

Quality Performance Indicators Audit Report

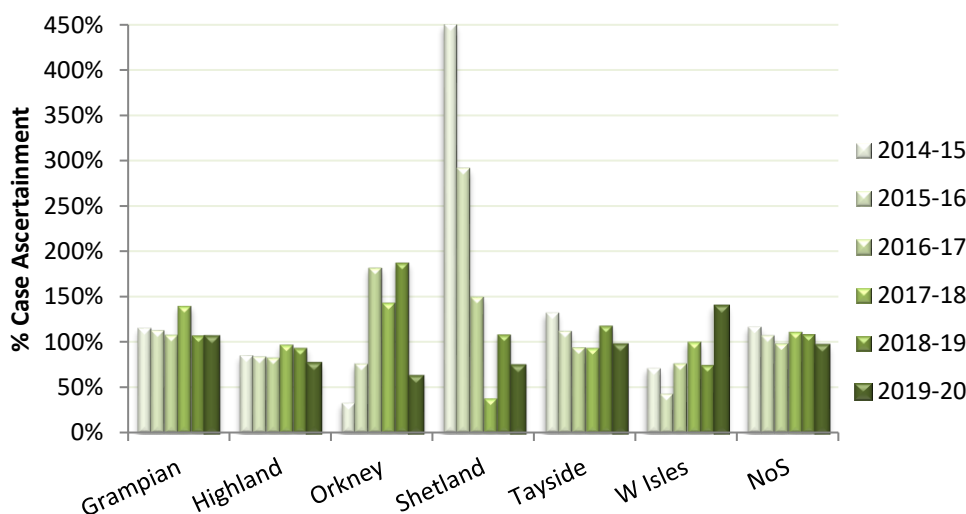


Tumour Area:	Cutaneous Melanoma
Patients Diagnosed:	1 st July 2019 – 30 th June 2020
Published Date:	19/04/2021

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

Between 1st July 2019 and 30th June 2020 a total of 336 cases of cutaneous melanoma were diagnosed in the North of Scotland and recorded through audit. Overall case ascertainment was high at 96.3% 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 gaps 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 and recording of clinical margins at the time of excision biopsy. The lack of recording of these data has affected results for QPIs 4, 9 and 12.

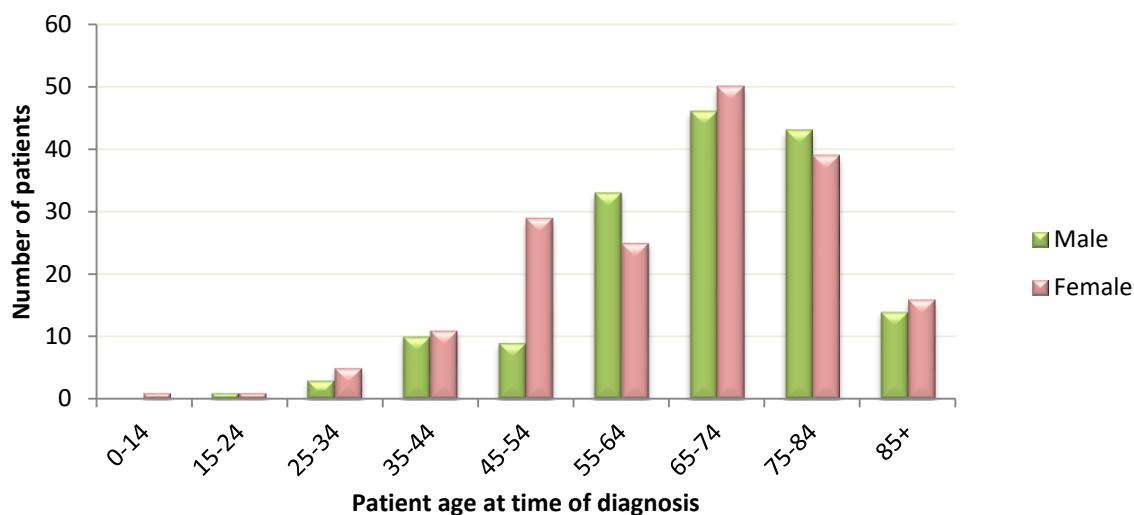
	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
No. of Patients 2019-20	142	52	1	4	132	5	336
% of NoS total	42.3%	15.5%	0.3%	1.2%	39.3%	1.5%	100%
Mean ISD Cases 2014-18	134.2	68	1.6	5.4	136	3.6	348.8
% Case ascertainment 2019-20	105.8%	76.5%	62.5%	74.1%	97.1%	138.9%	96.3%



Case ascertainment by NHS Board for patients diagnosed with cutaneous melanoma in 2014/15 – 2019/20.

