Quality Performance Indicators Audit Report

Tumour Area:	Cutaneous Melanoma
Patients Diagnosed:	1st July 2020 – 30th June 2021
Published Date:	05/04/2022

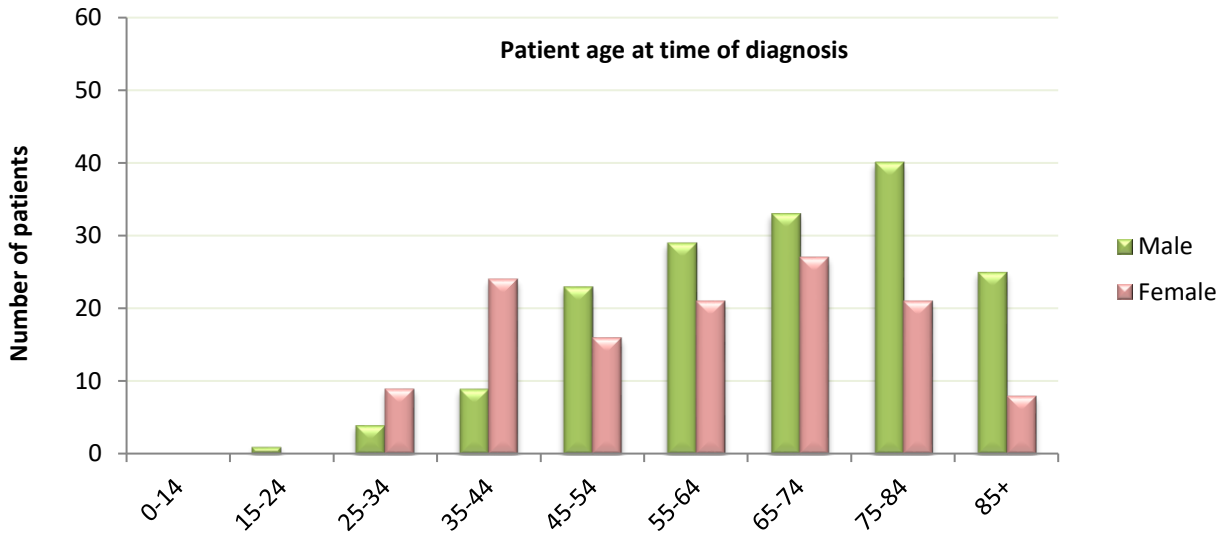
1. Patient Numbers and Case Ascertainment in the North of Scotland

Between 1st July 2020 and 30th June 2021 a total of 290 cases of cutaneous melanoma were diagnosed in the North of Scotland and recorded through audit. Overall case ascertainment was 81.8%. QPIs based on cancer audit data are considered to be representative of all patients diagnosed with Melanoma cancer during the audit period. It should be noted that throughout Scotland, diagnoses of melanoma has fallen by approximately 20% due to the impacts of the COVID-19 pandemic.

	Grampian	Highland	Orkney	Shetland	Tayside	W Isles	NoS
No. of Patients 2020-21	122	62	4	1	96	5	**290**
% of NoS total	42.1%	21.4%	1.4%	0.3%	33.1%	1.7%	**100%**
Mean ISD Cases 2015-19	138.2	68.6	2.2	5.2	136.4	4.2	**354.8**
% Case ascertainment 2020-21	88.3%	90.4%	181.8%	19.2%	70.4%	119.0%	**81.7%**

2. Age Distribution

The figure below shows the age distribution of patients diagnosed with cutaneous melanoma in the North of Scotland in 2020-21, with numbers highest in the 65-74 age bracket for females and 75-84 age bracket for males.



Age distribution of patients diagnosed with cutaneous melanoma in the NoS in 2020-21

3. Performance against Quality Performance Indicators (QPIs)

Definitions for the QPIs reported in this section are published by Health Improvement Scotland[1], while further information on datasets and measurability used are available from Public Health Scotland. 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.

