Quality Performance Indicators Audit Report

Tumour Area:	Cutaneous Melanoma
Patients Diagnosed:	1st July 2017 – 30th June 2018
Published Date:	26th March 2019
Clinical Commentary:	Dr Andrew Affleck North Cancer Skin Clinical Director

1. Cutaneous Melanoma in Scotland

Cutaneous melanoma is the fifth most common cancer type in Scotland in both women and men, with approximately 1,380 cases diagnosed in 2016. Incidences of cutaneous melanoma have increased in the last 10 years by 29% in males and 2% 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[1]. Incidences of cutaneous melanoma are predicted to continue to increase in the coming years[2].

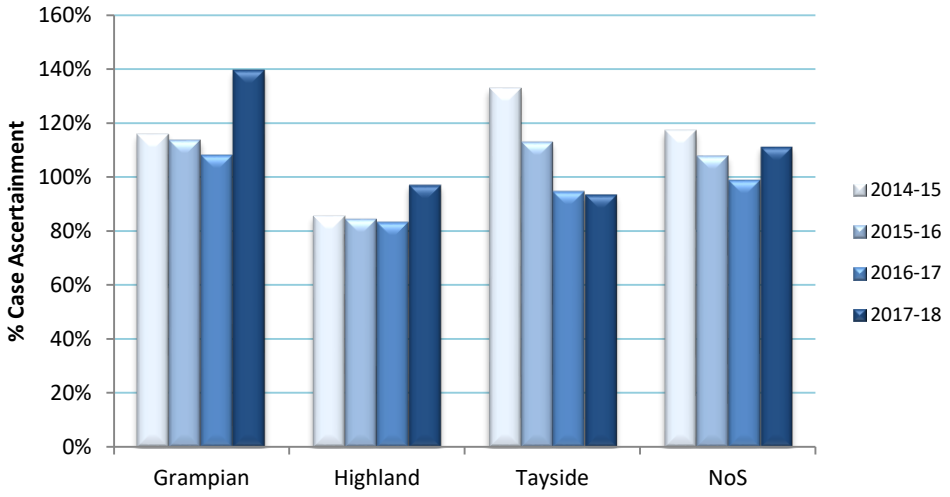
Relative survival from cutaneous melanoma is increasing[3]. The table below details the percentage change in 1 and 5 year relative survival for patients diagnosed 1987-1991 to 2007-2011.

Relative age-standardised survival for cutaneous melanoma in Scotland at 1 year and 5 years showing percentage change from 1987-1991 to 2007-2011[3].

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 1st July 2017 and 30th June 2018 a total of 362 cases of cutaneous melanoma were diagnosed in the North of Scotland and recorded through audit. Overall case ascertainment was high at 111.1% 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. 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 31% of patients.

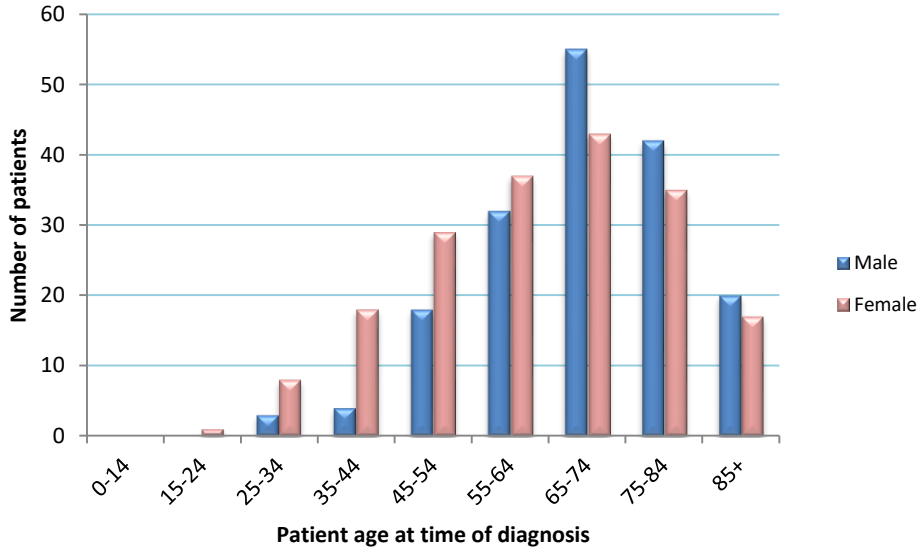


Case ascertainment by NHS Board for patients diagnosed with cutaneous melanoma in 2014/15 – 2017/18.