2. Age Distribution

The figure below shows the age distribution of patients diagnosed with cutaneous melanoma in the North of Scotland in 2019-20, with numbers highest in the 65-74 age bracket for both males and females.



Age distribution of patients diagnosed with cutaneous melanoma in the NoS in 2019-20.

3. Performance against Quality Performance Indicators (QPIs)

Definitions for the QPIs reported in this section are published by Health Improvement Scotland¹, while further information on datasets and measurability used are available from Information Services Division². 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.

**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.

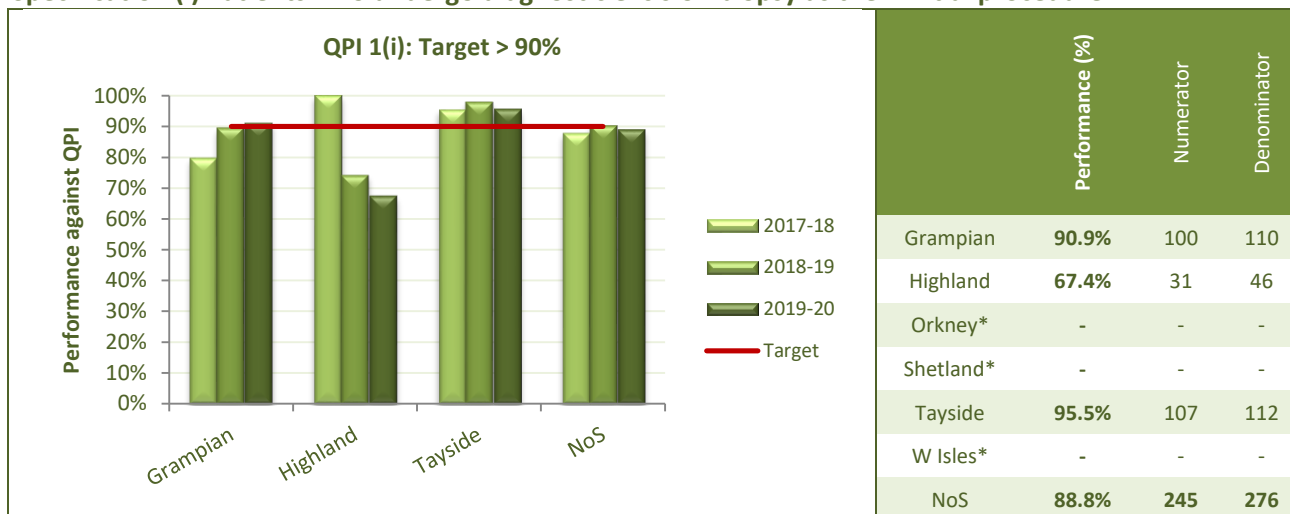
4. Governance and Risk

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 Clinical Governance committees at each North of Scotland health board.

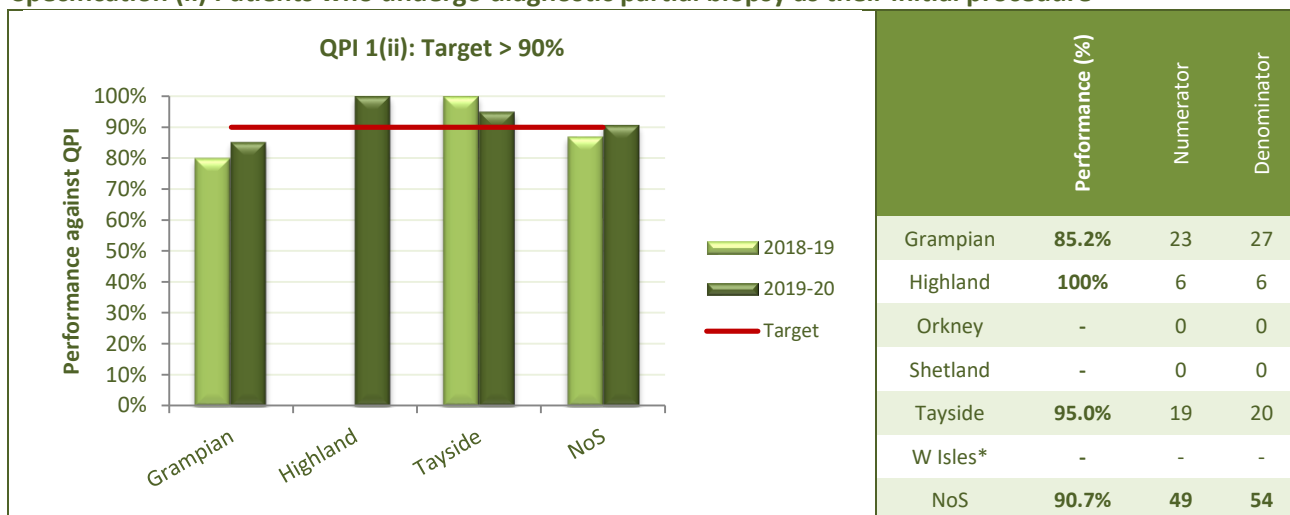
Further information is available [here](#).

