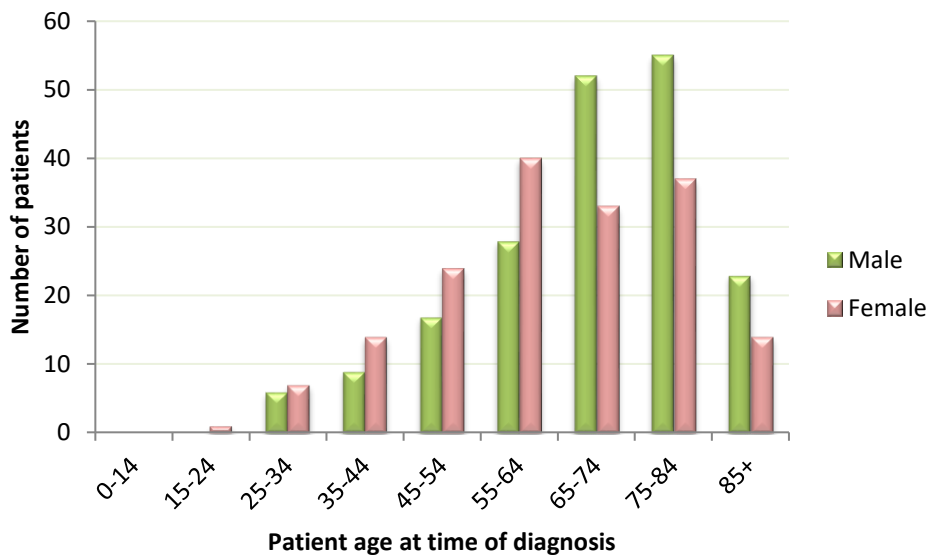
	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
<b>No. of Patients 2018-19</b>	139	59	3	5	151	3	<b>360</b>
<b>% of NoS total</b>	38.6%	16.4%	0.8%	1.4%	41.9%	0.8%	<b>100%</b>
<b>Mean ISD Cases 2013-17</b>	129.4	63.0	1.6	4.6	127.8	4.0	<b>330.4</b>
<b>% Case ascertainment 2018-19</b>	107.4%	93.7%	187.5%	108.7%	118.2%	75.0%	<b>109.0%</b>

**Case ascertainment by NHS Board for patients diagnosed with cutaneous melanoma in 2014/15 – 2018/19.**



**3. Age Distribution**

The figure below shows the age distribution of patients diagnosed with cutaneous melanoma in the North of Scotland in 2018-19, with numbers highest in the 55-64 age bracket for women and the 75-84 years age bracket for men.



Age distribution of patients diagnosed with cutaneous melanoma in the NoS in 2018-19.

**4. Performance against Quality Performance Indicators (QPIs)**

Definitions for the QPIs reported in this section are published by Health Improvement Scotland<sup>4</sup>, while further information on datasets and measurability used are available from Information Services Division<sup>5</sup>. Data for QPIs are presented by NHS Board of diagnosis with the exception of QPI 13, clinical trials and research access, which 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.

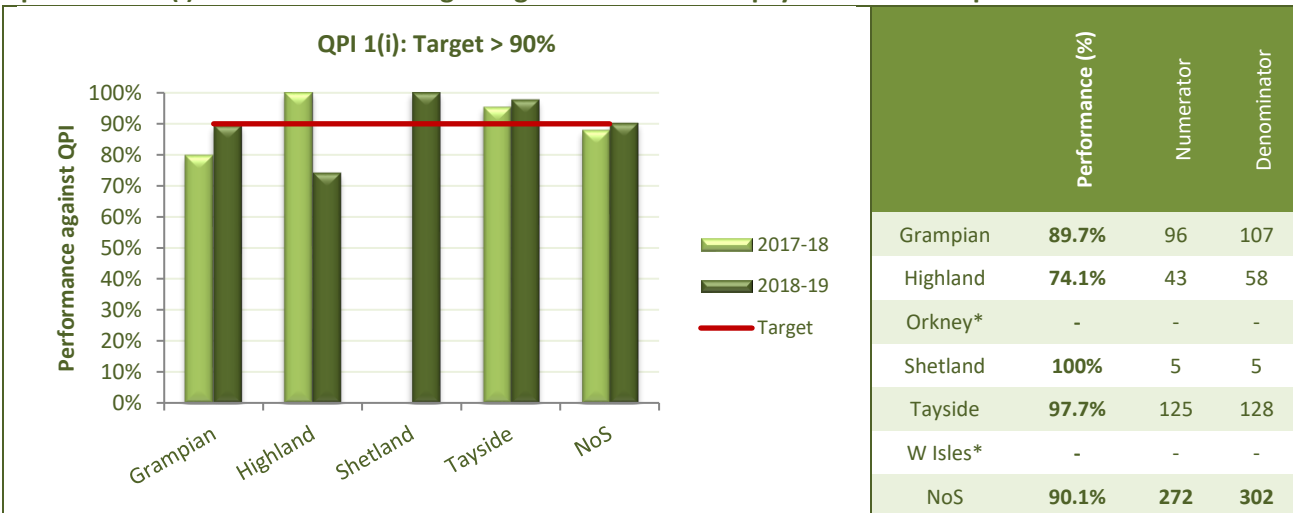
## 5. Governance and Risk

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 Clinical Governance committees at each North of Scotland health board.