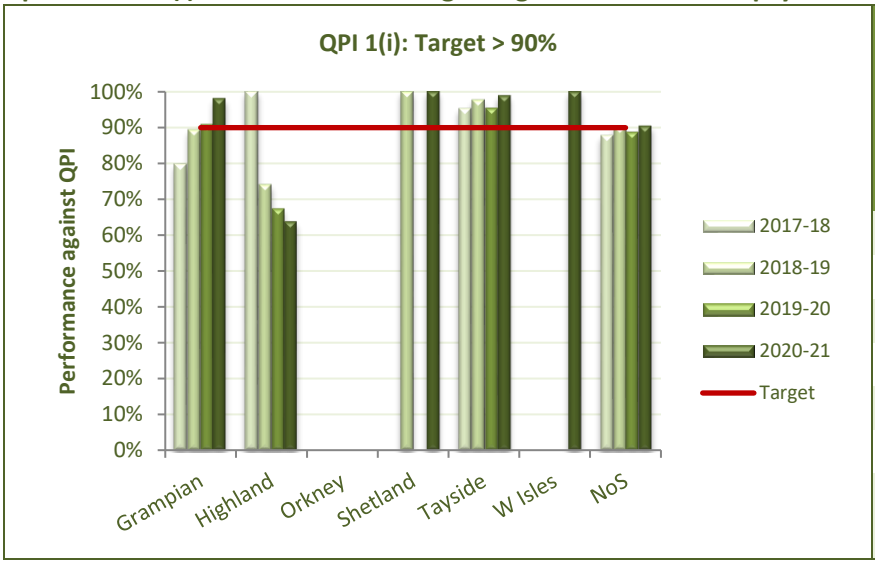
4. Governance and Risk

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 cancer management 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



	Performance (%)	Numerator	Denominator
Grampian	**98.1%**	104	106
Highland	**63.8%**	30	47
Orkney*	-	-	-
Shetland*	-	-	-
Tayside	**98.9%**	87	88
W Isles*	-	-	-
NoS	**90.4%**	**226**	**250**

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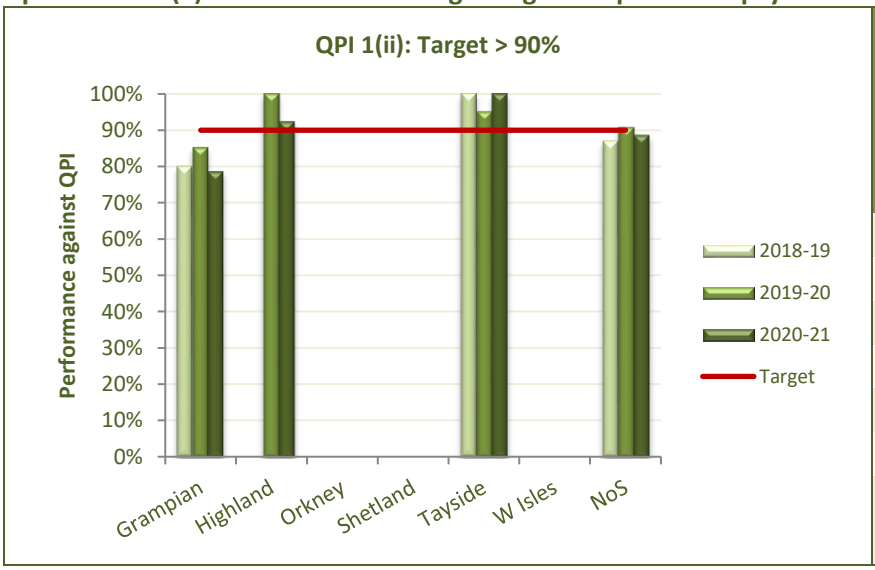
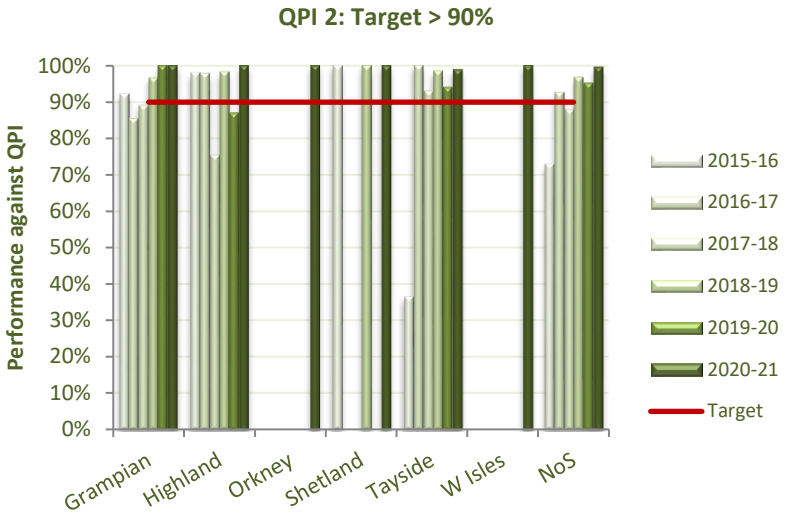
Specification (ii) Patients who undergo diagnostic partial biopsy as their initial procedure



