

NOSCAN

North of Scotland
Cancer Network

**Renal Cancer
Managed Clinical Network Sub-Group**

Audit Report

**Renal Cancer
Quality Performance Indicators**

Patients diagnosed during 2013

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EXECUTIVE SUMMARY

This publication reports the performance of renal cancer services in the six NHS Boards in the North of Scotland (NOS) against the Renal Cancer Quality Performance Indicators (QPIs) for patients diagnosed during 2013. This is the second year in which QPIs have been collected in Scotland however this report presents data for 2013 only. National reporting in 2016 will include data for the period 2012 - 2014.

- 212 patients diagnosed with renal cancer in 2013 were audited in the North of Scotland.
- Overall case ascertainment was high at 99.5% and results were considered to be representative of renal cancer services in the region.

Summary of QPI Results

QPI	QPI Target	NOSCAN Performance
QPI 1: Radiological Diagnosis - Patients with renal cancer should have cross sectional imaging for staging of Renal Cell Carcinoma (RCC).	100%	49.3%
QPI 2: Histological Diagnosis - Patients with renal cancer not undergoing surgery should have a histological diagnosis prior to commencing treatment.	100%	91.7%
QPI 3: Clinical Staging – TNM - The TNM staging system should be used to stage patients with Renal Cell Carcinoma (RCC).	100%	51.9%
QPI 4: Histological Grading - Fuhrman grading system should be used to grade clear cell Renal Cell Carcinoma (RCC).	95%	100%
QPI 5: Surgical Treatment - Patients with non-metastatic renal cancer should receive appropriate surgical treatment.	100%	85.0%
QPI 6: Nephron Sparing Surgery - Patients with T1a renal cancer should receive Nephron Sparing Surgery (NSS).	40%	66.7%
QPI 7: 30 Day Mortality		
i. RFA	<5%	0%
ii. Cryotherapy	<5%	-
iii. SACT	<5%	0%
iv. Surgery	<5%	0.7%

QPI 8: Systemic Therapy - Patients with advanced and/or metastatic renal cell carcinoma (RCC) should receive systemic therapy between diagnosis and death.	70%	62.5%
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Performance shaded pink where QPI target has not been met.

The failure to meet QPIs 1-3 is the result of issues with the QPI definitions and data collection in the early years of reporting rather than a reflection of failures in clinical services. QPI 1, radiological diagnosis, has been amended to remove the requirement for CT of the pelvis to reflect current guidelines and practice. This will result in much better compliance with the QPI target in future years of reporting.

It is thought QPI2, pathological diagnosis, should be amended to include cytological as well as histological diagnosis.

All patients with renal cancer should have full staging information discussed at MDT. TNM staging is available in the clinical notes, radiological reports, and pathology specimen reports but in the past was not recorded routinely at MDTs in a form allowing captured by the data collectors. This incomplete data collection has resulted in QPI 3, which requires TNM clinical staging system to be used, not being met. Further, incomplete MDT data has also affected the results for QPIs 5, 6 and 8 and has meant that these results are of limited value. There is nothing to indicate poor outcomes across the Region or within a particular Board.

As a result of the NOSCAN renal cancer QPI results in 2013 the following actions have been identified:

- To propose amendment of QPI2 at QPI review to include patients receiving a cytological diagnosis.
- NHS Boards to provide support for the MDT where insufficient, including the provision of protected time in job plans, adequate clerical staff and better IT equipment.
- NHS Boards to take measures to increase understanding at the MDT of the data fields required for QPI data collection so that these can be recorded more robustly at the MDT meetings.

NHS Boards will develop Action Plans to address these actions where relevant.

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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 QPIs for all cancer types to enable national comparative reporting and drive continuous improvement for patients. In collaboration with the three Regional Cancer Networks 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 Renal Cancer QPIs are available from the ISD website¹.

This report assesses the performance of the North of Scotland (NoS) renal cancer services using clinical audit data relating to patients diagnosed with renal cancer in the twelve months from 1st January 2013 to 31st December 2013. Results are measured against the Renal Cancer Quality Performance Indicators (QPIs)² which were implemented for patients diagnosed on or after 1st January 2012. 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 8 Renal Cancer QPIs using clinical audit data.

2. Background

Six NHS Boards across the North of Scotland serve the 1.38 million population³. There were 212 patients diagnosed with renal cancer in the North of Scotland between 1st January and 31st December 2013. The configuration of the Multidisciplinary Teams (MDTs) in the region is set out below.

MDT	Constituent Hospitals
Grampian	Aberdeen Royal Infirmary
Highland	Raigmore Hospital, Inverness
Tayside	Ninewells Hospital, Dundee
Orkney	Balfour Hospital, Kirkwall
Shetland	Gilbert Bain Hospital, Lerwick

Best practice recommends that patients diagnosed with cancer should have all aspects of their clinical management multidisciplinary considered thereby ensuring enhanced consistency and quality of patient care and clinical outcomes.