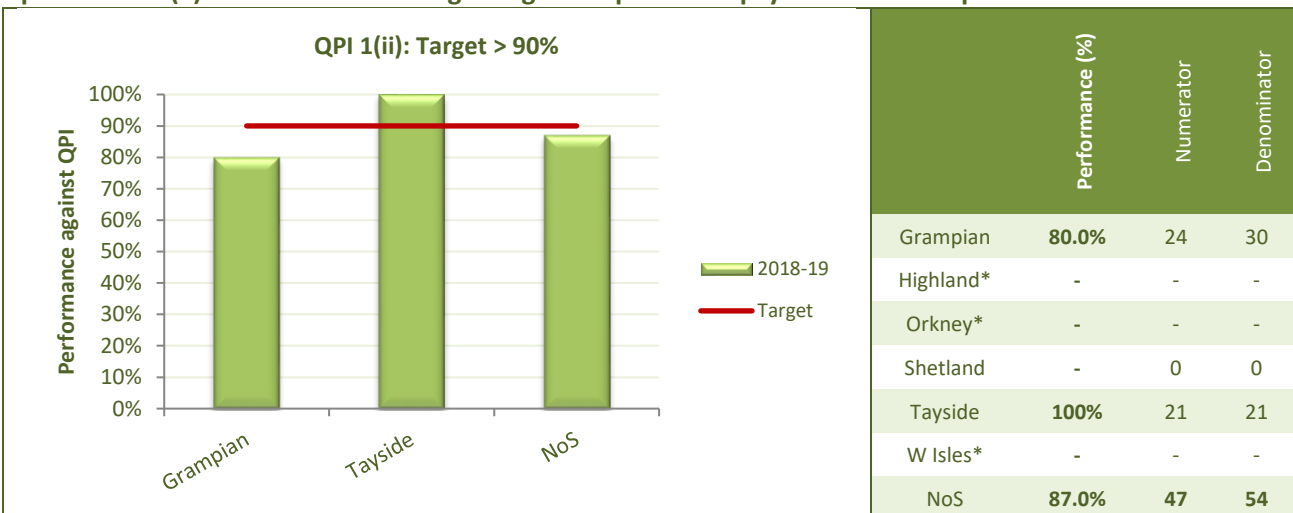
Further information is available [here](#).

<b>QPI 1</b>	<b>Diagnostic Biopsy</b>
Proportion of patients with cutaneous melanoma who have their initial diagnostic biopsy carried out by a skin cancer clinician.	

**Specification (i) Patients who undergo diagnostic excision biopsy as their initial procedure**

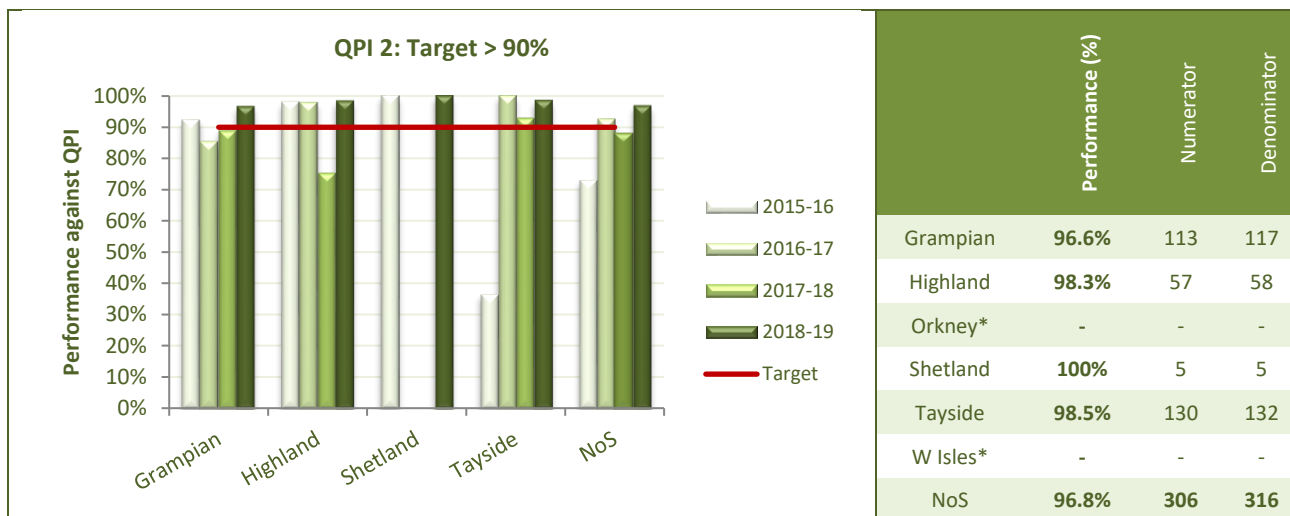


**Specification (ii) Patients who undergo diagnostic partial biopsy as their initial procedure**



<b>Clinical Commentary</b>	NHS Grampian, Highland and Orkney did not meet this QPI target. This QPI has proven challenging in the past due to some biopsies being carried out by non-skin cancer clinicians in primary care in Grampian and Highland. An action from last year's QPI report was to send a questionnaire to GP practices to understand the process of biopsies being carried out in primary care. These biopsies equated to roughly 20% of overall initial biopsies in Grampian and Highland. The NCSPB still await the results of this questionnaire with the aim to host a skin cancer educational event for primary care clinicians to improve communication between primary and secondary care.
<b>Actions</b>	<ol style="list-style-type: none"> <li>1. NCA Skin Pathway Board to collate questionnaire results across NHS Grampian and NHS Highland.</li> <li>2. NCA to host a skin cancer educational event for primary care clinicians.</li> <li>3. NCA Skin Pathway Board to develop an action plan to improve communication between primary and secondary care.</li> </ol>
<b>Risk Status</b>	Escalate

<b>QPI 2</b>	<b>Pathology Reporting</b>
Proportion of patients with cutaneous melanoma who undergo 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).	