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
No. of Patients 2017-18	173	60	2	2	121	4	**362**
% of NoS total	47.8%	16.6%	0.6%	0.6%	33.4%	1.1%	**100%**
Mean ISD Cases 2012-16	124	62	1	5	129	4	**326**
% Case ascertainment 2017-18	139.5%	97.1%	142.9%	38.5%	93.5%	100%	**111.1%**

3. Age Distribution

The figure below shows the age distribution of patients diagnosed with cutaneous melanoma in the North of Scotland in 2017-18, with numbers highest in the 65-74 years age bracket.



Age distribution of patients diagnosed with cutaneous melanoma in the NoS in 2017-18.

4. Performance against Quality Performance Indicators (QPIs)

Definitions for the QPIs reported in this section are published by Health Improvement Scotland[4], while further information on datasets and measurability used are available from Information Services Division[5]. Data for QPIs are presented by NHS Board of diagnosis. Please not that where QPI definitions have been amended, results are not compared with those from previous years.

5. Governance and Risk

Governance is defined as the combination of structures and processes at all levels to lead on North quality performance including:

- Ensuring accountability for quality and required standards
- Investigating and taking action on sub-standard performance
- Identifying, sharing and ensuring delivery of best-practice
- Identifying and managing risks to ensure quality of care
- Driving continuous improvement

Our current governance structure provides assurance to the boards that risks associated QPIs are being addressed as an alliance. Clinical risks are discussed at the North Cancer Skin Pathway Board (NCSPB) and North Cancer Clinical Leadership Group (NCCLG). Risk levels are jointly agreed. The NCCLG are presented with all available evidence and actions so they have all the information to define the risk in a collaborative way.

Tolerate - Accept the risk at its current level

Mitigate - Reduce or mitigate the risk, in terms of reducing the likelihood of its occurrence or reducing the severity of impact if it does occur. This can be assessed through the action plans provided or the information provided is appropriate to prevent reoccurrence.

Escalate - Escalate the risk to the appropriate committee and/or take further action as the mitigations were not suitable or there are no actions identified to mitigate the risk. This will be revisited by the RCCLG for further risk discussion.

Immediate - Immediate action is required to prevent the risk reoccurring. This risk will have major impact on patient care delivery and the consequences thereafter. Very few risks should occur in this level.

The full governance document on risk should be referred to in conjunction with this summary, which is available on the NCA website[6].

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

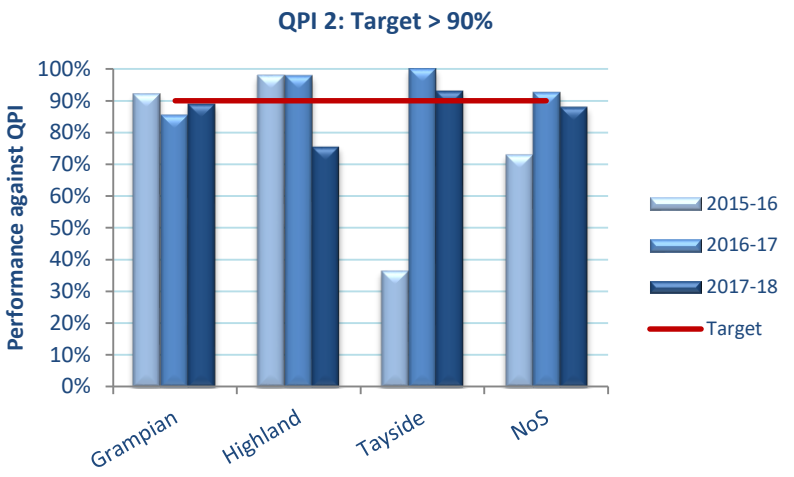
Specification (i) Patients who undergo diagnostic excision biopsy as their initial procedure