QPI 1	Diagnostic Biopsy
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

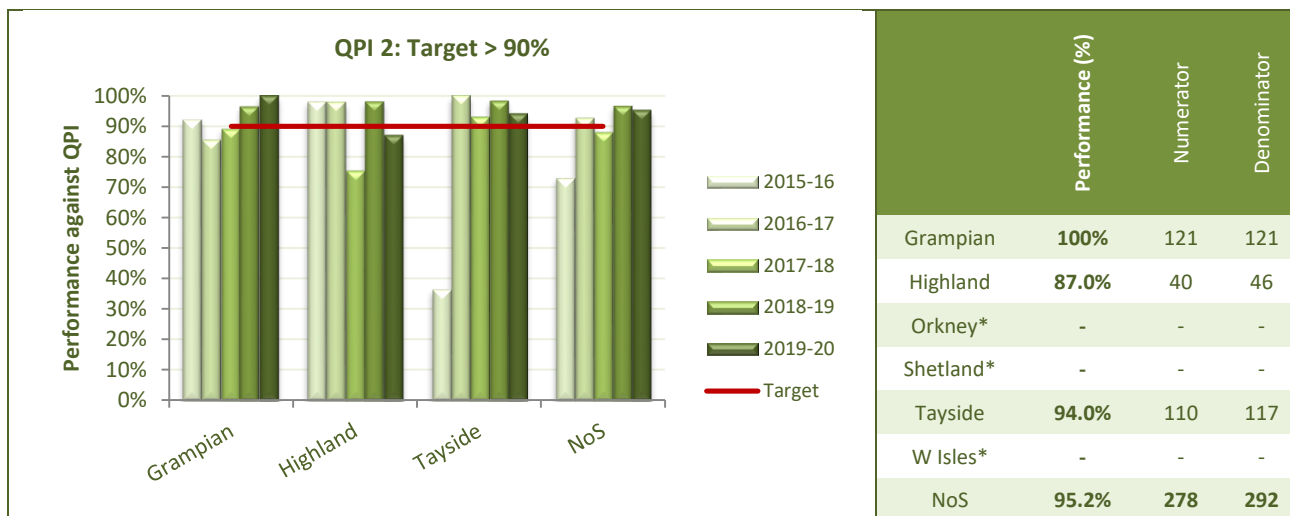


The classification of “skin cancer clinician” has aligned in the North of Scotland for the latest year of QPI reporting. NHS Highland has a particular challenge of geography with excision biopsies being undertaken by non-skin cancer clinicians, as defined by this new classification, particularly in the primary care setting local to patients.

NHS Highland are investigating how the network of clinicians undertaking diagnostic excision biopsies can be directed in this work by skin cancer clinicians available in the Highlands.

The definitions of this QPI will be reviewed from March 2021, and will consider the model under development in NHS Highland.

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 (as defined by the current Royal College of Pathologists dataset).	



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



Pathways to MDT are under examination in the North of Scotland, with the aim to ensure equitable access for all patients to be discussed within a MDT meeting before definitive treatment.

There are differences in referral processes for discussion at MDT following referral from Primary Care and first treatment, and through the North Cancer Skin Pathway Board, an agreed North of Scotland pathway to MDT will be implemented utilising current resources.