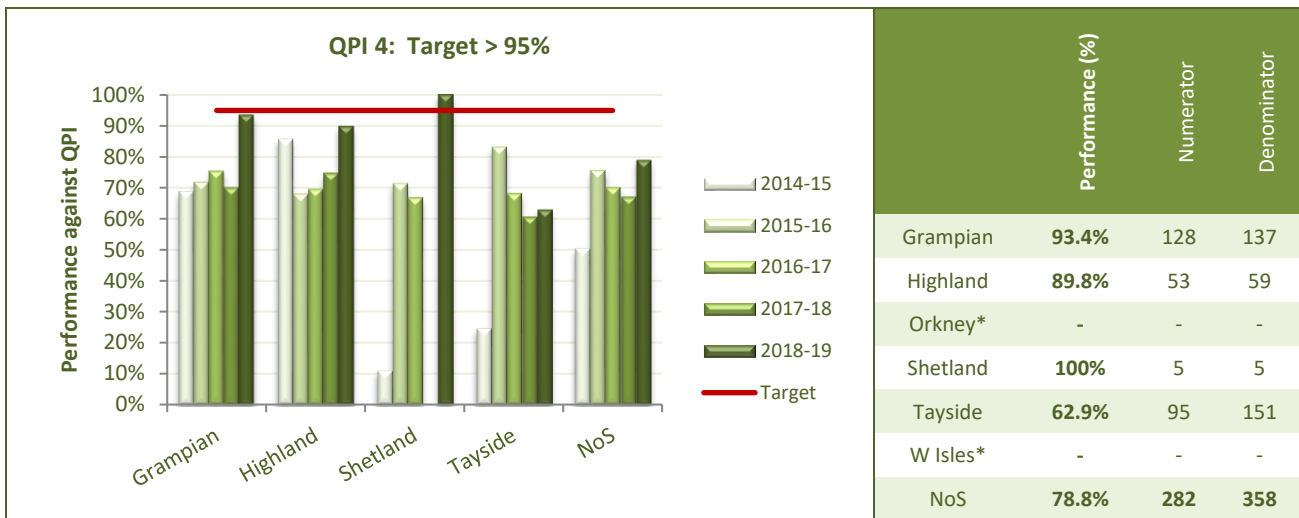
<b>Clinical Commentary</b>	<p>In the North of Scotland, NHS Orkney and NHS Western Isles did not meet this QPI target, these involve small numbers and are linked to outsourced pathology. Although NHS Highland have seen a significant increase in performance this year, the board have commented that they are reliant on outsourced pathology after the retirement of their local pathologist in 2019 which may result in failure to meeting this QPI in future years.</p> <p>All cancer centres in the North of Scotland have commented on pathology shortages and increased use of outsourced pathology often resulting in delays in the patient pathway. The NCSPB discussed the possibility of a regional contingency plan and forum to discuss other issues effecting pathology reporting.</p>
<b>Actions</b>	<ol style="list-style-type: none"> <li>1. NCA to facilitate boards to discuss regional contingency planning for skin cancer with all relevant stakeholders.</li> <li>2. NCA Skin Clinical Director to propose amendment to this QPI at formal review to measure the time to pathology report.</li> </ol>
<b>Risk Status</b>	Tolerate

<b>QPI 3</b>	<b>Multi-Disciplinary Team Meeting (MDT)</b>
Proportion of patients with cutaneous melanoma who are discussed at a MDT meeting before definitive treatment.	



<b>Clinical Commentary</b>	<p>NHS Highland, Tayside, Orkney and Western Isles did not meet this QPI target. In Orkney and Western Isles, this involved small patient numbers which will be audited. There will always be some patients who are not discussed at MDT before treatment as their diagnostic biopsy was complete and is therefore the only treatment. This is considered clinically appropriate practice. This was the main cause for Tayside not meeting the target as well as some patients' refusal of WLE prior to MDT discussion. NHS Highland have seen improvements in performance this year and hope to improve further in 2020's results through implementing Formstream which should streamline referrals and information availability at the MDT. Although NHSH's MDT performance has been increasing over the years, it is important to note that NHSH do not have a pathologist in post resulting in the board reliant of outsourced pathology which may cause significant delays to MDT.</p> <p>The North Cancer Skin Pathway Board (NCSPB) are currently developing regionally agreed MDT standards so that the same quality of discussion is provided across the region. The standards are in development and will be benchmarked against each of the board's current practice to generate an improvement plan.</p>
<b>Actions</b>	<ol style="list-style-type: none"> <li>1. NCA Skin Pathway Board to agree MDT standards and benchmark agreed MDT standards to current practice.</li> <li>2. NCA to facilitate boards to discuss regional contingency planning for skin cancer with all relevant stakeholders.</li> </ol>
<b>Risk Status</b>	Mitigate