	Performance (%)	Numerator	Denominator
Grampian	**78.6%**	11	14
Highland	**92.3%**	12	13
Orkney	-	0	0
Shetland	-	0	0
Tayside	**100%**	8	8
W Isles	-	0	0
NoS	**88.6%**	**31**	**35**

Specification (i) of this QPI was passed with ease within NHS Grampian and NHS Tayside. This QPI continues to be challenging within NHS Highland due to the remote and rural nature of health board territory and 'non-skin cancer clinicians undertaking diagnostic biopsy'. The long term goal is for clinicians in primary care to be incorporated within the local board Skin Cancer MDT to ensure standardisation of care across the network. There are several barriers to overcome, not least due to the current pandemic and staffing levels throughout the rural parts of the North.

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	**100%**	110	110
Highland	**100%**	47	47
Orkney*	-	-	-
Shetland*	-	-	-
Tayside	**98.9%**	88	89
W Isles*	-	-	-
NoS	**99.6%**	**254**	**255**

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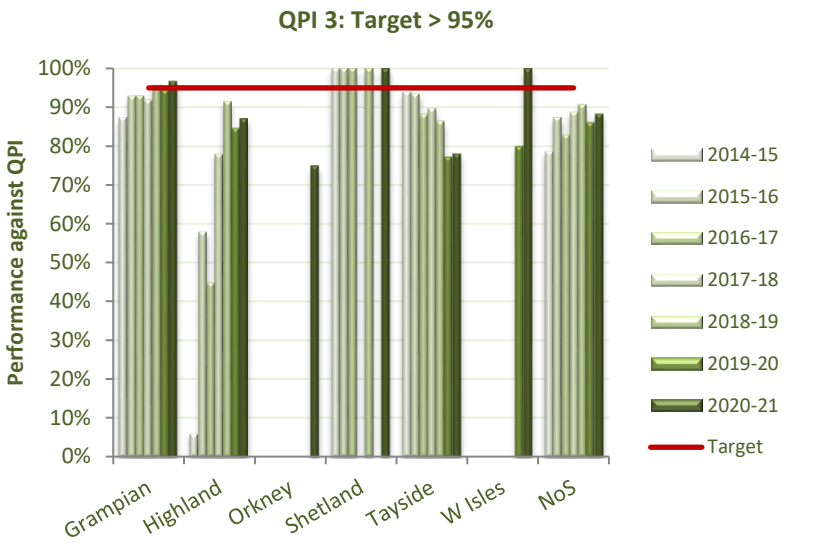
At present there are no visible issues with the QPI met. There are however concerns within NHS Highland where there are no pathology services specifically for skin, therefore requiring outsourcing to the independent sector.

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	**96.7%**	118	122
Highland	**87.1%**	54	62
Orkney*	-	-	-
Shetland*	-	-	-
Tayside	**78.1%**	75	96
W Isles	**100%**	5	5
NoS	**88.3%**	**256**	**290**