	Performance (%)	Numerator	Denominator
Grampian	**79.8%**	103	129
Highland	**100%**	51	51
Orkney*	-	-	-
Shetland*	-	-	-
Tayside	**95.3%**	102	107
W Isles*	-	-	-
NoS	**87.8%**	**259**	**295**

Specification (ii) Patients who undergo diagnostic partial biopsy as their initial procedure – this new specification cannot be reported until 2018-19 as the necessary data was not collected for patients diagnosed in 2017-18.

Clinical Commentary	Differences in performance against this QPI are likely to be partially due to differences in how a 'skin cancer clinician' are identified within individual NHS Boards. The QPI allows the flexibility for NHS Boards to identify which individual clinicians should be undertaking diagnostic excision biopsies, however it would be beneficial to discuss who should be undertaking excision biopsies within the North of Scotland. In NHS Grampian, some trained GP's carried out the procedure but performed it without prior discussion with a consultant therefore, communication should be improved.
Actions	1. Benchmark results across Scotland 2. NCSPB to agree how 'skin cancer clinicians' should be defined in the North of Scotland following consideration of current practice across Scotland. 3. Provide educational opportunities for GPs in primary care when faced with potential melanoma cases 4. Agenda item NCSPB
Risk Status	Mitigate

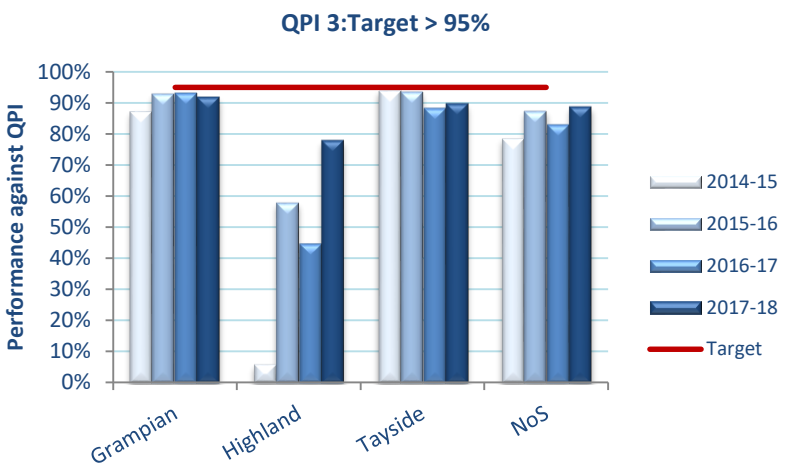
QPI 2	Pathology Reporting
Proportion of patients with cutaneous melanoma who undergo diagnostic excision biopsy where the surgical pathology report contains a full set of data items (as defined by the current Royal College of Pathologists dataset).	



	Performance (%)	Numerator	Denominator
Grampian	**89.1%**	122	137
Highland	**75.5%**	40	53
Orkney*	-	-	-
Shetland*	-	-	-
Tayside	**93.1%**	95	102
W Isles*	-	-	-
NoS	**88.0%**	**264**	**300**

Clinical Commentary	In the North of Scotland, NHS Tayside and NHS Shetland met this QPI. NHS Grampian missed the QPI by 0.9% and have made improvements from last year however, this still remains an issue for the patients that had outsourced pathology reports resulting in an incomplete RCPath dataset. All NHS Grampian's locally reported melanoma's contained a full dataset. NHS Highland received a drop in performance from last year from 97.8% to 75.5%. This was due to outsourced pathology reports resulting in an incomplete data set.
Actions	1. Dr Andy Affleck to write a letter to the outsourcing managers in NHS Highland and NHS Grampian to advise that they ensure contracts with private pathology companies include the requirement for reports to contain the full set of data items as defined by RCPath 2. Agenda item NCSPB
Risk Status	Mitigate

