

Quality Performance Indicators Audit Report



Tumour Area:	Prostate Cancer
Patients Diagnosed:	1 st July 2019 to 30 th June 2020
Published Date:	05/04/2022

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

A total of 1,023 cases of prostate cancer were recorded through audit as diagnosed in the North of Scotland between 1st July 2019 and 30th June 2020. Case ascertainment for the period reported in the North of Scotland was high at 104.5% indicating that the audit data capture was excellent. Case ascertainment in the island boards can be far greater or lower than the mean ISD cases as a result of chance variation due to the small numbers of patients diagnosed.

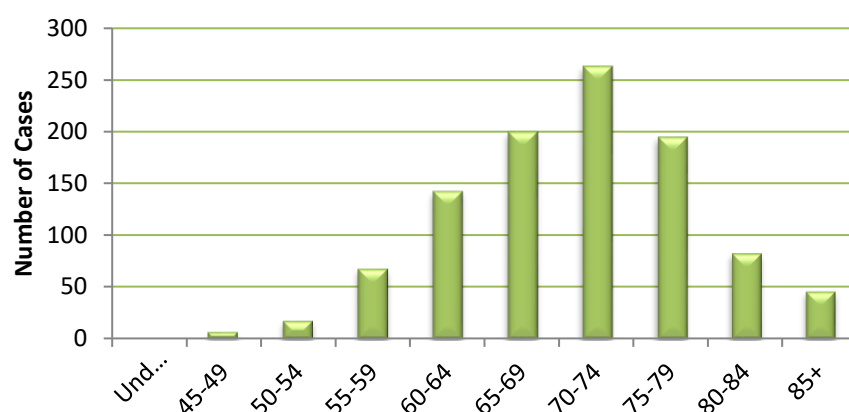
Case ascertainment and proportion of NoS total for patients diagnosed with prostate cancer in 2019-2020

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
No. of Patients 2019-2020	453	241	1	16	292	20	1023
% of NoS total	44.3%	23.6%	0.1%	1.6%	28.5%	2.0%	100%
Mean ISD Cases 2015-19	423.8	208.6	4.4	23.2	305	14	979
% Case ascertainment 2019-20	106.9%	115.5%	22.7%	69.0%	95.7%	142.9%	104.5%

Audit data were considered sufficiently complete to allow QPI calculations. However, across four of the six North of Scotland Health Boards, there are areas of incomplete clinical TNM recording, particularly clinical M staging. For QPIs 2, 4, 7 and 15 clinical TNM staging data is required to derive results. Improvements in the capture of TNM data was noted in some of the boards compared to the results for 2018-19, however an increase in the number of missing data was noted in other boards. The newly reported QPIs 14 & 15 highlight additional fields where data is missing, specifically information on Likert score and the burden of metastatic disease. The absence of these data for some patients in the North of Scotland has resulted in QPI results not being calculated from information on all patients.

2. Age Distribution

The age distribution of patients diagnosed with prostate cancer in the North of Scotland in 2019-20 is shown below. Incidences of prostate cancer are highest in the 70-74 age group.



Age distribution of patients diagnosed with prostate cancer 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 Division⁷. Data for most QPIs are presented by Board of diagnosis, however QPI 5 is presented by Hospital of Surgery and QPI 6 is presented by surgeon. In addition, clinical trials and research study access is reported by patient's NHS Board of residence. QPI 8 was radically revised during the most recent formal review, due to the level of changes this QPI will be reported at a local level only until the next review.

**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.*

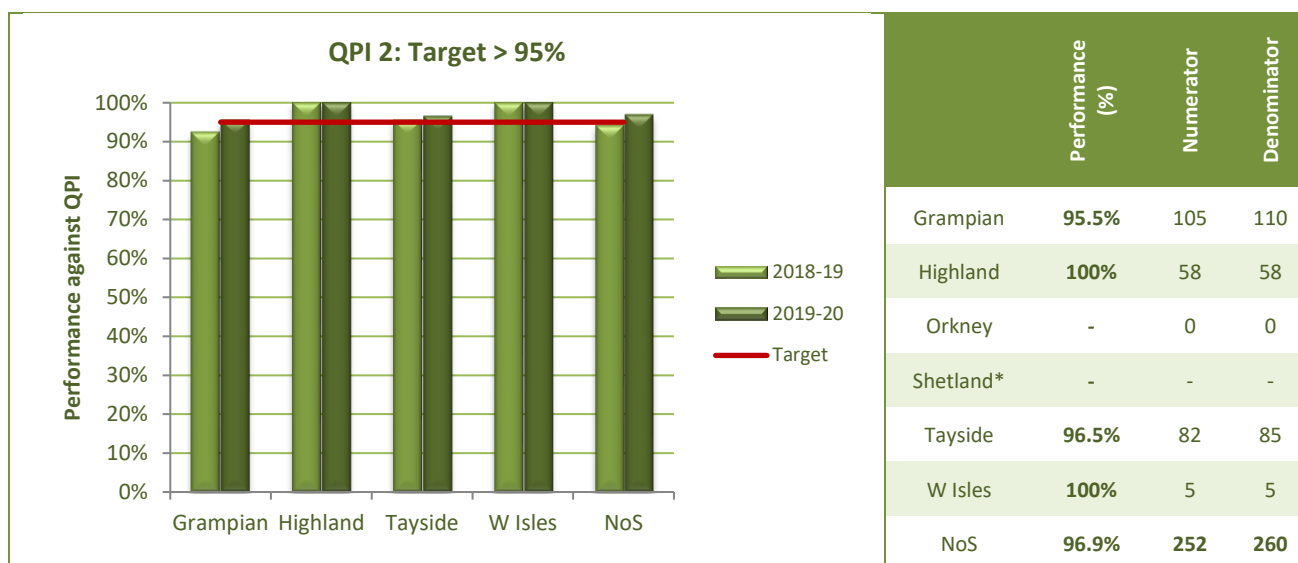
In regards to mortality following SACT, a decision has been taken nationally to move to a new generic QPI (30-day mortality for SACT) applicable across all tumour types. This new QPI will use CEPAS (Chemotherapy ePrescribing and Administration System) data to measure SACT mortality to ensure that the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