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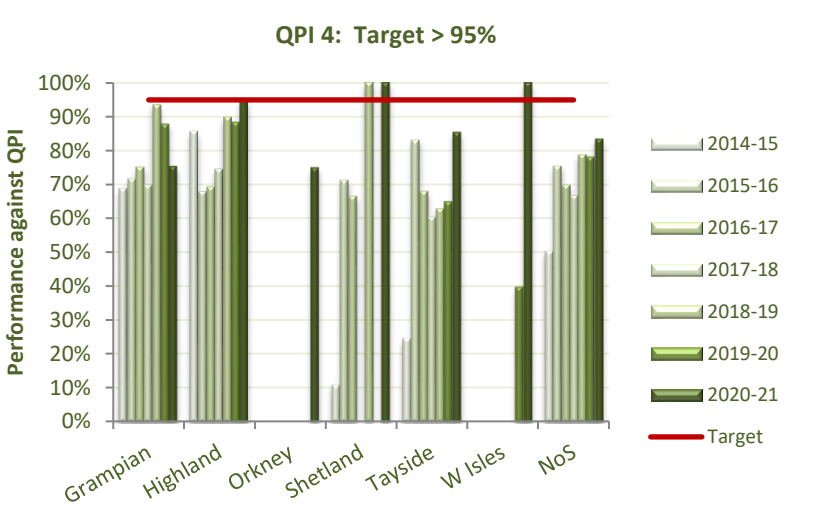
The NCA as a whole have not met this QPI. There is some variation throughout the network, however there has been a drive to standardise the support provided to MDT, through co-ordinators, to ensure that all cases are brought to MDT at the correct time point. Due to COVID-19 some patients have received definitive treatment before MDT, where the initial excision was considered sufficient definitive treatment when later discussed at MDT.

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	**75.4%**	92	122
Highland	**95.2%**	59	62
Orkney*	-	-	-
Shetland*	-	-	-
Tayside	**85.4%**	82	96
W Isles	**100%**	5	5
NoS	**83.4%**	**242**	**290**

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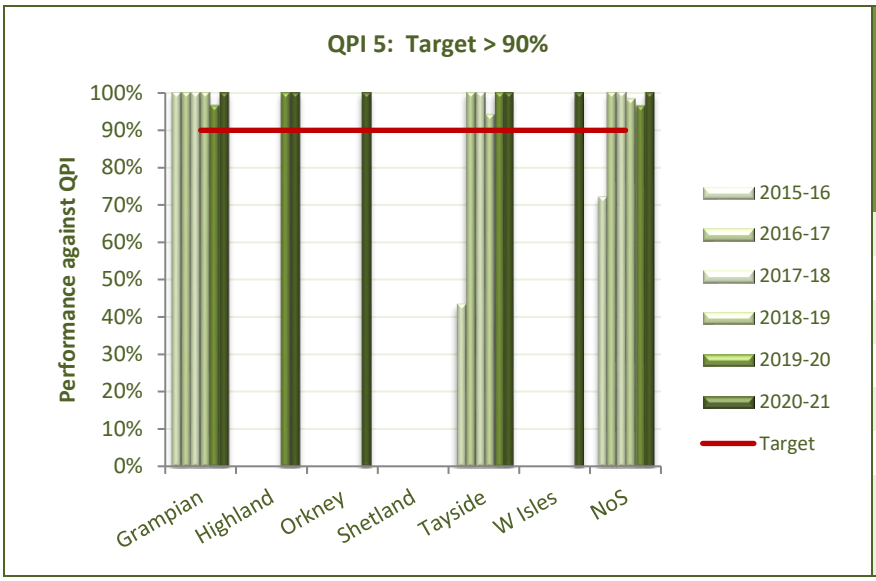
The North of Scotland did not meet this QPI as a whole, with variation throughout the network. Local solutions are being established within boards to improve performance in future years of reporting. NHS Grampian and NHS Tayside have introduced documentation checklists (departmental stamps and proformas) to improve the recording of Lymph Node Basins.

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%**	44	44
Highland	**100%**	18	18
Orkney*	-	-	-
Shetland	-	0	0
Tayside	**100%**	18	18
W Isles*	-	-	-
NoS	**100%**	**84**	**84**