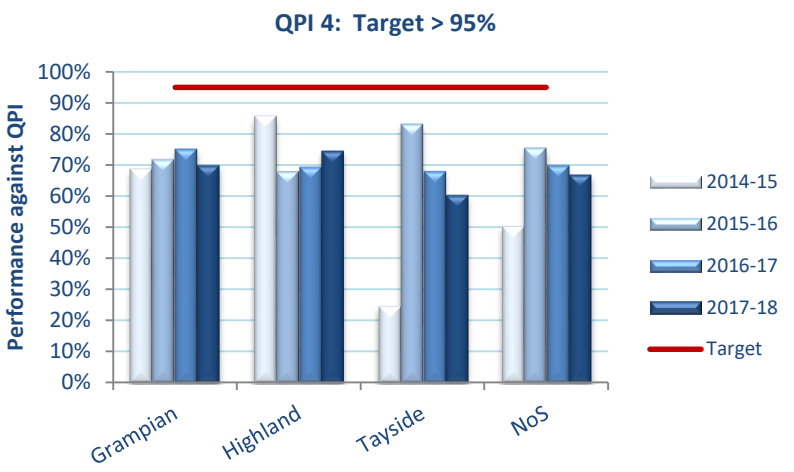
QPI 3	Multi-Disciplinary Team Meeting (MDT)
Proportion of patients with cutaneous melanoma who are discussed at a MDT meeting before definitive treatment.	



	Performance (%)	Numerator	Denominator
Grampian	**91.8%**	157	171
Highland	**78.0%**	46	59
Orkney*	-	-	-
Shetland*	-	-	-
Tayside	**89.7%**	105	117
W Isles*	-	-	-
NoS	**88.7%**	**315**	**355**

Clinical Commentary	There have been considerable improvements in the discussion of cutaneous melanoma at MDT over the recent years, most notably with the establishment of fortnightly MDT meetings in NHS Highland. NHS Highland have recently implemented a new system whereby the MDT Coordinator will add all newly diagnosed melanoma patients onto a list for the next MDT meeting. This is anticipated to result in improved performance in future years. There will always be some patients who are not discussed at MDT before treatment as their diagnostic biopsy was the only treatment, therefore they were treated before their melanoma was diagnosed. This was the main reason for the QPI target not being met in NHS Tayside and NHS Grampian but is considered clinically appropriate practice. Small numbers of patients had a wide local excision before MDT discussion, although in NHS highland larger numbers of straightforward pT1a melanomas are treated before MDT discussion.
Actions	1. NHS Highland to monitor performance against QPI 3 in light of improvements in MDT coordination 2. NCSPB to consider trialling a protocol for the treatment of melanoma. Paper to be put together and evidence gathered to take to the NCQSG and in turn the Scottish Cancer Taskforce for consideration 3. Agenda Item NCSPB
Risk Status	Escalate

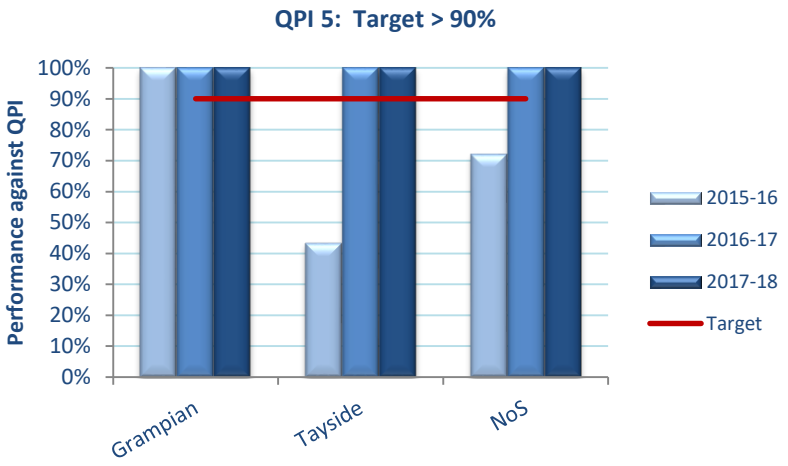
QPI 4	Clinical Examination of Draining Lymph Node Basins
Proportion of patients with cutaneous melanoma undergoing clinical examination of relevant draining lymph node basins as part of clinical staging.	