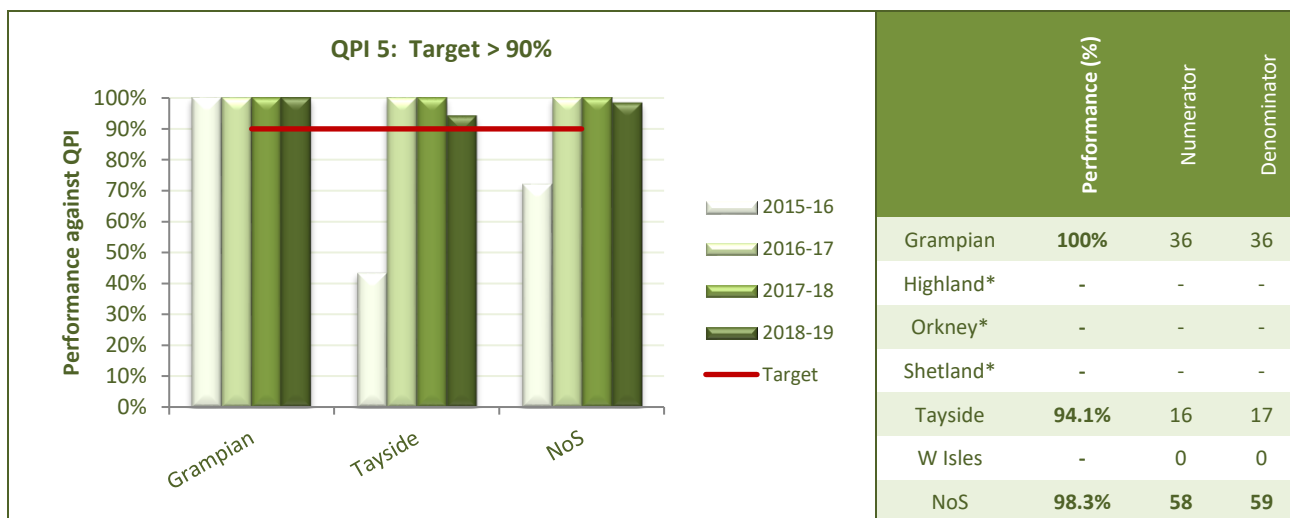
<b>QPI 4</b>	<b>Clinical Examination of Draining Lymph Node Basins</b>
Proportion of patients with cutaneous melanoma undergoing clinical examination of relevant draining lymph node basins as part of clinical staging.	



	Performance (%)	Numerator	Denominator
Grampian	93.4%	128	137
Highland	89.8%	53	59
Orkney*	-	-	-
Shetland	100%	5	5
Tayside	62.9%	95	151
W Isles*	-	-	-
NoS	78.8%	282	358

<b>Clinical Commentary</b>	All North of Scotland boards have seen improvements in performance this year which is likely due to raising awareness of the data item. All North of Scotland boards have commented that failure to meet this QPI is due to inadequate recording of the date of lymph node examination. NCSPB have developed a template letter that will be completed after an outpatient appointment with a patient confirming their diagnosis. This template letter includes the field that is required for meeting this QPI. It is likely this template letter will be implemented by Spring 2021.
<b>Actions</b>	<ol style="list-style-type: none"> <li>1. North of Scotland boards to implement the skin cancer clinic letter template.</li> <li>2. NCA to escalate this QPI to North of Scotland boards for support with improvement actions to improve performance against this QPI.</li> </ol>
<b>Risk Status</b>	Escalate

<b>QPI 5</b>	<b>Sentinel Node Biopsy Pathology</b>
Proportion of patients with cutaneous melanoma who undergo SNB where the SNB report contains a full set of data items (as defined by the current Royal College of Pathologists dataset).	



<b>Clinical Commentary</b>	The North of Scotland achieved this QPI for the third year running.
<b>Actions</b>	No action required
<b>Risk Status</b>	Tolerate



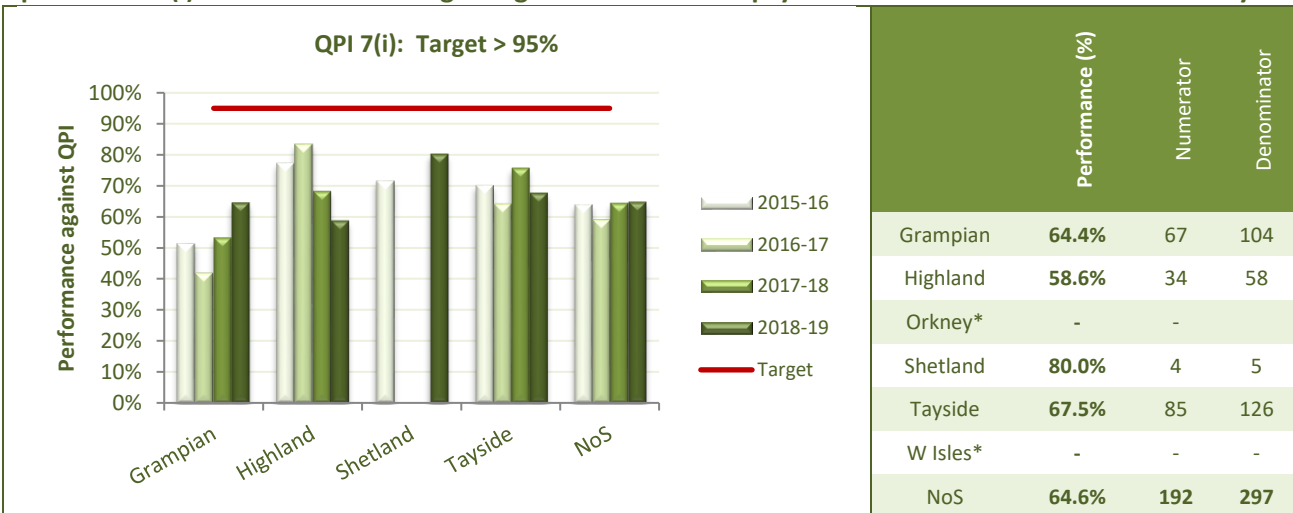
<b>QPI 6</b>	<b>Wide Local Excisions</b>
Proportion of patients with cutaneous melanoma who undergo a wide local excision, following diagnostic excision or partial biopsy.	