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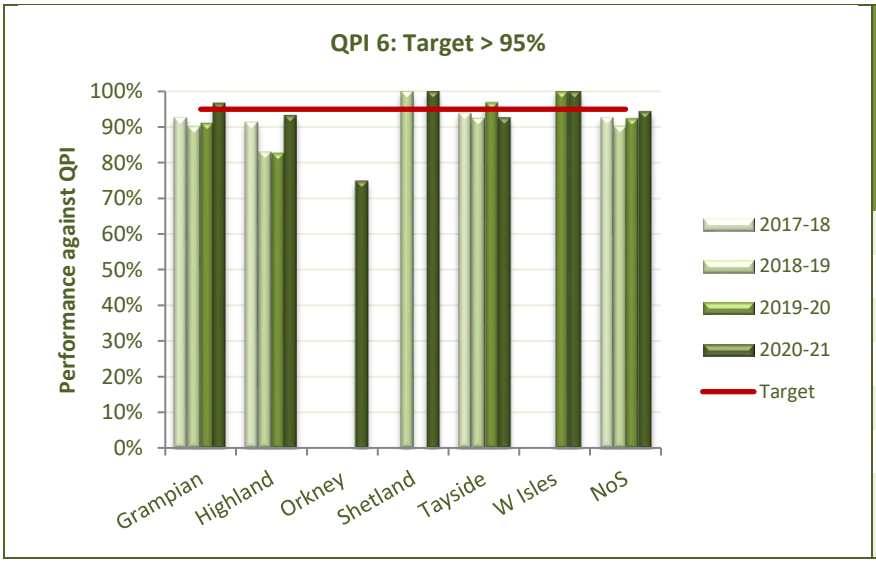
QPI 6	Wide Local Excisions
Proportion of patients with cutaneous melanoma who undergo a wide local excision, following diagnostic excision or partial biopsy.	



	Performance (%)	Numerator	Denominator
Grampian	**96.7%**	116	120
Highland	**93.3%**	56	60
Orkney*	-	-	-
Shetland*	-	-	-
Tayside	**92.7%**	89	96
W Isles*	-	-	-
NoS	**94.4%**	**269**	**285**

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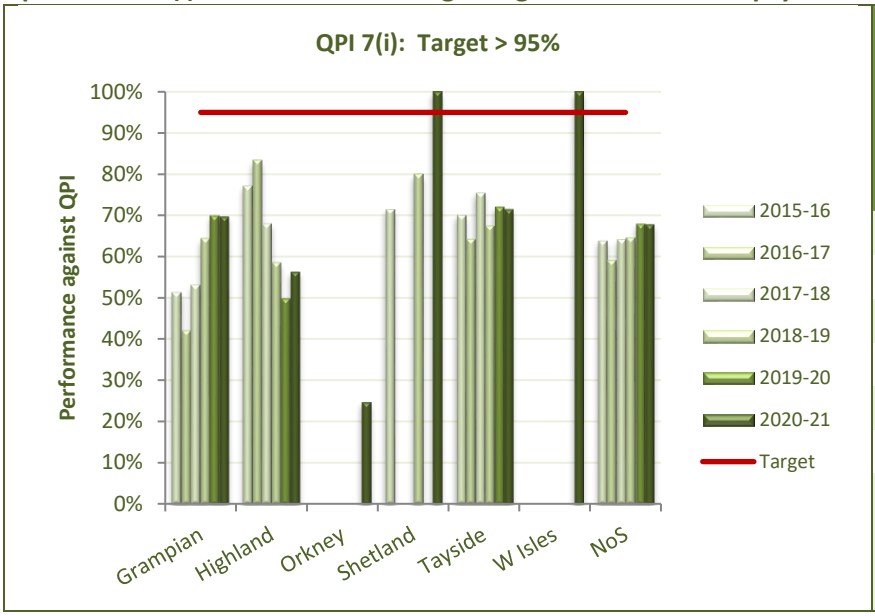
All patients who did not undergo a wide local excision following a diagnostic excision or partial biopsy have been reviewed through board processes. Clinical decision making, patient choice and performance status are key factors as to why patients do not progress for a WLE following initial excision / biopsy.

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	**69.8%**	74	106
Highland	**56.5%**	26	46
Orkney*	-	-	
Shetland*	-	-	-
Tayside	**71.6%**	63	88
W Isles*	-	-	-
NoS	**67.9%**	**169**	**249**