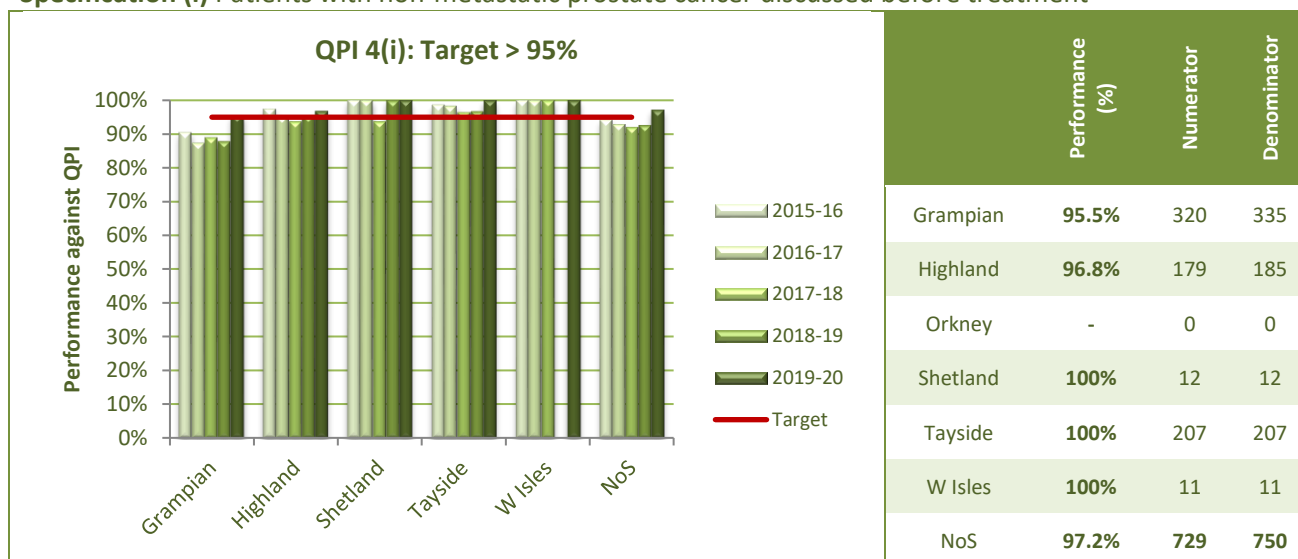
QPI 2	Radiological Staging
Proportion of patients with high risk prostate cancer undergoing radical treatment who have had Magnetic Resonance Imaging (MRI) and bone scan staging.	



*Where the number of cases per Board is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure. However, all board results are included within the total for the North of Scotland.