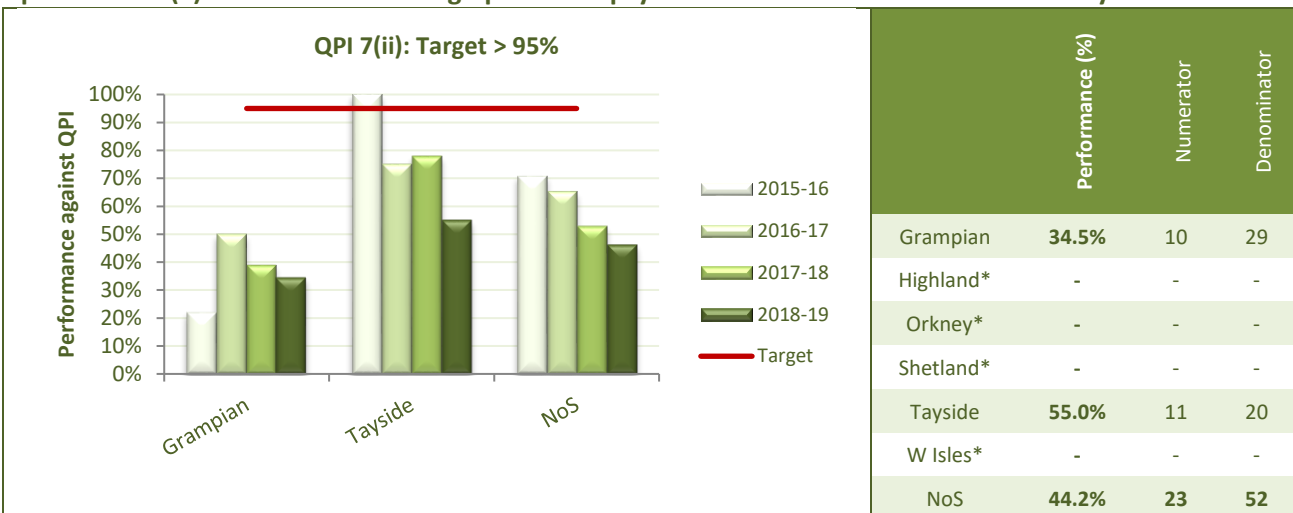
<b>Clinical Commentary</b>	NHS Grampian, Highland and Tayside did not meet this QPI target. The three North of Scotland boards have provided reasons for this including patients' refusal of WLE, complete excision at biopsy not requiring further treatment and further excision not possible due to site.
<b>Actions</b>	1. North Cancer Skin Pathway Board to monitor pathway for wide local excisions to improve performance and outcomes for patients.
<b>Risk Status</b>	Manage

<b>QPI 7</b>	<b>Time to Wide Local Excision</b>
Proportion of patients with cutaneous melanoma who undergo their wide local excision within 84 days of their diagnostic biopsy.	