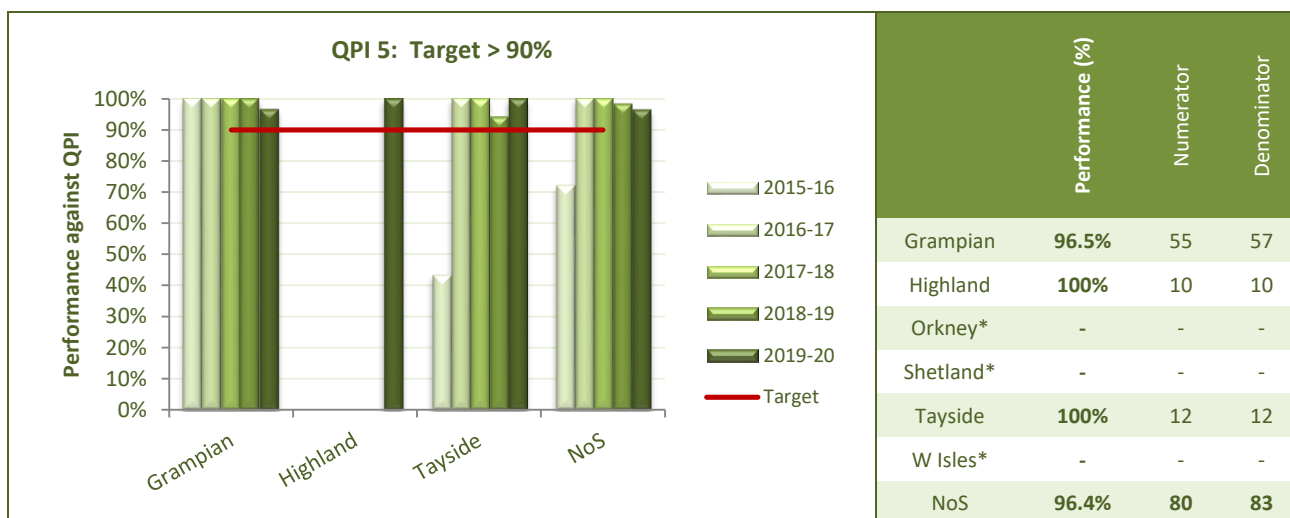
QPI 4	Clinical Examination of Draining Lymph Node Basins
Proportion of patients with cutaneous melanoma undergoing clinical examination of relevant draining lymph node basins as part of clinical staging.	



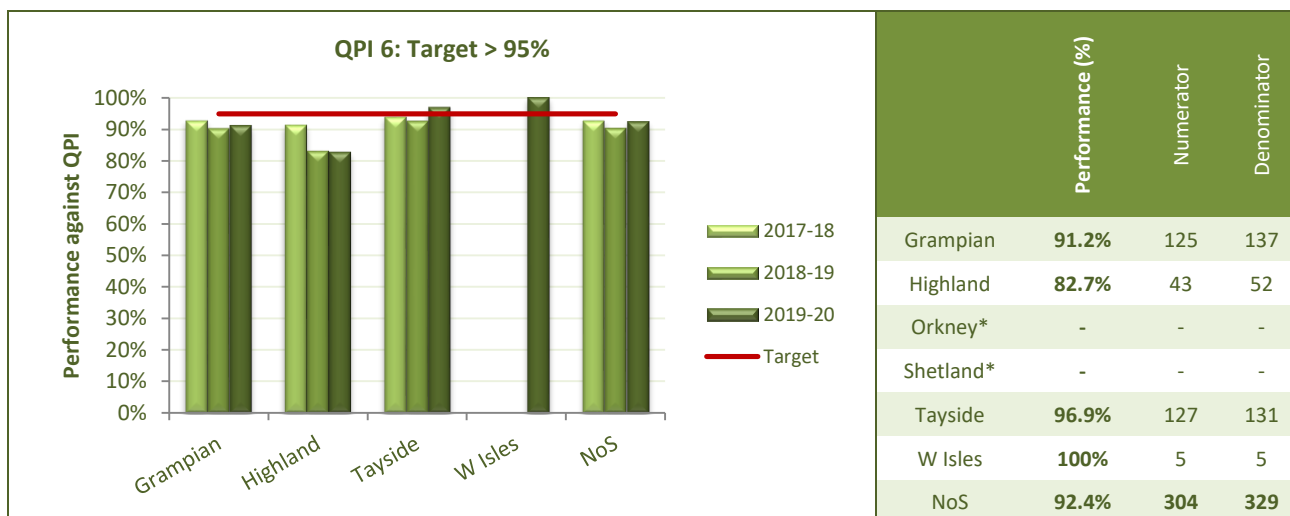
Data recording remains an issue in some North of Scotland health boards documenting the clinical examination of relevant draining lymph node basins as part of clinical staging. Often this is undertaken on paper format and is not available to be collected as part of the audit.