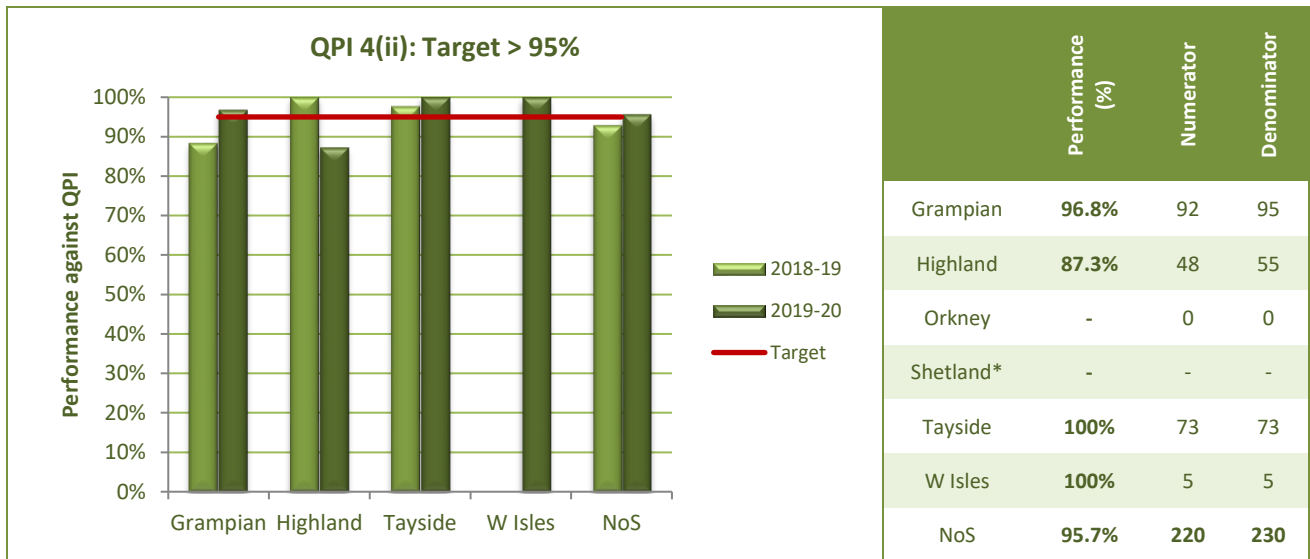
QPI 4	Multi-Disciplinary Team (MDT) Meeting
Proportion of patients with prostate cancer who are discussed at MDT meeting before definitive treatment.	

Specification (i) Patients with non-metastatic prostate cancer discussed before treatment



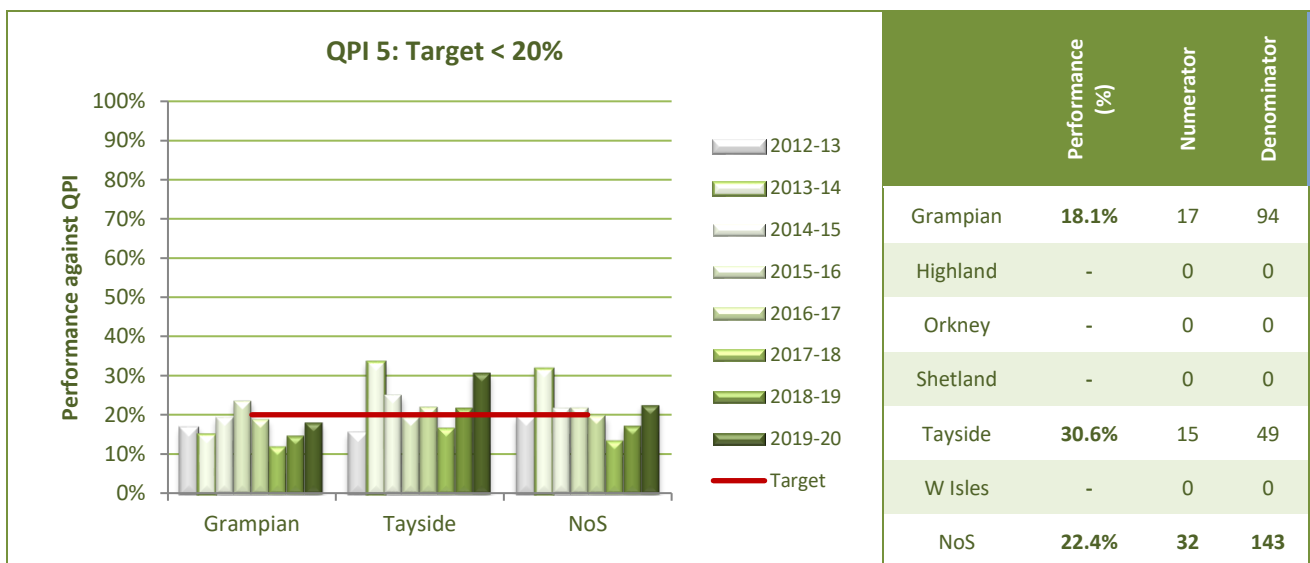
*Where the number of cases per Board is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure. However, all board results are included within the total for the North of Scotland.

Specification (ii) Patients with metastatic prostate cancer discussed within 6 weeks of commencing treatment



**Where the number of cases per Board is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure. However, all board results are included within the total for the North of Scotland.*

QPI 5 | Surgical Margins
 Proportion of patients with pathologically confirmed, organ confined (stage pT2) prostate cancer who undergo radical prostatectomy in which tumour is present at the margin, i.e. positive surgical margin.