**Specification (i) Patients who undergo diagnostic excision biopsy and wide local excision within 84 days**

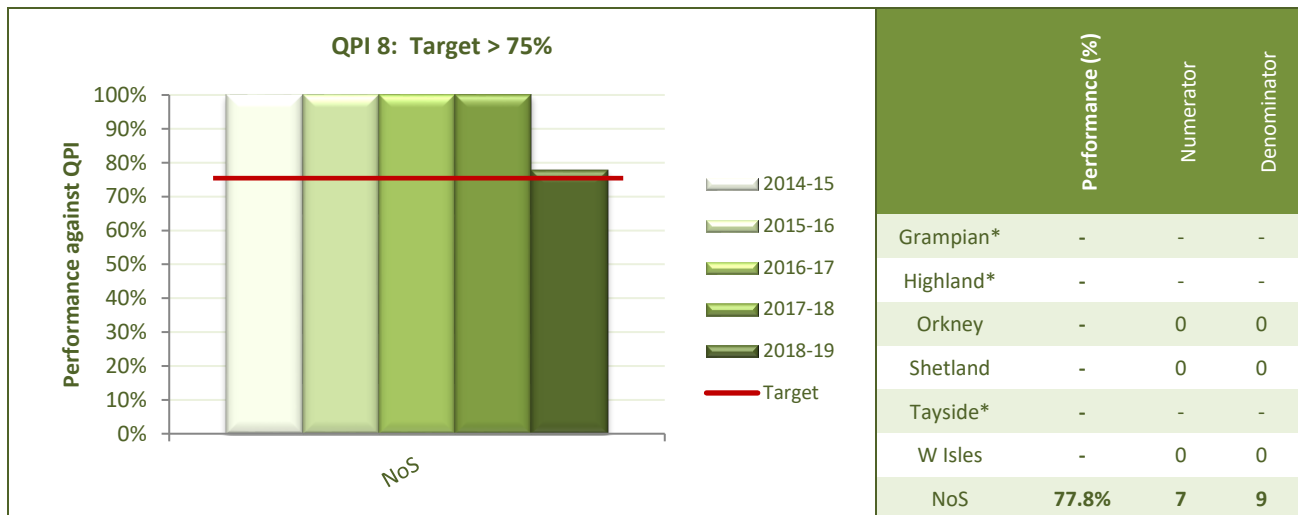


**Specification (ii) Patients who undergo partial biopsy and wide local excision within 84 days**



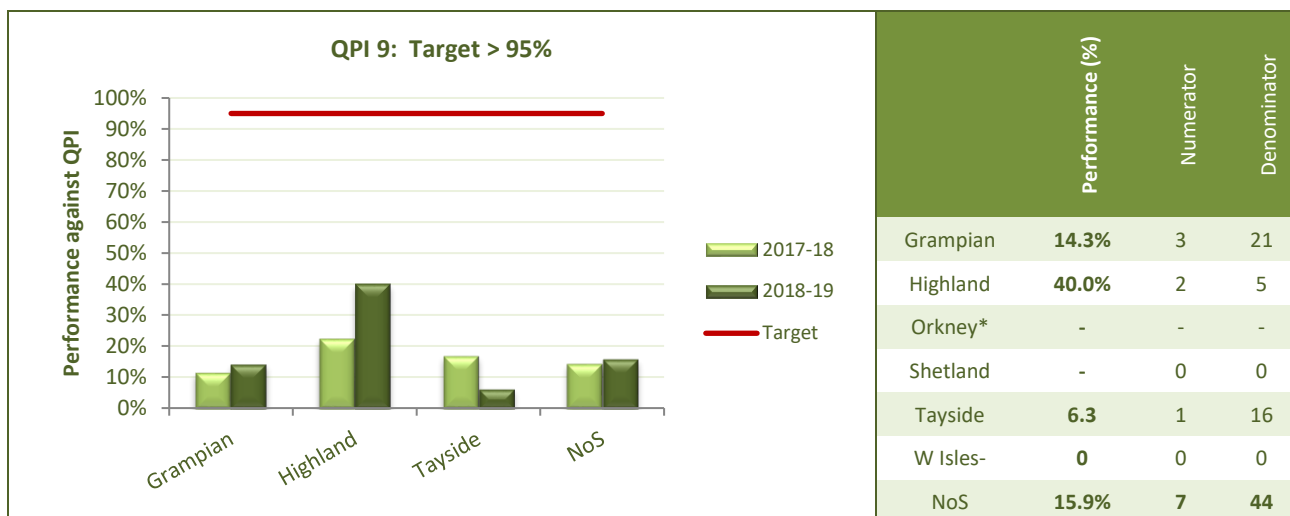
<b>Clinical Commentary</b>	None of the North of Scotland boards met specification (i) of this QPI and only two of the island boards met specification (ii) but with small numbers of patients. This QPI has been challenging to meet over the years due to resource issues and delays at several points in the pathway. In order to make improvements in the pathway, it is pivotal to ascertain at which points in the pathway delays occur in each of the boards so that targeted action plans can be put in place.
<b>Actions</b>	<ol style="list-style-type: none"> <li>1. NCA Skin Pathway Board to audit the pathway using the 2018/19 data to ascertain where delays occur in the pathway.</li> <li>2. North of Scotland boards to ensure compliance against NCA Cutaneous Melanoma Clinical Management Guideline.</li> <li>3. North Cancer Skin Pathway Board to monitor pathway to improve performance and outcomes for patients.</li> <li>4. NCA to escalate this risk to North of Scotland boards for support in implementing actions to improve performance in this pathway.</li> </ol>
<b>Risk Status</b>	Escalate

<b>QPI 8</b>	<b>BRAF Status</b>
Proportion of patients with unresectable stage III or IV cutaneous melanoma who have their BRAF status checked.	



<b>Clinical Commentary</b>	The North of Scotland met this QPI target. NHS Tayside were the only board in the North of Scotland that did not meet this target with two patients not having their BRAF status checked. Given the high performance against this indicator in previous years the lower performance in 2018-19 is likely to be due to chance and there are no immediate concerns about service provision.
<b>Actions</b>	No action required
<b>Risk Status</b>	Tolerate

<b>QPI 9</b>	<b>Imaging for Patients with Advanced Melanoma</b>
Proportion of patients with stage IIC and above cutaneous melanoma who undergo computed tomography (CT) or positron emission tomography (PET) CT within 35 days of diagnosis.	