On that basis, it is recognised that patients diagnosed with renal cancer should be discussed at a Multidisciplinary Team Meeting (customarily referred to as either an MDT or MDTM), which is usually convened on a weekly basis. A QPI to measure the proportion of patients with renal cancer discussed at MDT has been developed and has been implemented for all patients diagnosed on or after 1st January 2014 only. This QPI therefore does not feature within this year's audit report but Boards are asked to remain vigilant in ensuring all patients are discussed at an MDT meeting in the interim.

2.1 National Context

Cancers of the kidney and renal pelvis together rank as the ninth most common cancer type in Scotland⁴. Incidences of renal cancer are predicted to increase significantly by 2020⁵.

Relative survival from renal (and renal pelvis) cancer is increasing⁶. The table below details the percentage change in 1 and 5 year relative survival for patients diagnosed 1983-1987 to 2003-2007.

Relative age-standardised survival for renal cancer in Scotland at 1 year and 5 years showing percentage change from 1983-1987 to 2003-2007⁶.

	Relative survival at 1 year (%)		Relative survival at 5 years (%)	
	2003-2007	% change	2003-2007	% change
Male	65.2 %	+ 13.8 %	46.8%	+ 15.1 %
Female	62.0%	+ 11.1%	48.2%	+ 16.2%

2.2 North of Scotland Context

A total of 212 cases of renal cancer were recorded through audit as diagnosed in the North of Scotland between 1st January 2013 and 31st December 2013. The number of patients diagnosed within each Board is presented in Figure 1.

	Grampian	Highland ^a	Orkney	Shetland	Tayside	NoS
Number of Patients	93	41	0	7	71	212
% of NoS total	43.9%	19.3%	0%	3.3%	33.5%	100%

^a Highland results include patients from Argyll & Bute and the Western Isles.

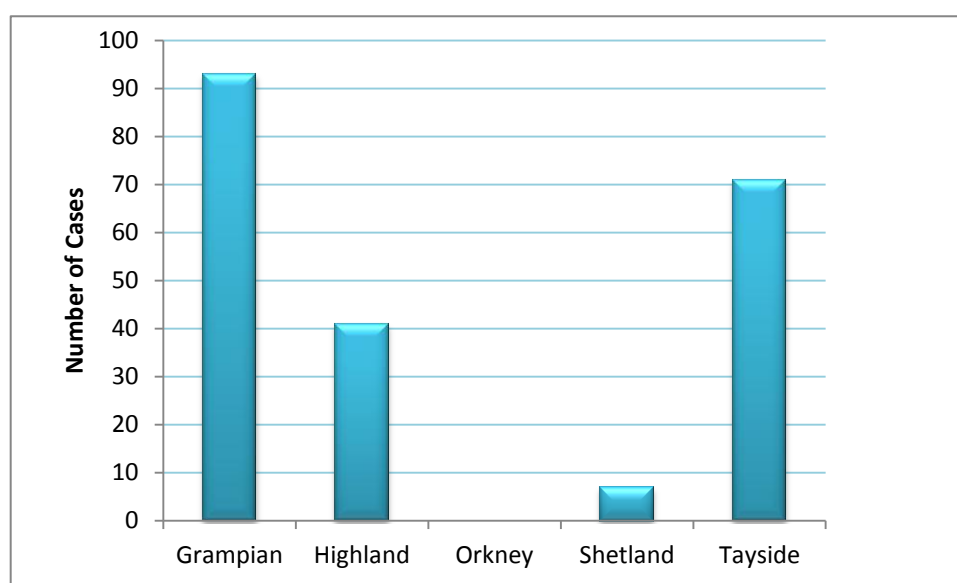


Figure 1: Number of patients diagnosed with renal cancer by Board of diagnosis, January – December 2013.

3. Methodology

The clinical audit data presented in this report was collected by clinical audit staff in each NHS Board in accordance with an agreed dataset and definitions¹. 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 January 2013 and 31st December 2013 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 was 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.