**Where the number of cases per Board is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure. However, all board results are included within the total for the North of Scotland.*

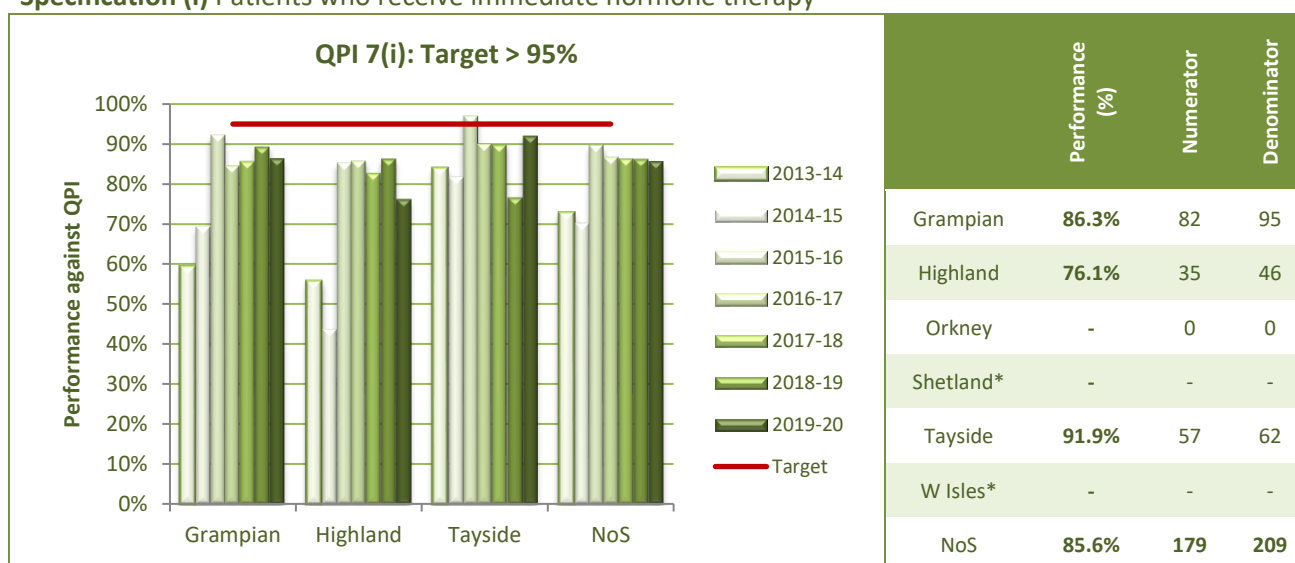
The North of Scotland narrowly missed this target and so attention will be paid in future years of reporting to understand if there are any areas that require further action. Future service improvements are expected through the expansion of the robotic-assisted surgery programme in the North of Scotland.

QPI 6	Volume of Cases per Surgeon
Number of radical prostatectomy procedures performed by each surgeon over a 1 year period.	

Target: > 50 procedures	Surgeon	Number of Prostatectomy Procedures
		2019-20
NHS Grampian	1	58
	2	41
	3	41
	4	6
NHS Tayside	1	74

QPI 7	Hormone Therapy and Docetaxel Chemotherapy
Proportion of patients with metastatic prostate cancer (TanyNanyM1) who undergo immediate management with hormone therapy, and docetaxel chemotherapy.	

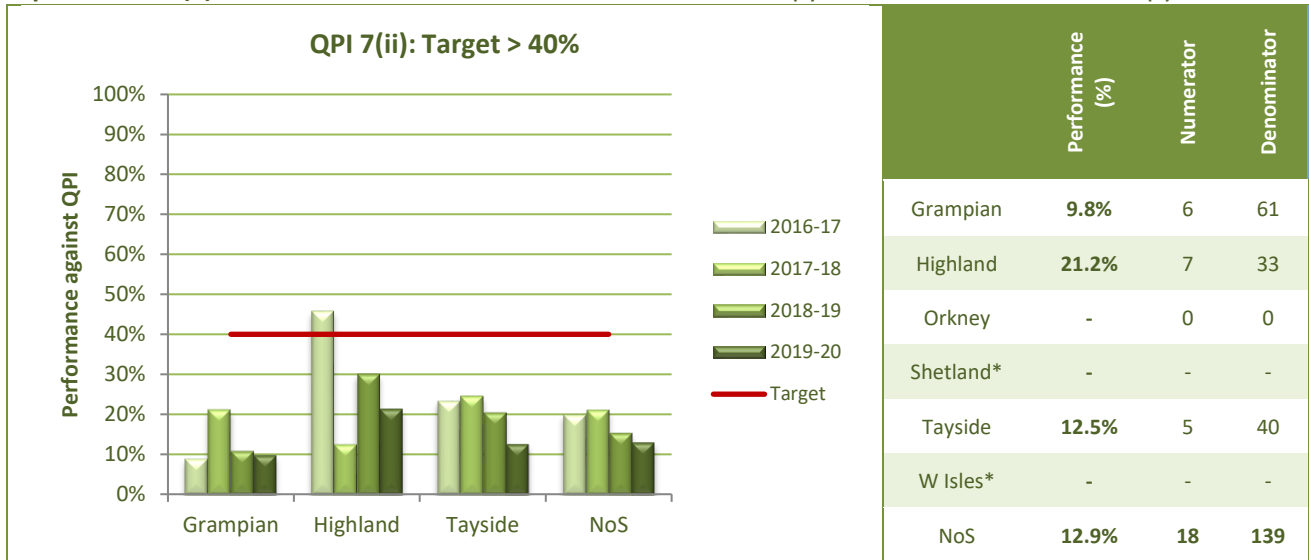
Specification (i) Patients who receive immediate hormone therapy



**Where the number of cases per Board is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure. However, all board results are included within the total for the North of Scotland.*

This QPI will continued to be monitored going forward as it was not met due to delays within the diagnostic pathway.