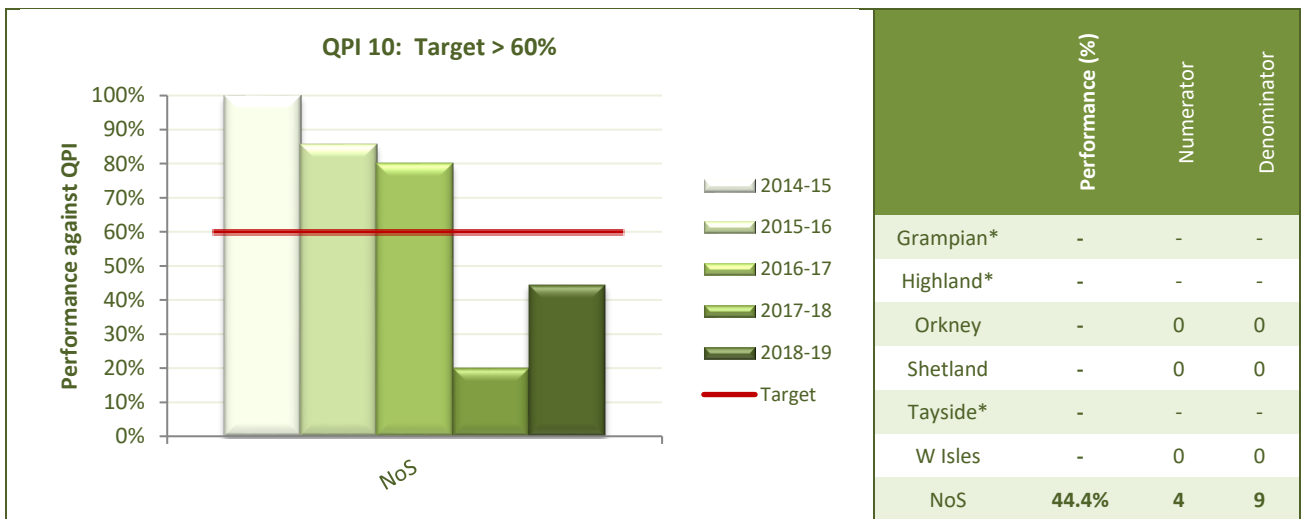


	Performance (%)	Numerator	Denominator
Grampian	14.3%	3	21
Highland	40.0%	2	5
Orkney*	-	-	-
Shetland	-	0	0
Tayside	6.3	1	16
W Isles-	0	0	0
NoS	15.9%	7	44

<b>Clinical Commentary</b>	<p>None of the North of Scotland boards met this QPI target, however, results have improved for NHS Highland. It is important to note that for 24 patients, the stage was not recorded which meant it was not possible to tell if they should be included in this QPI.</p> <p>In NHS Grampian, all but one patient had a CT scan but the others were out with the 35 days. Due to radiology resource issues in NHS Grampian, there have been delays in getting a CT scan however, a radiologist now regularly attends the MDT and should help with the process.</p> <p>In NHS Tayside, ten patients did not have imaging. NHST will audit reasons for this and report back to the NCSPB.</p> <p>In NHS Highland, all patients involved had appropriate imaging but out with the QPI timescale of 35 days.</p> <p>The North of Scotland are facing radiology resource issues, therefore, it is anticipated that meeting this QPI will be challenging in the forthcoming years. NCA will audit the pathway to ascertain where these delays occur so that action can be taken where possible.</p>
<b>Actions</b>	<ol style="list-style-type: none"> <li>1. NCA Skin Pathway Board to audit the pathway of the 2018/19 data to ascertain where delays occur in the pathway.</li> <li>2. North of Scotland boards to ensure compliance against NCA Cutaneous Melanoma Clinical Management Guideline.</li> <li>3. NCA to escalate this QPI to all North of Scotland boards for support in ensuring stage of disease is recorded for all patients.</li> <li>4. North Cancer Skin Pathway Board to lead a review into the melanoma pathway to improve performance and outcomes for patients.</li> </ol>
<b>Risk Status</b>	Escalate

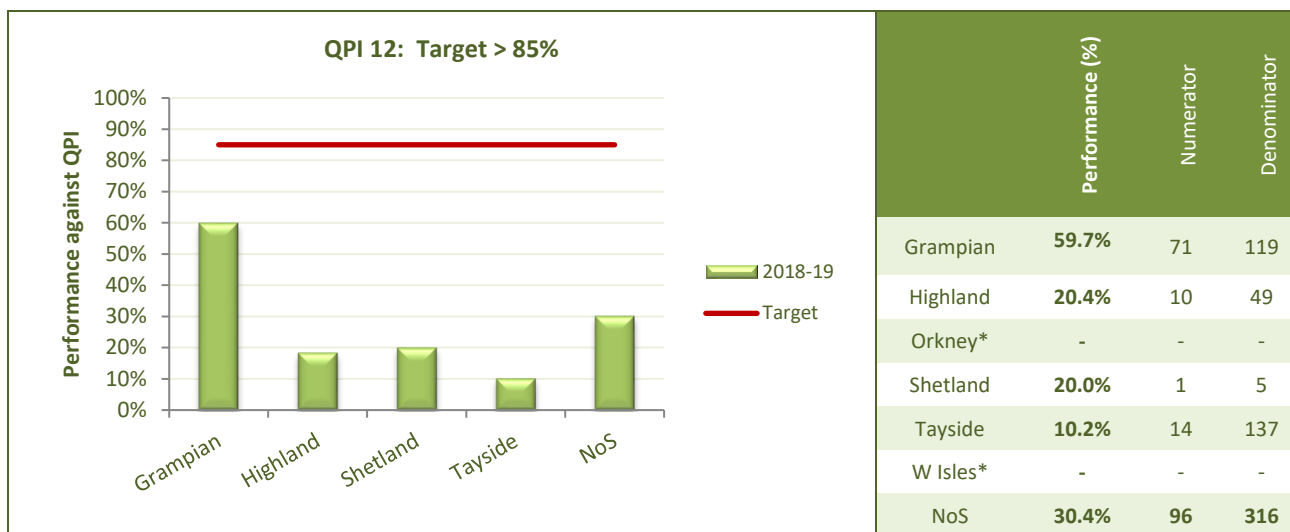
**QPI 10 Systemic Therapy**

Proportion of patients with unresectable stage III and IV cutaneous melanoma undergoing SACT.