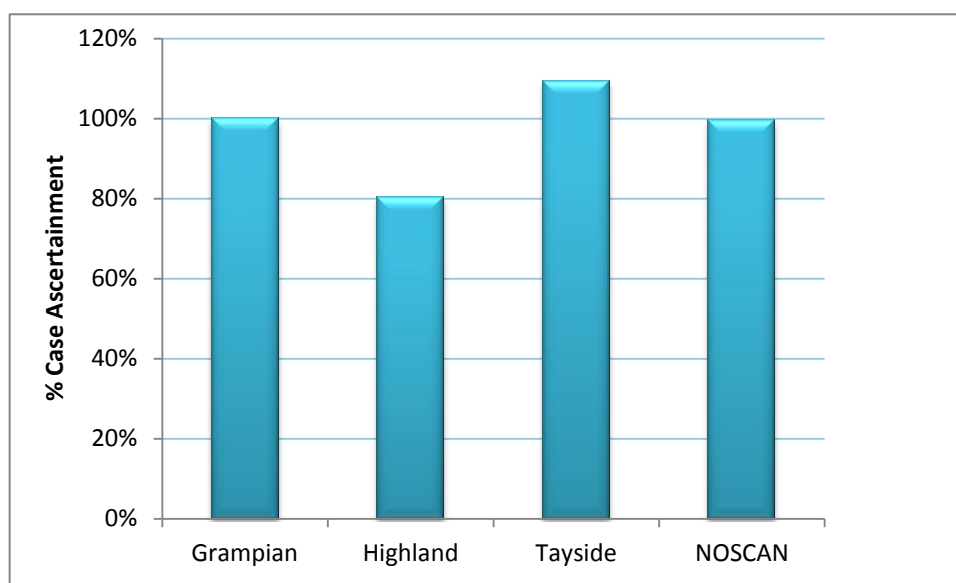
Where the number of cases meeting the denominator criteria for any indicator is between one and four, the results has not been shown in any associated charts or tables. This is to avoid any unwarranted variation associated with small numbers and to minimise the risk of disclosure. Any charts or tables 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 the cancer audit with a five year average of the numbers recorded by the National Cancer Registry (provided by Information Services Division (ISD)), by NHS Board of diagnosis. Cancer Registry figures were extracted from ACaDMe (Acute Cancer Deaths and Mental Health), a system provided by ISD. Due to the timescale of data collection and verification processes, National Cancer Registry data are not available for 2013. 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 was high in 2013 at 99.5%, which indicates excellent data capture through audit. 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 in Figure 2. While figures show some variation in percentage case ascertainment across the Boards case ascertainment was high across all Boards.



	Grampian	Highland ^a	Orkney*	Shetland*	Tayside	NoS
Cases from audit	93	41	-	-	71	212
ISD Cases (2008-2012)	93	51	-	-	65	213
% Case ascertainment	100%	80.4%	-	-	109.2%	99.5%

^a Highland results include patients from the Western Isles

Audit data were considered sufficiently complete to allow QPI calculations. However, difficulties with recording of clinical TNM in NHS Tayside and NHS Grampian resulted in incomplete datasets. This is apparent from the results of QPI 3, Clinical Staging. For QPIs 5, 6 and 8 clinical TMN staging data is required to derive results. The absence of these data for considerable numbers of patients has resulted in QPI results being calculated from information on only some of the patients. Amendments in data capture have been made in NHS Grampian and NHS Tayside to prevent this occurring in future.

4.2 Performance against Quality Performance Indicators (QPIs)

Results of the analysis of Renal Cancer 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 are presented by Board of diagnosis and for the whole of the North of Scotland. Where performance is shown to fall below the target, commentary from the relevant NHS Board 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: Radiological Diagnosis

QPI 1: Radiological Diagnosis: Patients with renal cancer should have cross sectional imaging for staging of Renal Cell Carcinoma (RCC).

Proportion of patients with RCC who undergo pre-treatment cross-sectional imaging of the chest, abdomen and pelvis.

Numerator: Number of patients receiving active treatment with a diagnosis of RCC who undergo cross-sectional imaging (CT) of the chest, abdomen and pelvis (with contrast) before first treatment.

Denominator: All patients receiving active treatment (partial or radical nephrectomy, cryotherapy, radio frequency ablation or systemic therapy) with a diagnosis of RCC.

Exclusions:

- Patients who refuse treatment.
- Patients who underwent cross sectional imaging (CT) without intra venous (IV) contrast.
- Patients who died before first treatment.

Target: 100%

QPI 1 Performance against target

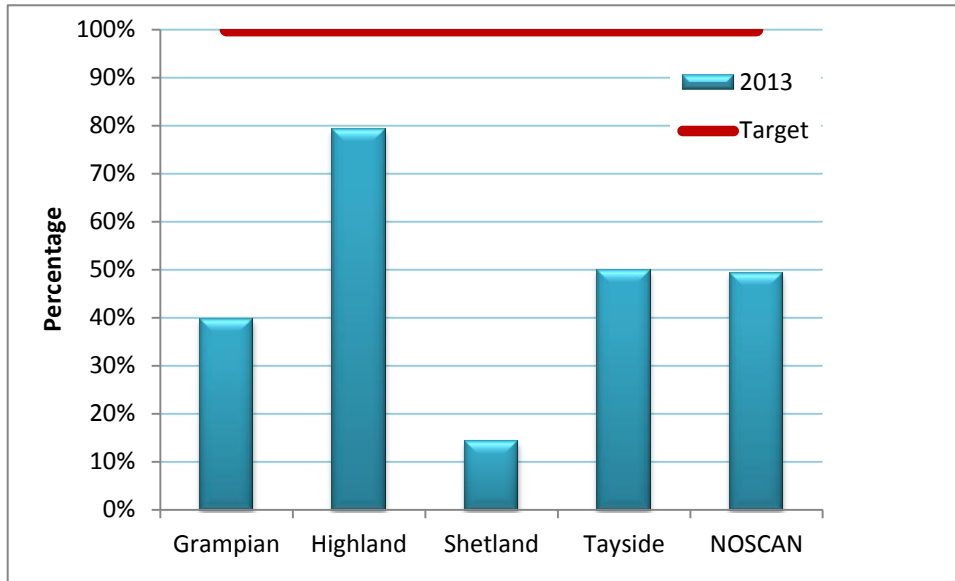
Of the 150 patients diagnosed with Renal Cell Carcinoma and receiving active treatment in the North of Scotland in 2013, 74 had pre-treatment cross-sectional imaging of the chest, abdomen and pelvis, which equates to a rate of 49.3% and is well below the target level of 100%.