Specification (ii) Patients who receive immediate hormone therapy and docetaxel chemotherapy.



**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.*

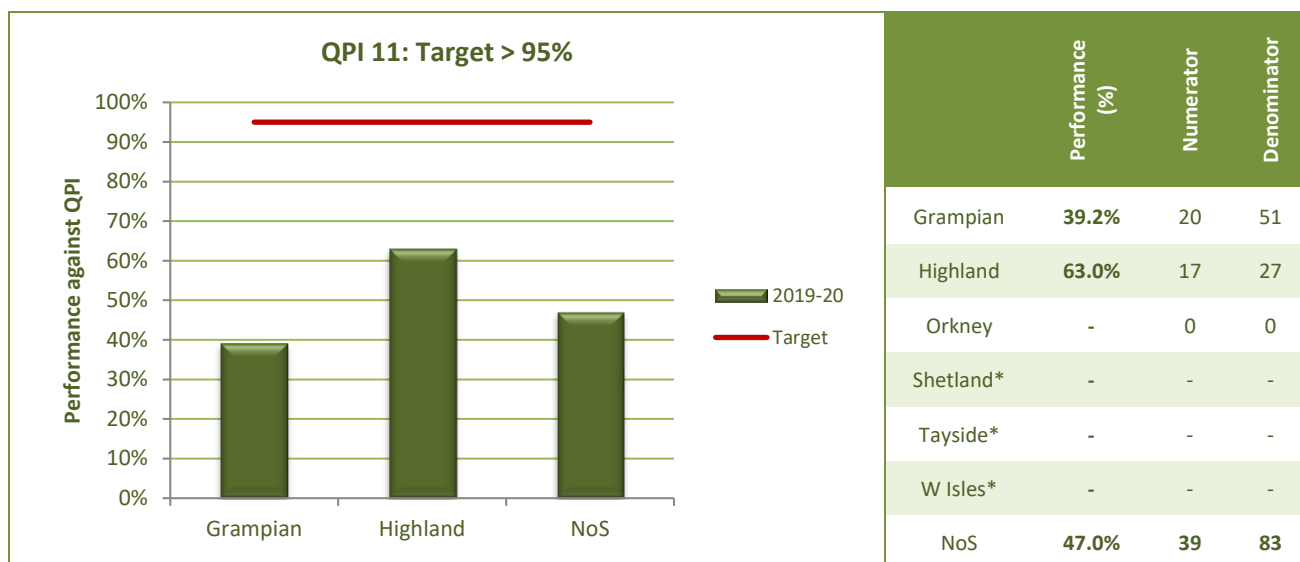
Performance against this QPI continues to remain below the standard for a number of reasons. For specification (i), there is a challenge in getting patients discussed at MDT after the commencement of hormone treatments within the required four-week timescales.

Specification (ii) Patients must start docetaxel chemotherapy within 90 days of hormone therapy but these timescales remain challenging to meet due to individual patient factors. It is recognised this is a challenge across Scotland and will continued to be monitored.

QPI 8	Post-Surgical Incontinence
--------------	-----------------------------------

The Formal Review has confirmed new arrangements for measurement of this QPI and therefore it will be formally introduced at the next review.

QPI 11	Management of Active Surveillance
Proportion of men with prostate cancer under active surveillance who undergo bpMRI or mpMRI within 12-18 months of diagnosis.	