	Performance (%)	Numerator	Denominator
Grampian	**69.9%**	121	173
Highland	**74.6%**	44	59
Orkney*	-	-	-
Shetland*	-	-	-
Tayside	**60.5%**	72	119
W Isles*	-	-	-
NoS	**66.9%**	**240**	**359**

Clinical Commentary	This QPI has not been met in any NHS boards in the North of Scotland. Failure to meet this target is largely due to inadequate recording of the date of lymph node examination. There is a need to improve the recording of the clinical examination of draining lymph node basins.
Actions	1. NCA to work with eHealth teams in individual NHS boards to explore the possibility of developing an electronic regional pathology request form which includes mandatory fields, including the date draining lymph nodes were examined 2. Agenda item NCSPB 3. NCA, on behalf of NCCLG, to write to all North MDTs highlighting the importance of clinical examination of draining lymph node basins and ensure this is being recorded, including use of the pathology e-form once available. Once confirmation of this change is received, this risk can be de-escalated
Risk Status	Escalate

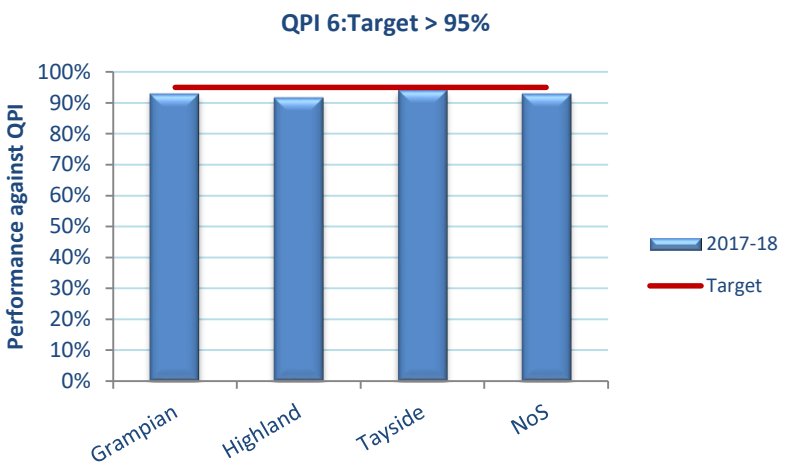
QPI 5	Sentinel Node Biopsy Pathology
Proportion of patients with cutaneous melanoma who undergo SNB where the SNB report contains a full set of data items (as defined by the current Royal College of Pathologists dataset).	



	Performance (%)	Numerator	Denominator
Grampian	**100%**	49	49
Highland*	-	-	-
Orkney	-	0	0
Shetland	-	0	0
Tayside	**100%**	12	12
W Isles*	-	-	-
NoS	**100%**	**62**	**62**