All NHS Boards within the North of Scotland fell well below the target, with results ranging from 14.3% to a maximum of 79.3%.

It is widely agreed that CT scanning of the pelvis is not required for staging, as advised in the European Association of Urological Surgeons guidelines. It is therefore not common practice. In light of this, the QPI has now been amended to remove the requirement for CT of the pelvis in future years of reporting. NHS Shetland noted that all patients received a CT of the chest and abdomen and it is anticipated that the amendment to the QPI will mean that performance of Boards against this QPI across the North of Scotland will improve considerably.

Actions Required:

- No Actions were identified. NHS Boards will review performance of patients diagnosed in 2014 against the amended QPI to assess radiological diagnosis.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	39.7%	27	68	0	0%	0	0%	0
Highland^a	79.3%	23	29	6	20.7%	2	6.9%	0
Shetland	14.3%	1	7	0	0%	0	0%	0
Tayside	50.0%	23	46	0	0%	0	0%	0
NoS	49.3%	74	150	6	4.0%	2	1.3%	0

^a Highland results include patients from the Western Isles

QPI 2: Histological Diagnosis

QPI2: Histological Diagnosis: Patients with renal cancer not undergoing surgery should have a histological diagnosis prior to commencing treatment.

Proportion of patients with RCC where surgery is not the primary treatment who have a histological diagnosis before treatment, via biopsy.

Numerator: Number of patients with RCC for whom surgical resection is not first treatment who have a histological diagnosis (confirmed by biopsy) before first treatment.

Denominator: All patients with RCC for whom surgery is not first treatment.

Exclusions:

- Patients who refuse treatment
- Patients receiving supportive care only (not for active treatment).
- Patients receiving active surveillance.
- Patients who died before treatment.
- Histology not assessable.

Target: 100%

QPI 2 Performance against target

The regional average rate for histological diagnosis was 91.7%, below the target rate of 100%.

There were small numbers of patients included within this QPI, only 12 through the whole of the North of Scotland. Of the two NHS Boards in the region where patients were diagnosed one of these, NHS Highland, met the 100% target.

NHS Grampian did not meet the target. The one patient who did not meet the target was considered to have valid clinical reasons for this.

Due to small numbers involved, these data have not been presented graphically.

It is thought that the wording of this QPI should be changed to histological or cytological diagnosis.

Actions required:

- To propose amendment of QPI2 at QPI review (anticipated in 2016) to include patients receiving a cytological diagnosis.

	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	87.5%	7	8	0	0%	0	0%	0
Highland^a	-	-	-	-	-	-	-	-
Shetland	-	0	0	0	0%	0	0%	0
Tayside	-	0	0	0	0%	0	0%	0
NoS	91.7%	11	12	0	0%	0	0%	0

^a Highland results include patients from the Western Isles

QPI3: Clinical Staging - TNM

QPI3: Clinical Staging - TNM: The TNM staging system should be used to stage patients with Renal Cell Carcinoma (RCC).

Proportion of patients whose RCC is staged pre-treatment using the TNM staging system.

Numerator: Number of patients diagnosed with RCC who were clinically staged using TNM staging system before first treatment.

Denominator: All patients diagnosed with RCC.

Exclusions: No exclusions.

Target: 100%

QPI 3 Performance against target

109 (51.9%) renal cancer patients in the North of Scotland were clinically staged using TNM staging system prior to first treatment; this means that at a regional level, the target of 100% was not met.