**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.*

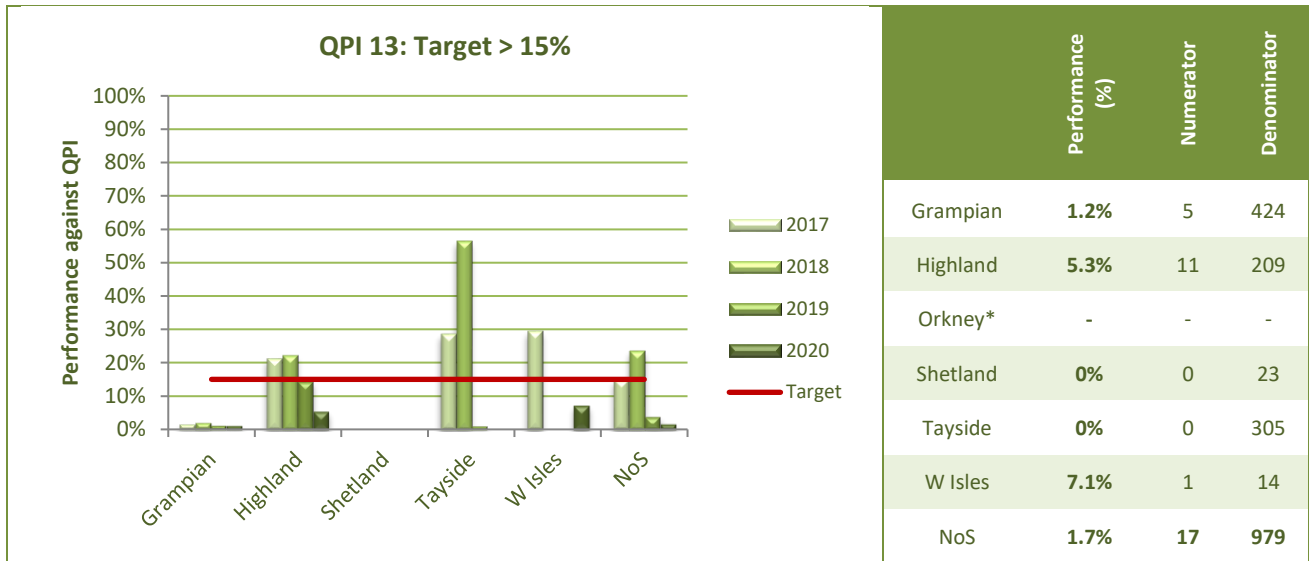
Dedicated nurse led specialist active surveillance clinics have been implemented within NHS Grampian and NHS Highland, which should significantly reduce any delays. Some patients failed to meet the QPI standard due to early repeat MRI being undertaken due to changes in PSA. This is first year of reporting this QPI and it will continue to be monitored in future years.

QPI 12	30 Day Mortality following Chemotherapy
This QPI is due to be reported in the next cycle, using Chemocare data.	

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.

QPI 13 Clinical Trials and Research Study Access

Proportion of patients with prostate cancer who are consented for a clinical trial / research study. Figures shown are for patients consented for clinical trials or research studies during 2020.



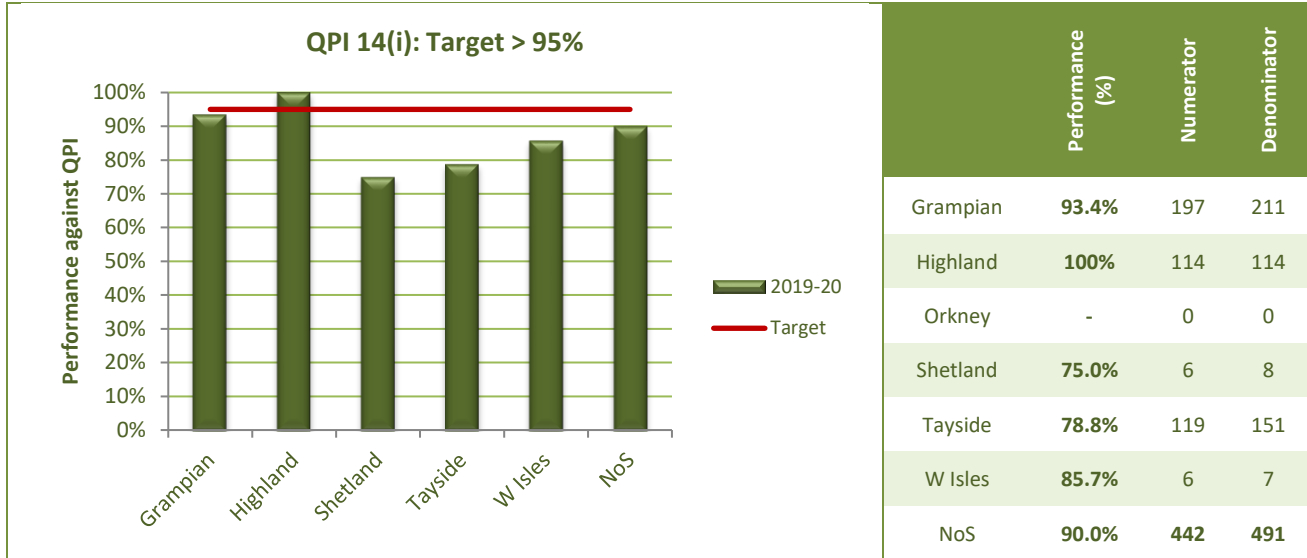
**Where the number of cases per Board is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure. However, all board results are included within the total for the North of Scotland.*

Due to the COVID-19 pandemic recruitment to clinical trials has decreased since 2019. This is partly due to all clinical trials across the UK being closed to recruitment on 13th March 2020. Trials began to reopen in a phased manner shortly after the closure based on local health board risk assessments. The cancer portfolio has since reopened the majority of trials and has been able to open new trials in all health boards. Impacts of COVID-19 on research staff have also effected the running of trials such as staff deployment to wards and COVID research. Also the impact of a reduced number of patients being diagnosed and coming into the cancer centres has had an impact on recruitment.