Clinical Commentary	
Actions	No actions identified
Risk Status	Tolerate

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

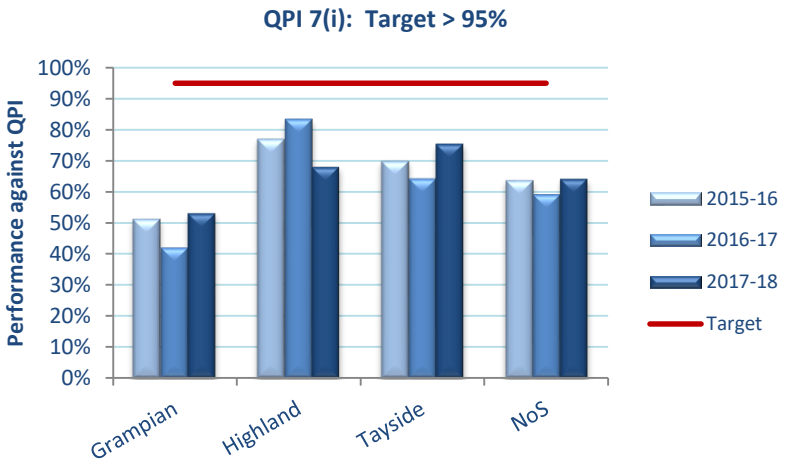


	Performance (%)	Numerator	Denominator
Grampian	**92.8%**	154	166
Highland	**91.5%**	54	59
Orkney*	-	-	-
Shetland*	-	-	-
Tayside	**94.0%**	109	116
W Isles*	-	-	-
NoS	**92.8%**	**324**	**349**

Clinical Commentary	NHS Grampian, Tayside and Highland marginally failed this QPI target. In NHS Grampian this was often due to a clinically appropriate decision not to progress with a wide local excision, for example in patients with metastatic disease or where diagnostic excision was considered sufficient. In NHS Highland, some patients did not require definitive treatment as this occurred within the first excision. Some additionally, refused a wide local excision. In NHS Highland, some patients did not require definitive treatment as this occurred within the first excision. NHS Tayside would benefit from reviewing the reasons why patients did not have a wide local excision to ascertain whether appropriate treatment was provided.
Actions	1. NHS Tayside to review the reasons why patients did not have a wide local excision
Risk Status	Tolerate

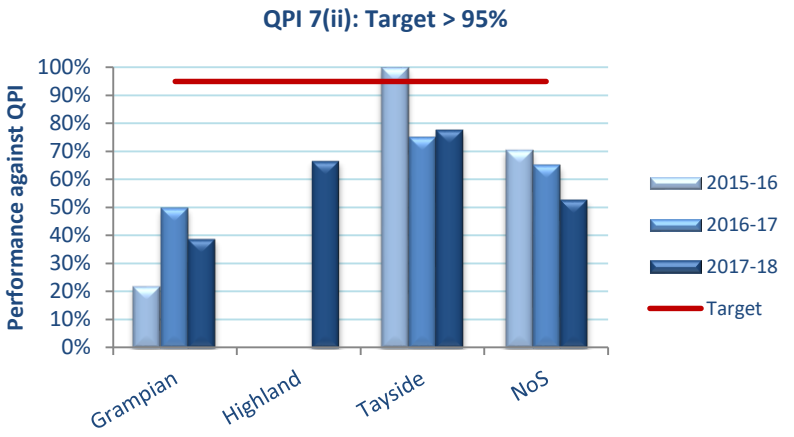
QPI 7	Time to Wide Local Excision
Proportion of patients with cutaneous melanoma who undergo their wide local excision within 84 days of their diagnostic biopsy.	

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



	Performance (%)	Numerator	Denominator
Grampian	**53.2%**	67	126
Highland	**68.0%**	34	50
Orkney*	-	-	-
Shetland*	-	-	-
Tayside	**75.5%**	74	98
W Isles*	-	-	-
NoS	**64.2%**	**181**	**282**