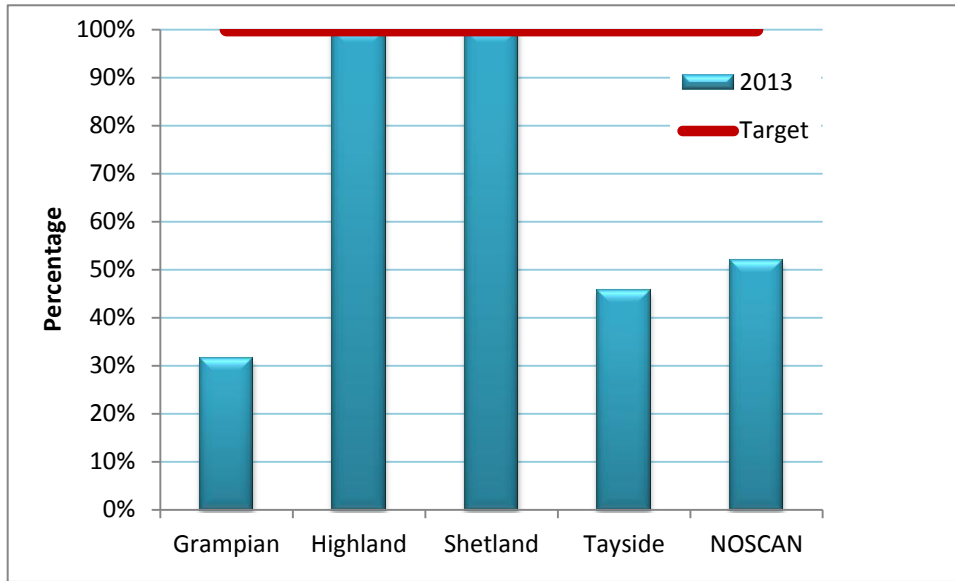
Two NHS Boards in the North of Scotland met this target, NHS Highland and NHS Shetland. However NHS Grampian and NHS Tayside fell short of the target at 32% and 46% respectively. This was largely due to recording issues.

Historically, in NHS Grampian the clinical stage might be classified clinically rather than using TNM (e.g. organ confined; metastatic). TNM is available to the clinicians from the notes, scans and results, but has not been formally documented in a standard format, unlike histopathology reports. In future all clinically suspected or confirmed kidney cancers should have TNM recorded at the MDT discussion.

Similarly, in NHS Tayside it became apparent at the initial quality assurance of these data that the formal recording of TNM staging was often omitted, despite all information to allow an TNM stage to be defined being recorded. This has resulted in 56% not recorded for the numerator. A new MDT form now includes TNM for all new renal cancer patients in this NHS Board.

Actions required:

- NHS Boards to provide support for the MDT where insufficient, including the provision of protected time in job plans, adequate clerical staff and better IT equipment.
- NHS Boards to take measures to increase understanding at the MDT of the data fields required for QPI data collection so that these can be recorded more robustly at the MDT meetings.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	31.5%	29	92	0	0%	0	0%	0
Highland^a	100%	41	41	0	0%	0	0%	0
Shetland	100%	7	7	0	0%	0	0%	0
Tayside	45.7%	32	70	39	55.7%	0	0%	0
NoS	51.9%	109	210	39	18.6%	0	0%	0

^a Highland results include patients from the Western Isles

QPI 4: Histological Grading

QPI 4: Histological Grading: Fuhrman grading system should be used to grade clear cell Renal Cell Carcinoma (RCC).

Proportion of patients whose RCC is histopathologically graded using the Fuhrman grading system.

Numerator: Number of patients with histological diagnosis of RCC on a surgical resection specimen whose clear cell RCC is graded using the Fuhrman grading system.

Denominator: All patients with clear cell RCC who undergo surgical resection.

Exclusions: No exclusions.

Target: 95% or above

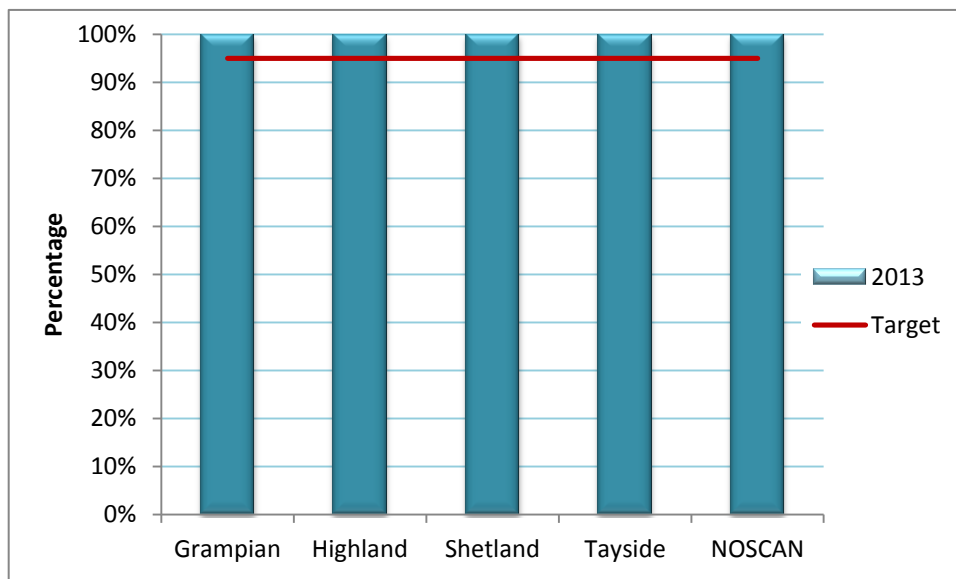
QPI 4 Performance against target

Of the 126 patients with clear cell Renal Cell Carcinoma who underwent surgical resection in the North of Scotland in 2013 all (100%) were histopathologically graded using the Fuhrman grading system. This was above the target rate of 95%.