Improvements are being progressed at board level to ensure this can be made available.

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 (as defined by the current Royal College of Pathologists dataset).	



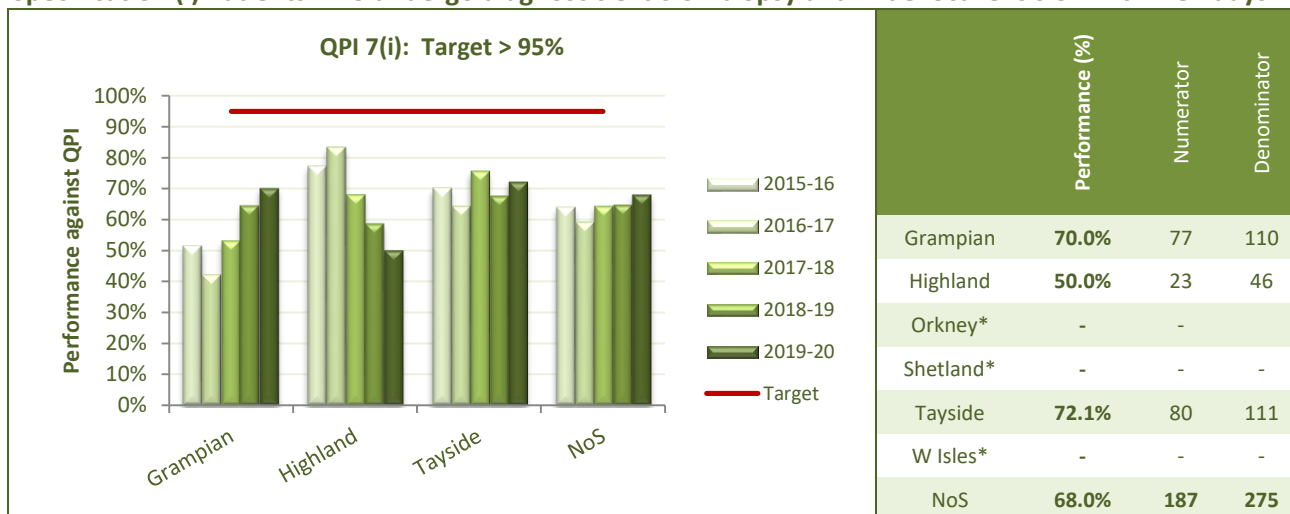
QPI 6	Wide Local Excisions
Proportion of patients with cutaneous melanoma who undergo a wide local excision, following diagnostic excision or partial biopsy.	



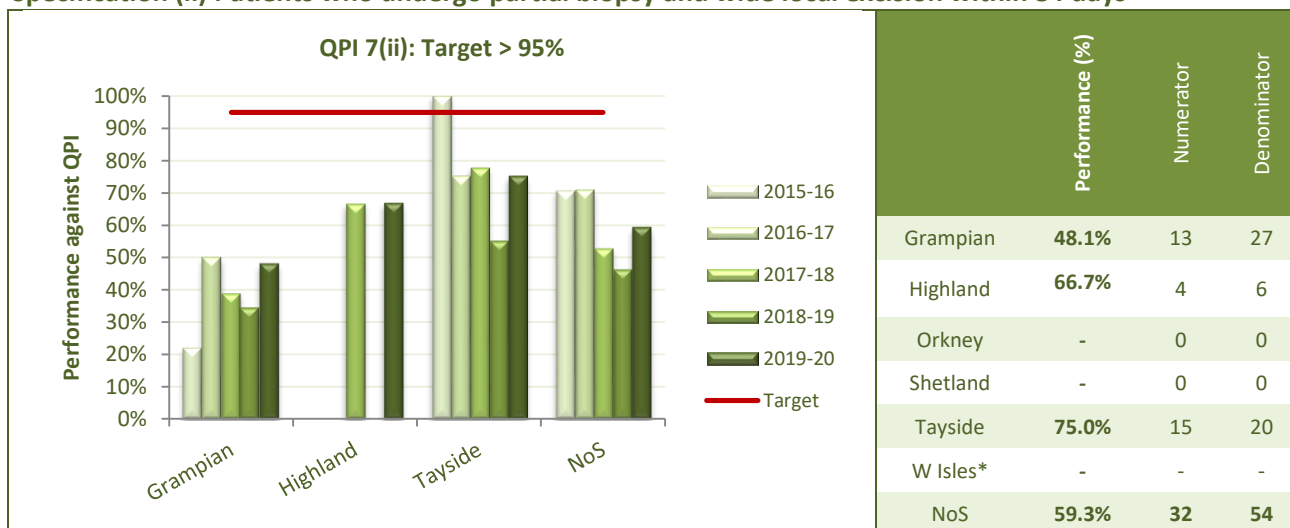
All patients who did not undergo a wide local excision following a diagnostic excision or partial biopsy have been reviewed. Patient choice and performance status are key reasons why patients do not progress for a WLE following initial excision / biopsy, and the requirement to travel for WLE is related patient choice factor in NHS Highland.