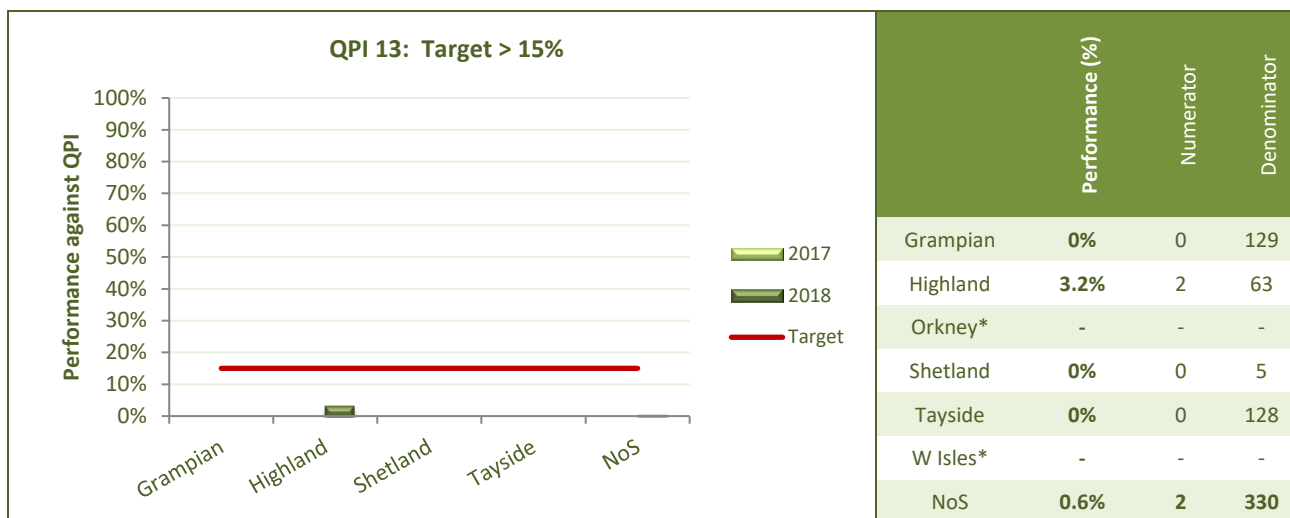
<b>Clinical Commentary</b>	The North of Scotland did not meet this QPI target with 5 patients not receiving SACT treatment. In NHS Highland, 2 patients were unsuitable to undergo SACT treatment. NHS Tayside are asked to review their cases and report back to NCA Skin Pathway Board.
<b>Actions</b>	1. NCA to review case ascertainment and benchmark results against other regions in Scotland, for discussion as part of NCA Skin Pathway Board.
<b>Risk Status</b>	Mitigate

<b>QPI 12</b>	<b>Surgical Margins</b>
Proportion of patients with cutaneous melanoma where complete excision is undertaken with documented clinical margins of 2mm prior to definitive treatment (wide local excision).	



<b>Clinical Commentary</b>	<p>This is the first reporting year for this new QPI which shows there is a need to tighten up with documentation when performing biopsies.</p> <p>The results of this QPI will also be discussed at the NCA Skin Pathway Board where a resolution to this recording issue will be agreed.</p> <p>It is important to note that for 155 patients, the clinical margin was not recorded at the time of excision, therefore, as it is not known if these patients had a 2mm margin, they will fail this QPI artificially lowering the results.</p>
<b>Actions</b>	<ol style="list-style-type: none"> <li>1. NCA Skin Pathway Board to raise awareness of this new QPI with members.</li> <li>2. NCA Skin Pathway Board to discuss improvements to the recording of this information and implement with board audit teams.</li> <li>3. NCA to highlight this QPI to North of Scotland boards for oversight of performance and support with improvement.</li> </ol>
<b>Risk Status</b>	Escalate

<b>QPI 13</b>	<b>Clinical Trial and Research Study Access</b>
Proportion of patients with cutaneous melanoma who are consented for a clinical trial / translational research. Data reported for patients enrolled in 2018.	



<b>Clinical Commentary</b>	The achievement of this QPI remains a challenge over a number of tumour groups.
<b>Actions</b>	1. All clinicians should consider opening relevant clinical trials in their tumour areas. When this is not possible patient referrals to other sites for access to clinical trials should be considered
<b>Risk Status</b>	Tolerate

## References

1. Information Services Division. Cancer in Scotland, April 2019. [https://www.isdscotland.org/Health-Topics/Cancer/Publications/2019-04-30/Cancer\\_in\\_Scotland\\_summary\\_m.pdf](https://www.isdscotland.org/Health-Topics/Cancer/Publications/2019-04-30/Cancer_in_Scotland_summary_m.pdf)
2. Information Services Division. Cancer Incidence Projections for Scotland 2013-2017. August 2015. Available at: <http://www.isdscotland.scot.nhs.uk/Health-Topics/Cancer/Cancer-Statistics/Incidence-Projections/>
3. NHS National Services Scotland. Cancer Survival in Scotland, 1987-2011. 2015. <https://isdscotland.scot.nhs.uk/Health-Topics/Cancer/Publications/2015-03-03/2015-03-03-CancerSurvival-Report.pdf>
4. Scottish Cancer Taskforce, 2018. Cutaneous Melanoma Clinical Performance Indicators, Version 3.0. Health Improvement Scotland. <http://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=ff98f347-9eb3-41c3-a80f-f9d8e5114061&version=-1>
5. <http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Audit/>
6. North Cancer Alliance: QPI Process Explained (August 2020) <https://www.nrhcc.scot/uploads/tinyMCE/NCA/NCA%20Governance/NCA-GOV-QPI-Process-Explained.pdf>

## Appendix 1: Clinical Trials and Research studies for cutaneous melanoma open to recruitment in the North of Scotland in 2018

Trial	Principle Investigator	Patients consented
Combi A+	Walker Mmeka (NHS Highland)	yes
CA224047	Walker Mmeka (NHS Highland)	no
CO39722 - Cobimetinib and atezolizumab v's pembrolizumab in melanoma	Charlotte Proby (NHS Tayside)	no
DANTE	Walker Mmeka (NHS Highland)	no
Serpina12	Richard Casasola(NHS Tayside)	no