All NHS Boards within the North of Scotland achieved 100% in this QPI indicator.

Actions required:

- No Actions were identified



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	100%	52	52	0	0%	0	0%	0
Highland^a	100%	26	26	0	0%	0	0%	0
Shetland	100%	6	6	0	0%	0	0%	0
Tayside	100%	42	42	0	0%	0	0%	0
NoS	100%	126	126	0	0%	0	0%	0

^a Highland results include patients from the Western Isles.

QPI 5: Surgical Treatment

QPI 5: Surgical Treatment: Patients with non-metastatic renal cancer should receive appropriate surgical treatment.

Proportion of patients with non metastatic (T1-3N0M0) Renal Cell Carcinoma, not suitable for nephron sparing surgery, treated by radical nephrectomy (either open or laparoscopic procedure).

Numerator: Number of patients with T₁₋₃N₀M₀ RCC without evidence of metastatic disease at diagnosis who undergo radical nephrectomy (either by open or laparoscopic procedure).

Denominator: All patients with T₁₋₃N₀M₀ RCC without evidence of metastatic disease at diagnosis.

Exclusions:

- Patients who refused treatment.
- Patients who undergo nephron sparing treatment (partial nephrectomy, cryotherapy or RFA).
- Patients receiving supportive care only (not for active treatment).
- Patients receiving active surveillance (no active treatment).
- Patients who died before treatment.

Target: 100%

QPI 5 Performance against target

Overall in 2013, 34 out of 40 patients with non-metastatic renal cancer received appropriate surgical treatment. At a rate of 85.0%, this does not meet the target of 100% of patients.

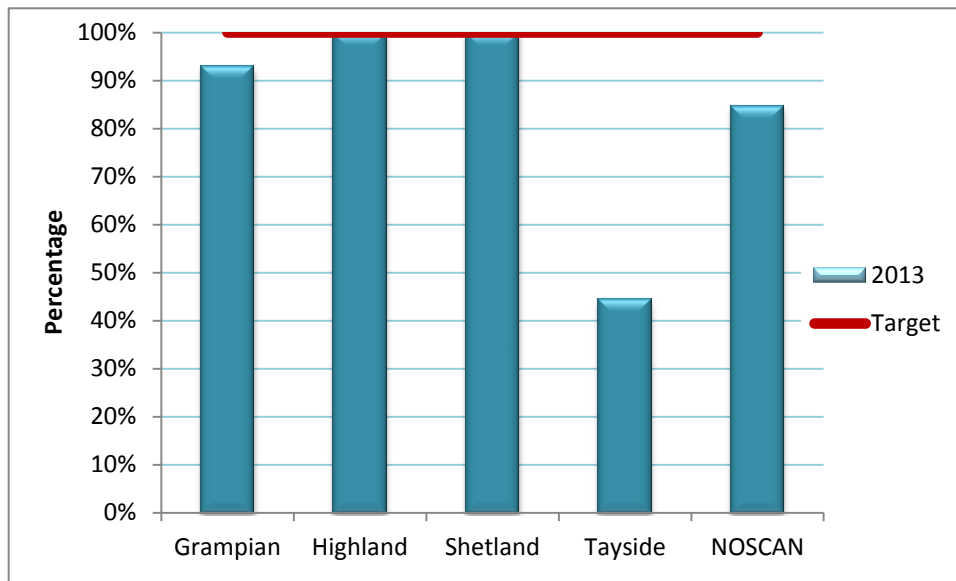
Two out of the four NHS Boards in the North of Scotland with results from this QPI met the 100% target, NHS Shetland and NHS Highland.

In NHS Grampian the patient who failed this target had a nephroureterectomy, this procedure is not included in the QPI calculations as a 'radical nephrectomy' at present.

Further, in NHS Grampian and NHS Tayside, results for this QPI are adversely affected by the difficulties with recording of clinical TNM staging data at MDT as discussed for QPI 3 above.

Actions required:

- As for QPI 3 above.



	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	92.9%	13	14	0	0%	0	0%	52
Highland^a	100%	12	12	0	0%	0	0%	0
Shetland	100%	5	5	0	0%	0	0%	0
Tayside	44.4%	4	9	0	0%	0	0%	38
NoS	85.0%	34	40	0	0%	0	0%	90

^a Highland results include patients from the Western Isles

QPI 6: Nephron Sparing Surgery

QPI 5: Nephron Sparing Surgery: Patients with T1a renal cancer should receive Nephron Sparing Surgery (NSS).

Proportion of patients with T_{1a}N₀M₀ RCC who undergo NSS (laparoscopic partial nephrectomy or open partial nephrectomy).