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 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

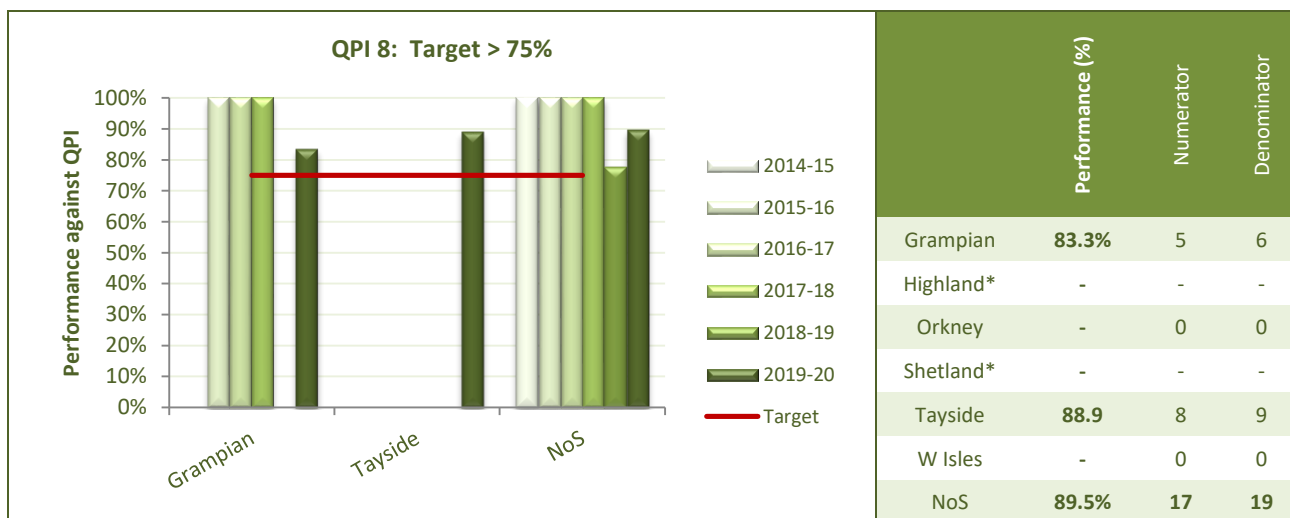


The melanoma pathway is being reviewed in detail to ascertain where delays occur in the 84-day pathway. A number of actions are progressing across the North of Scotland to support the development of a North of Scotland pathway adopted by all boards to meet the 84-day timescale. This involves liaison with primary and secondary care to support the development of a unified pathway reflecting all requirements with a draft pathway currently under consultation.