As well as the eligible studies included in the main QPI, Ninewells have also supported the MULTIPROS study which looks to use MP-MRI and MR/US-fusion guided biopsy techniques which can improve prostate cancer detection. This study has consented 80 patients from Tayside in 2020.

QPI 14	Diagnostic Pre-biopsy MRI
Proportion of patients with prostate cancer who undergo biopsy and have a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation, with imaging reported using a PI-RADS/Likert system of grading.	

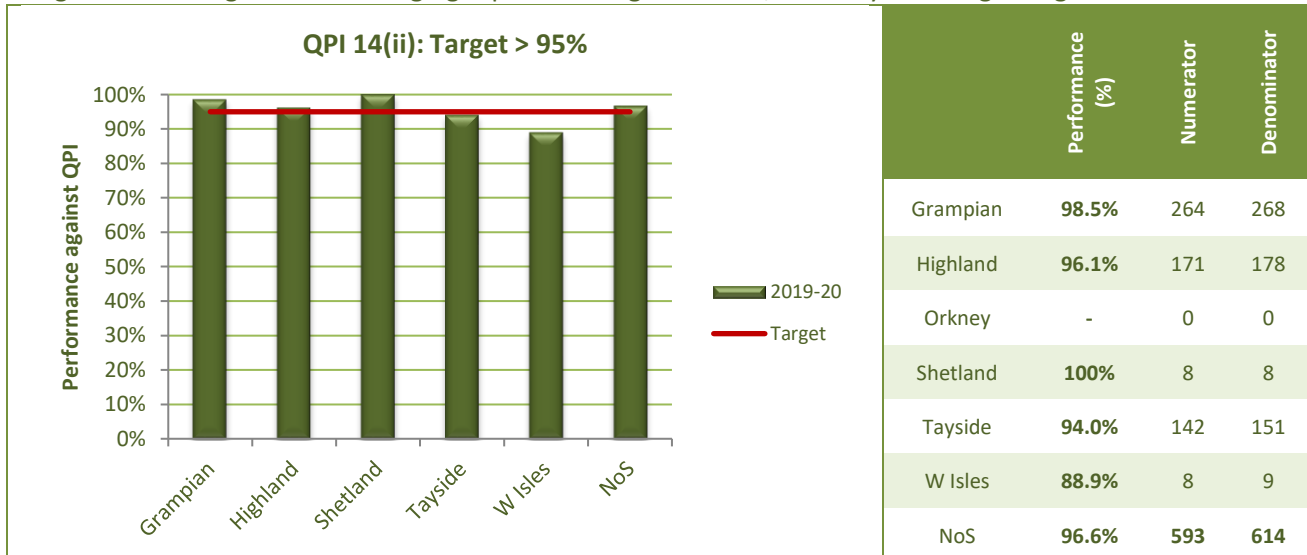
Specification (i) Patients who undergo biopsy that have a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation.



**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.*

A number of patients had their MRI post biopsy due to prostate cancer being discovered at TURP. This is the first year of reporting this QPI, and it will continue to be monitored in future years of reporting.

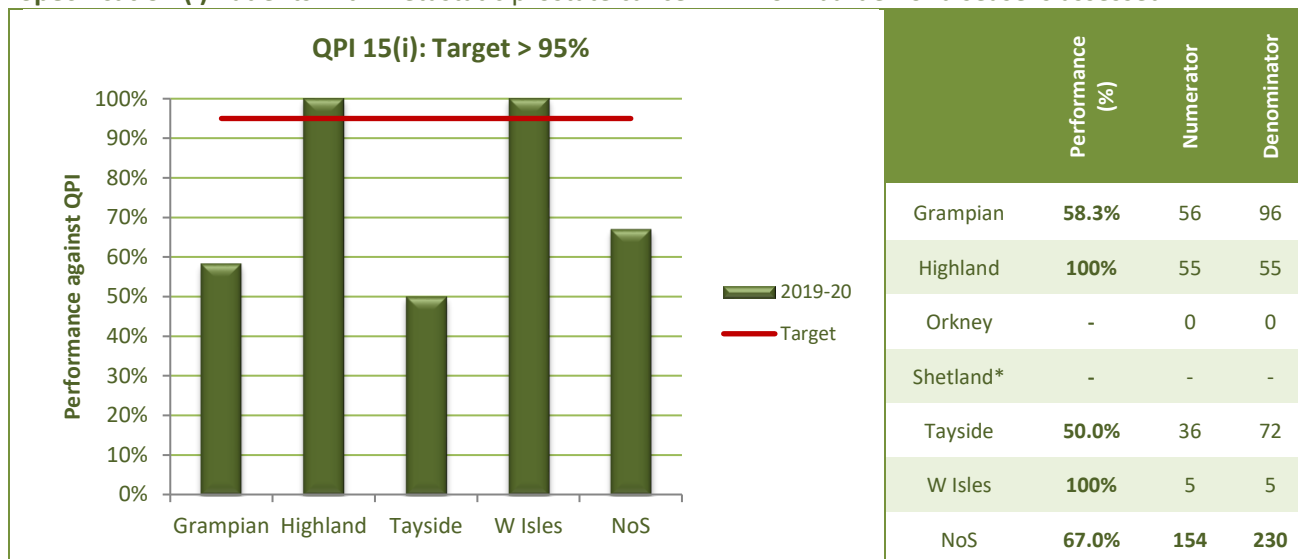
Specification (ii) Patients who undergo biopsy that have a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation with imaging reported using a PI-RADS/ Likert system of grading.