Numerator: Number of patients with T_{1a}N₀M₀ RCC undergoing NSS (laparoscopic partial nephrectomy or open procedure partial nephrectomy).

Denominator: All patients with T_{1a}N₀M₀ RCC.

Exclusions:

- Patients who refuse treatment.
- Patients who receive RFA/Cryotherapy
- Patients receiving supportive care only (not for active treatment).
- Patients receiving active surveillance (no active treatment).
- Patients who died before treatment

Target: 40% or above

QPI 6 Performance against target

In 2013, 6 patients with T1a renal cancer underwent Nephron Sparing Surgery, a rate of 66.7%. This is considerably higher than the target rate of 40%.

At a Board level two out of the three NHS Boards with patients in this category met the target.

NHS Grampian did not meet the target, however numbers were very small. The patient who failed this target had a nephroureterectomy, this procedure is not counted for this QPI at present.

As with a number of other renal cancer QPIs, difficulties with recording of clinical TNM at MDT in both NHS Grampian and NHS Tayside impacts on the number of patients included within this indicator.

Due to small numbers involved, these data have not been presented graphically. With better recording of TNM in the future it is anticipated that more meaningful results will be reported for this QPI.

Actions required:

- As for QPI 3 above.

	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian*	-	-	-	-	-	-	-	-
Highland^a	80.0%	4	5	0	0%	0	0%	0
Shetland*	-	-	-	-	-	-	-	-
Tayside	-	0	0	0	0%	0	0%	22
NoS	66.7%	6	9	0	0%	0	0%	67

^a Highland results include patients from the Western Isles

QPI 7: 30 Day Mortality

QPI 7: 30 Day Mortality: Proportion of patients who die within 30 days of first treatment for RCC.

Numerator: Number of patients who undergo minimally invasive (RFA, cryotherapy, SACT) or operative treatment as first treatment for RCC who die within 30 days of first treatment.

Denominator: All patients who undergo minimally invasive (RFA, cryotherapy, SACT) or operative treatment as first treatment for RCC.

Exclusions: Patients who undergo emergency surgery (nephrectomy).

Target: Less than 5%

QPI 7 Performance against target

(i) RFA

The overall 30 day mortality rate for patients diagnosed in the North of Scotland in 2013 was 0% in patients receiving RFA, well below the target rate of less than 5%.

All Boards in the North of Scotland with patients measured by this QPI met this target.

Due to small numbers involved, these data have not been presented graphically.

	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian*	-	-	-	-	-	-	-	-
Highland* ^a	-	-	-	-	-	-	-	-
Shetland	-	0	0	0	0%	0	0%	0
Tayside*	-	-	-	-	-	-	-	-
NoS	0%	0	5	0	0%	0	0%	0

^a Highland results include patients from the Western Isles

(ii) Cryotherapy

The overall 30 day mortality rate for NoS for 2013 was 0% in patients receiving cryotherapy, well below the target rate of less than 5%. All these patients were from NHS Grampian, which also met the target. No data are provided as there were less than 5 patients in the whole of the North of Scotland.

(iii) SACT

Of the 11 patients receiving SACT as first treatment for RCC in the North of Scotland in 2013 no patients, 0%, died within 30 days, well below the target rate of less than 5%. This means that all three NHS Boards with patients included within this indicator also met the target.

Due to small numbers involved, these data have not been presented graphically.

	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	0%	0	7	0	0%	0	0%	0
Highland ^a	-	-	-	-	-	-	-	-
Shetland	-	0	0	0	0%	0	0%	0
Tayside*	-	-	-	-	-	-	-	-
NoS	0%	0	11	0	0%	0	0%	0

^a Highland results include patients from the Western Isles

(iv) Surgery

The overall 30 day mortality rate for patients undergoing surgery as their first treatment for 2013 was 0.7%, which meets the target rate of less than 5%. At a board level, all NHS Boards within the North of Scotland achieved the target set for this QPI.

	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian	1.8%	1	56	0	0%	0	0%	0
Highland ^a	0%	0	30	0	0%	0	0%	0
Shetland	0%	0	7	0	0%	0	0%	0
Tayside	0%	0	43	0	0%	0	0%	0
NoS	0.7%	1	136	0	0%	0	0%	0

^a Highland results include patients from the Western Isles

Actions required:

- No Actions were identified.

QPI 8: Systemic Therapy

QPI 8: Systemic Therapy – Patients with advanced and/or metastatic renal cell carcinoma (RCC) should receive systemic therapy between diagnosis and death.

Proportion of patients presenting with advanced and/or metastatic RCC who receive systemic anti-cancer therapy (SACT) for RCC within 12 months of diagnosis.

Numerator: Number of patients with RCC which is advanced and / or metastatic at time of diagnosis where at least 12 months have elapsed since diagnosis irrespective of whether or not they have died who receive first treatment with SACT, within 12 months of diagnosis.