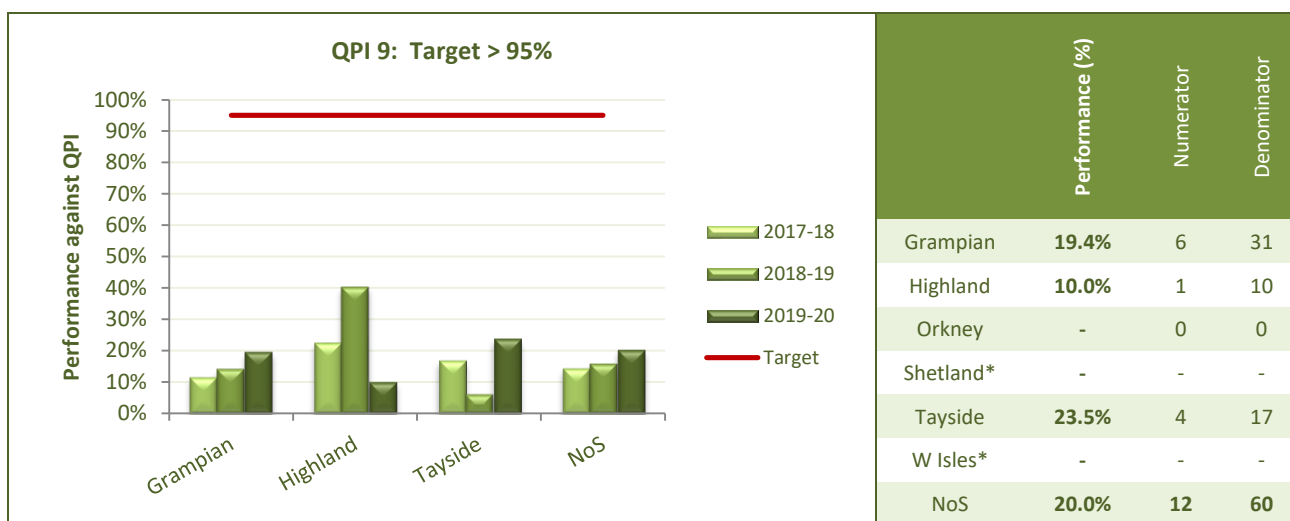
Patient choice and performance status are also reasons why patients did not progress for a WLE within 84-days of excision / partial biopsy. Another element to be explored is the impact of the COVID-19 pandemic on patient choice and the availability of wide local excision within 84 days of diagnosis for this cohort of patients, however this is not expected to be a significant factor for this cohort of patients but may be an impact for patients diagnosed from March 2020.

Patients who had an excision / partial biopsy but did not progress for a wide local excision should be excluded within this QPI, and this will be considered through the QPI Formal Review in Spring 2021.

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



QPI 9	Imaging for Patients with Advanced Melanoma
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.	



Pathways require to be reviewed to ensure the 35-day timescale can be met and the definition of this QPI revised. Currently the 35-day timescale includes a period of time post-MDT where skin cancer clinicians will notify patients of their diagnosis prior to ordering imaging. This is to ensure patients are given prior notification of a diagnosis of cancer before being contacted by radiology to arrange CT or PET-CT scan.

The North Cancer Skin Pathway Board believe this is appropriate to ensure patients are informed of their diagnosis before the patient is informed of further investigation of cancer required.

Internal audits in the North of Scotland have demonstrated that the time between ordering imaging and date of imaging averages 14 days.

QPI 10 Systemic Therapy

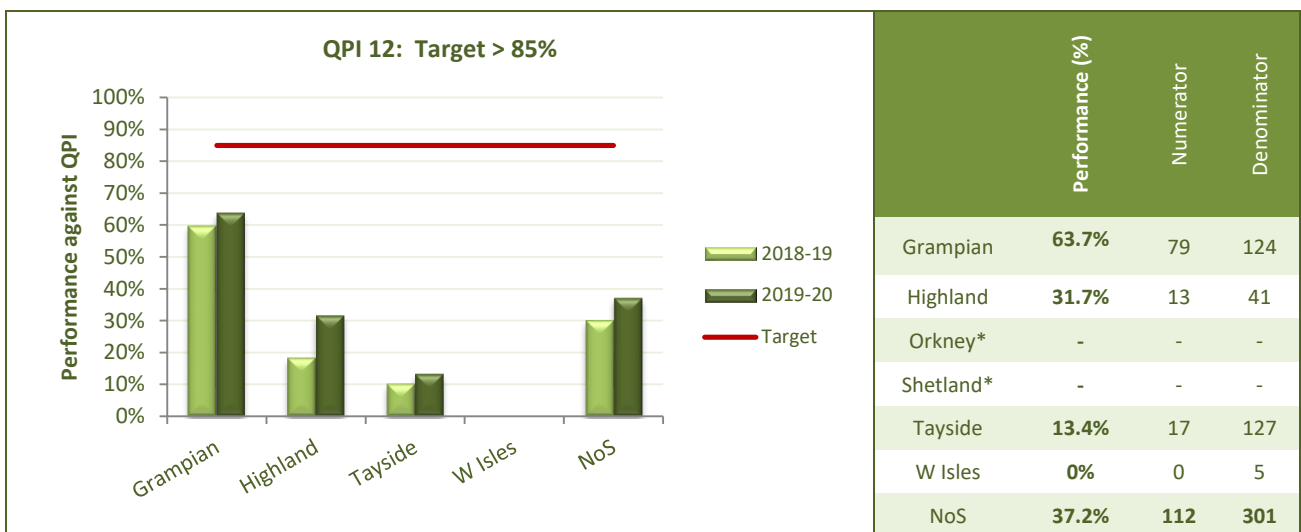
Proportion of patients with unresectable stage III and IV cutaneous melanoma undergoing SACT.