**Where the number of cases per Board is between one and four, results have been excluded from charts and tables to minimise the risk of disclosure. However, all board results are included within the total for the North of Scotland.*

QPI 15	Low Burden Metastatic Disease
Proportion of patients with metastatic prostate cancer who have their burden of disease assessed, and undergo radiotherapy if metastatic burden is low.	

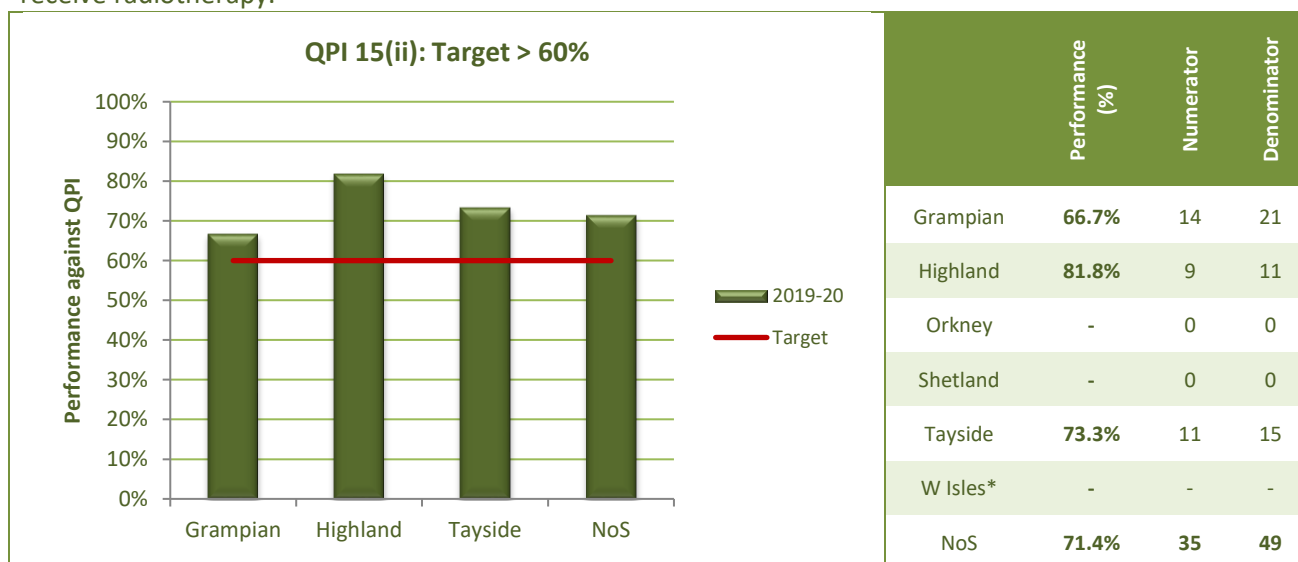
Specification (i) Patients with metastatic prostate cancer in whom burden of disease is assessed.



*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.

Data recording at MDT remains an issue in some North of Scotland health boards. This is the first year of reporting this QPI, and it will continue to be monitored in future reporting.

Specification (ii) Patients with metastatic prostate cancer who have a low metastatic burden that receive radiotherapy.



*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.

References

1. Scottish Cancer Taskforce, 2020. Prostate Cancer Clinical Performance Indicators, Version 4.1. Health Improvement Scotland.
<http://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=68f17a82-0e75-4a99-baab-4ef5a4c220b6&version=-1>
2. <http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Audit/>

Appendix 1: Clinical trials and research studies open within the North of Scotland in 2020.

Trial	Principle Investigator	Patients consented into trial in 2020
ADD ASPIRIN	Russell Mullen (Highland) Trevor McGoldrick (Grampian) Douglas Adamson (Tayside)	Y
GENPROS	Zosia Miedzybrodska (Grampian) Jonathan Berg (Tayside)	N
KEYNOTE-991	Graham Macdonald (Grampian)	N
PARADIGM	Sue Rodwell (Grampian)	N
PIVOTALBOOST	Graham Macdonald (Grampian)	Y
PROTEUS	Asa Dahle-Smith (Tayside)	N
STAMPEDE	Neil McPhail (Highland)	Y
UK Genetic Prostate Cancer Study	Justine Royle (Grampian) Ghulam Nabi (Tayside)	N