Denominator: All patients with RCC which is advanced and / or metastatic at time of diagnosis where at least 12 months have elapsed since diagnosis irrespective of whether or not they have died.

Exclusions:

- Patients documented to have performance status 2, 3 or 4 at time of diagnosis.
- Patients documented to have refused systemic treatment.
- Patients enrolled in clinical trials.

Target: 70% or above

QPI 8 Performance against target

In 2013 there were 8 patients recorded as having advanced and/or metastatic RCC where at least 12 months had elapsed between diagnosis and audit. Of these 5 (62.5%) received first treatment with SACT which is under the target of 70%.

At a NHS Board level numbers were very small and none met the QPI Target.

In NHS Tayside and NHS Grampian the number of patients included in this QPI was severely limited by the difficulties with recording of clinical TNM and performance status at MDT. Performance status is judged by doctors and care professionals when interacting with patients. Unfortunately this has not always been formally recorded at the MDT.

Due to small numbers involved, these data have not been presented graphically.

Actions required:

- As for QPI 3 above.

	Performance (%)	Numerator	Denominator	Not recorded - Numerator	% not recorded - Numerator	Not recorded - Exclusions	% not recorded - Exclusions	Not recorded - Denominator
Grampian*	-	-	-	-	-	-	-	-
Highland^a	66.7%	4	6	3	50.0%	1	16.7%	0
Shetland*	-	-	-	-	-	-	-	-
Tayside	-	0	0	0	0%	0	0%	3
NoS	62.5%	5	8	3	37.5%	2	25.0%	22

^a Highland results include patients from the Western Isles

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 is initiating a programme of annual reporting of regional performance against QPIs. This is the first time the results of the Renal Cancer 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.

Overall, results of Renal Cancer QPI reporting for patients diagnosed in 2013 are varied. Case ascertainment was high, however there was an absence of clinical TNM staging for large number of patients across NHS Tayside and NHS Grampian, which affected both QPI results and the numbers of patients that were included in analysis. In both NHS Boards this issue has been addressed by improved data capture at MDT.

The audit report indicated that QPI targets were met over the North of Scotland for three of the eight QPIs. Of the five QPIs where the target was not met the absence of TNM data was a contributing factor. Indeed, where further scrutiny of the hospital data by clinicians has occurred, the results indicate that clinical care is very good and meets the targets. For example TNM data is often available from the clinical notes, radiological reports and pathology reports but for QPI purposes these have to be recorded fully at the MDT. This very strict criteria for data capture by the audit staff thus skews the subsequent QPI results. As MDT recording and data capture improve with time, more confidence can be placed on the outcomes in future reports. This early data is too incomplete and not sufficiently robust to point to any clinical deficiencies, or poor care standards, across the Region or any particular Health Board.

Never-the-less, as a result of the NOSCANA renal cancer QPI results in 2013 the following actions have been identified:

- To propose amendment of QPI2 at QPI review, which is anticipated in 2016, to include patients receiving a cytological diagnosis.
- NHS Boards to provide support for the MDT where insufficient (protected time in job plans, adequate clerical staff, better IT equipment etc).
- NHS Boards to take measures to increase understanding at the MDT of the data fields required for QPI data collection so that these can be recorded more robustly at the MDT meetings.

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 using the blank Action Plan template that can be found in the Appendix. **Completed Action Plans should be returned to NOSCANA within two months of publication of this report.** Progress against these plans will be monitored by the 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 the NOSCANA Tumour Specific Lead Clinician as part of the regional audit governance process to enable RCAF to review and monitor regional improvement.

References

1. <http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Audit/>
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3. ScotPHO, Public Health Information for Scotland. Population: estimates by NHS Board [Accessed on: 23rd September 2014] Available at: <http://www.scotpho.org.uk/population-dynamics/population-estimates-and-projections/data/nhs-board-population-estimates>
4. Information Services Division. Cancer in Scotland, 2004. Available at: https://isdscotland.scot.nhs.uk/Health-Topics/Cancer/Publications/2014-04-29/Cancer_in_Scotland_summary_m.pdf
5. Scottish Government. Better Cancer Care, An Action Plan. October 2008. Available at: <http://www.scotland.gov.uk/Publications/2008/10/24140351/0>
6. ISD, NHS National Services Scotland. Trends in Cancer Survival in Scotland, 1983-2007. August 2010. Available at: http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Statistics/Survival_summary_8307.pdf?1

Appendix: Blank NHS Board Action Plan Template

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

Action Plan: Renal Cancer

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			
	<i>Ensure actions mirror those detailed in Audit Report</i>	<i>Detail specific actions that will be taken by the NHS Board</i>	<i>Insert date</i>	<i>Insert date</i>	<i>Insert name of responsible lead for each action.</i>	<i>Detail actions in progress, changes in practice, problems encountered or reasons why no action has been taken.</i>	<i>Insert no. from key</i>