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

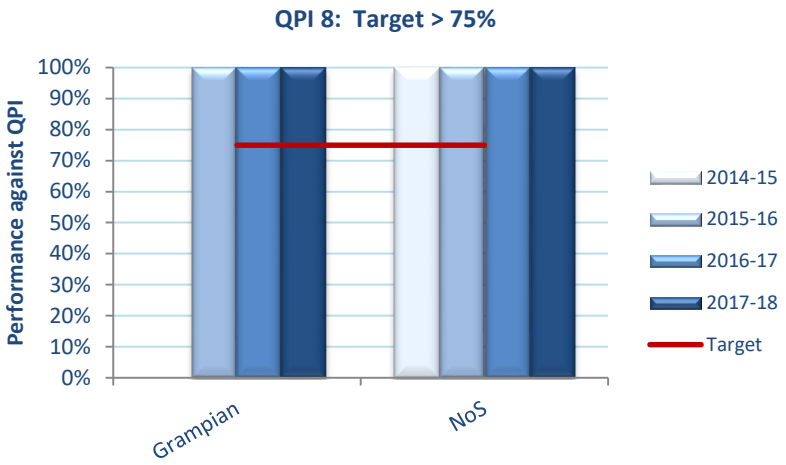


	Performance (%)	Numerator	Denominator
Grampian	**39.0%**	16	41
Highland	**66.7%**	6	9
Orkney	-	0	0
Shetland	-	0	0
Tayside	**77.8%**	14	18
W Isles	-	0	-0
NoS	**52.9%**	**36**	**68**

Clinical Commentary	While some patients do not have their wide local excision within 84 days due to factors such as not attending appointments or due to planned holidays, there is a concern around the delays in undertaking wide local excisions in the North of Scotland. The reasons for the delays in surgery have been explored in detail by NHS Grampian and have been found to be multi-factorial. Prioritisation of patient for surgery is key to achieving this QPI. While measures such as the monitoring of the time to surgery at MDT will help prioritise patients requiring surgery there is also a need to ensure that such wide local excisions are identified as high priority surgery for the planning of surgical services more widely.
Actions	1. NCA to determine the level of priority WLE patients get on theatre lists 2. All MDTs to review the dates by which all patient waiting for a WLE require surgery to meet QPI 7 at each meeting

	3. All NHS boards investigate where delays in WLE occur within their patient pathway and NHSG to share their audit with NCSPB 4. NCCLG to support investigations and escalate where necessary 5. Agenda item NCSPB 6. NCA, on behalf of NCCLG and the North Cancer Skin Clinical Director, to write to Medical Directors in each board highlighting the failure of this QPI and the immediate risk to patient care. NCCLG to continue to monitor this risk and receive an update from North boards on actions taken to improve compliance with this QPI.
Risk Status	Escalate

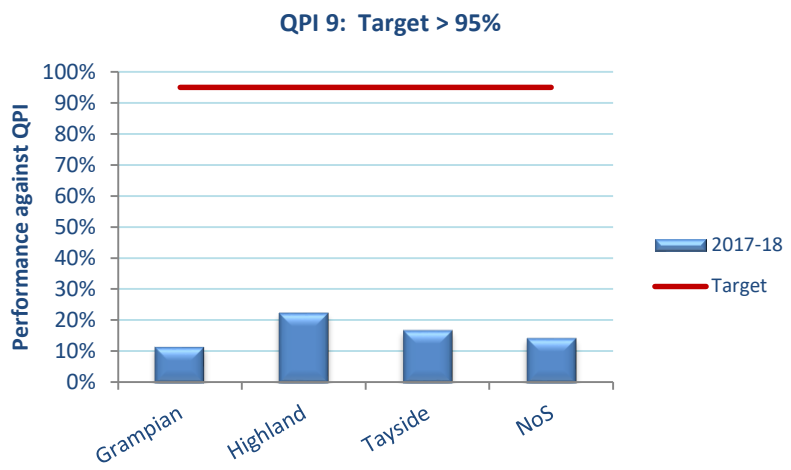
QPI 8	BRAF Status
Proportion of patients with unresectable stage III or IV cutaneous melanoma who have their BRAF status checked.	