This QPI does not capture all melanoma patients who undergo systemic therapy and is to be reviewed as part of the formal review of QPIs commencing March 2021.

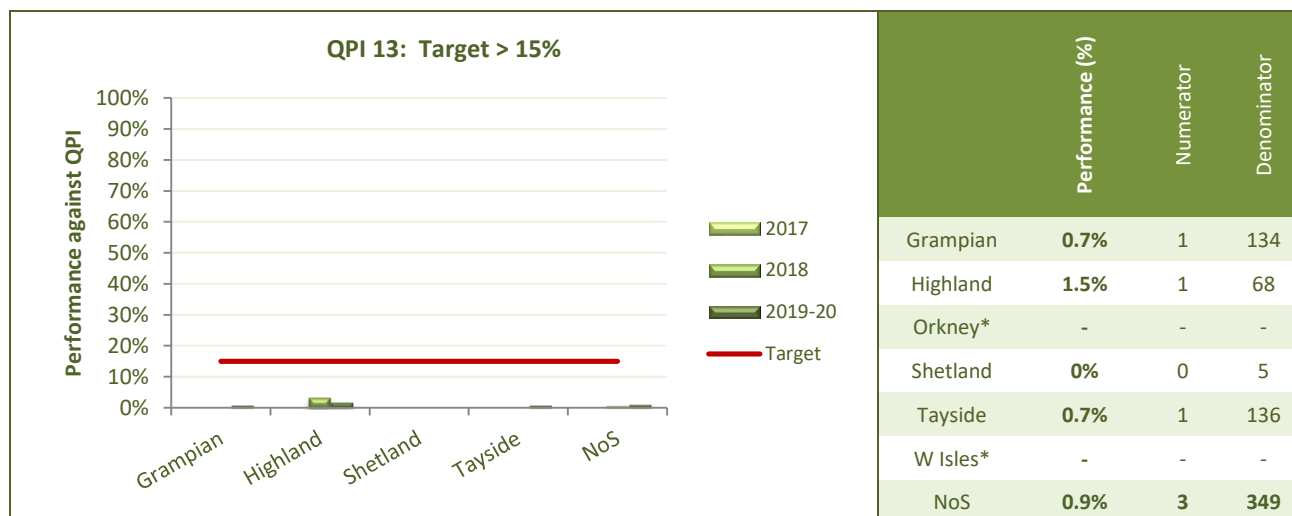
QPI 12 Surgical Margins

Proportion of patients with cutaneous melanoma where complete excision is undertaken with documented clinical margins of 2mm prior to definitive treatment (wide local excision).



This QPI is not reflective of clinical practice and a request to include patients with clinical margins of more than 2mm will be progressed as part of the formal review of QPIs, commencing March 2021.

QPI 13	Clinical Trial and Research Study Access
Proportion of patients diagnosed with cutaneous melanoma who are consented for a clinical trial / translational research. Data reported for patients consented in 2019.	



Clinical trials access is a particular challenge within the North of Scotland and a regional collaborative approach is required to support the opening and recruitment to trials in the North. A national group has been formed looking to ensure equitable access to trial entry for patients across Scotland.

References

1. 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>
2. <http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Audit/>

Appendix 1: Clinical Trials and Research studies for cutaneous melanoma open to recruitment in the North of Scotland in 2019

Trial	Principle Investigator	Patients consented (Y/N)
Combi A+	Walker Mmeka (Highland)	N
CA224-047	Walker Mmeka (Highland)	N
DANTE	Ravi Sharma (Grampian) Walker Mmeka (Highland) Richard Casasola (Tayside)	Y