	Performance (%)	Numerator	Denominator
Grampian	**100%**	8	8
Highland*	-	-	-
Orkney	-	0	0
Shetland	-	0	0
Tayside	-	0	0
W Isles	-	0	0
NoS	**100%**	**9**	**9**

Clinical Commentary	
Actions	No actions identified
Risk Status	Tolerate

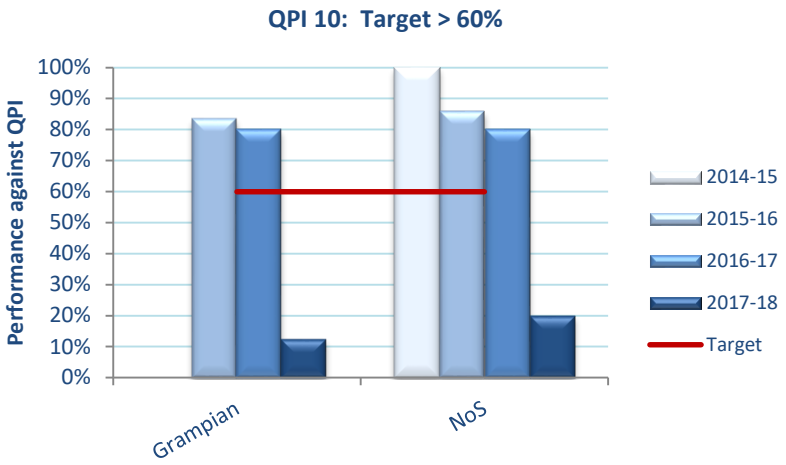
QPI 9	Imaging for Patients with Advanced Melanoma
Proportion of patients with stage IIC and above cutaneous melanoma who undergo computed tomography (CT) or positron emission tomography (PET) CT within 35 days of diagnosis.	



	Performance (%)	Numerator	Denominator
Grampian	**11.5%**	3	26
Highland	**22.2%**	2	9
Orkney	-	0	0
Shetland	-	0	0
Tayside	**16.7%**	2	12
W Isles*	-	-	-
NoS	**14.3%**	**7**	**49**

Clinical Commentary	None of the NHS boards in the North of Scotland met this target, although nearly all patients did have imaging this was usually more than 35 days after diagnosis. All NHS boards should ensure that radiology services are aware of the requirements of this QPI and the importance of timely imaging of patients with advanced melanoma. However, it is anticipated that constraints on radiology services across the North of Scotland mean that meeting the timescales required to meet this QPI will be challenging.
Actions	1. Board leads to write to radiology service to show performance and requirements of timely imaging 2. NCA to benchmark results across Scotland 3. Agenda item for the NoS Radiology Programme via Regional Manager for discussion
Risk Status	Escalate

QPI 10	Systemic Therapy
Proportion of patients with unresectable stage III and IV cutaneous melanoma undergoing SACT.	



	Performance (%)	Numerator	Denominator
Grampian	**12.5%**	1	8
Highland*	-	-	-
Orkney	-	0	0
Shetland	-	0	0
Tayside*	-	-	-
W Isles	-	0	0
NoS	**20.0%**	**2**	**10**

Clinical Commentary	While this QPI was not met by the North of Scotland in 2017-18, numbers of patients included within the QPI were small and the majority of patients did not receive SACT because they were not fit enough for treatment. Given the good performance against this indicator in previous years the lower performance in 2017-18 is likely to be due to chance and there are no concerns about service provision.
Actions	No actions required
Risk Status	Tolerate

QPI 11	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 new indicator cannot be reported until 2018-19 as the necessary data was not collected for patients diagnosed in 2017-18.

Clinical Trial and Research Study Access QPI
Proportion of patients with cutaneous melanoma who are consented for a clinical trial / translational research. Data reported for patients enrolled in 2017.

	Performance (%)	Numerator	Denominator
Grampian	**0%**	8	120
Highland	**0%**	0	75
Orkney*	**-**	-	-
Shetland	**0%**	0	5
Tayside	**0%**	0	129
W Isles*	**-**	-	-
NoS	**0%**	**0**	**326**

Clinical Commentary	
Actions	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.
Risk Status	Tolerate

References

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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. 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 2017

Trial	Principle Investigator	Patients consented
SerpinA12	Charlotte Proby (NHS Tayside)	no