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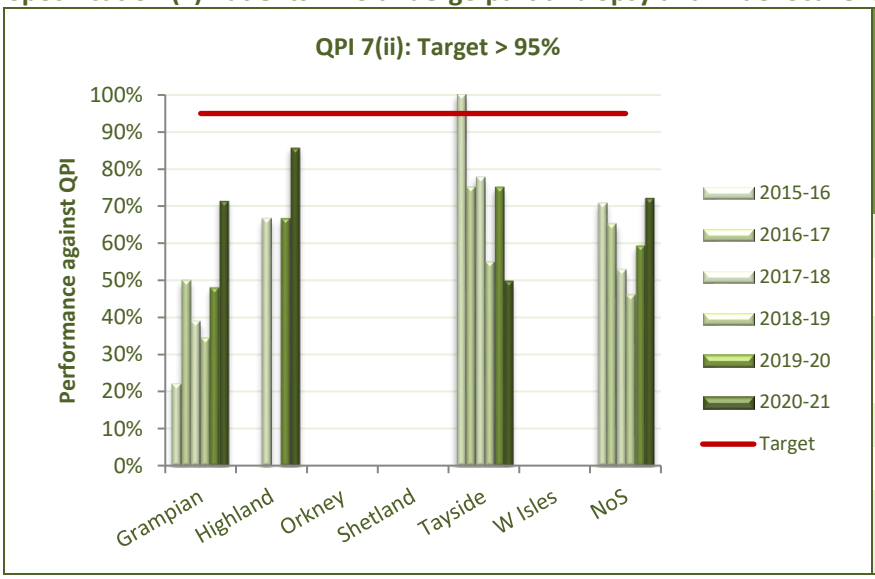
Specification (ii) Patients who undergo partial biopsy and wide local excision within 84 days



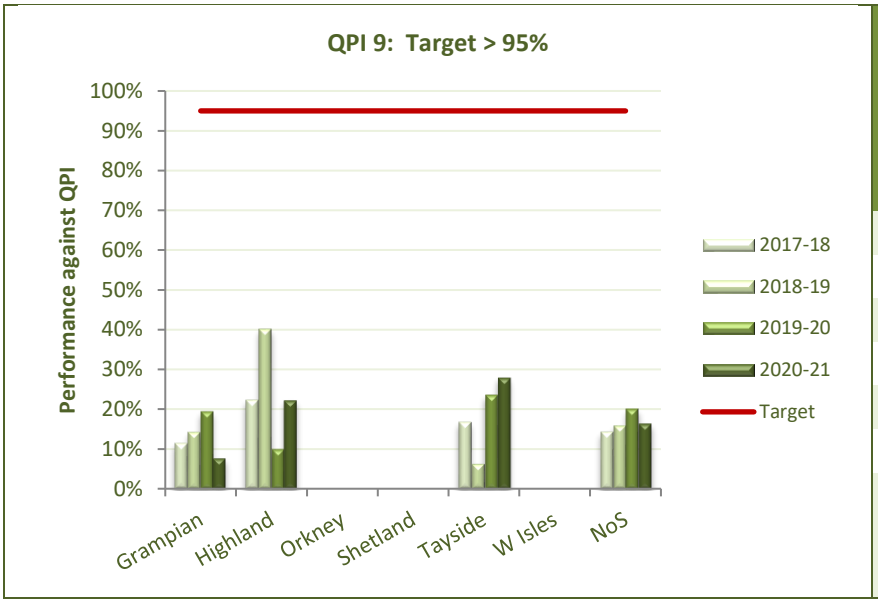
	Performance (%)	Numerator	Denominator
Grampian	**71.4%**	10	14
Highland	**85.7%**	12	14
Orkney	-	0	0
Shetland	-	0	0
Tayside	**50.0%**	4	8
W Isles	-	0	0
NoS	**72.2%**	**26**	**36**

This QPI has been significantly failed, however, this failure cannot be solely explained by the effects of the current pandemic, historical data suggests that this has been a long standing obstacle for NHS Grampian and NHS Highland and more recently Tayside. Theatre access throughout the North of Scotland remains an issue throughout the network as far more patients require a SLNB due to updated guidelines, which required general operational slots which are currently operating at significantly reduced capacity. It will be interesting to see how this data appears next year with the new QPI breaking this into time to reporting and time for treatment following biopsy. This should highlight where to target resource and where there are delays in the pathway. Recent audits have also highlight that there are delays when patients transfer from one speciality to another for definitive treatment (dermatology to plastics) which needs streamlining.

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

There is no data to report for this QPI as the results have been excluded to minimise the risk of disclosure due to number of cases being between one and four throughout the North of Scotland.

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	**7.7%**	2	26
Highland	**22.2%**	2	9
Orkney*	-	-	-
Shetland	-	0	0
Tayside	**27.8%**	5	18
W Isles	-	0	0
NoS	**16.4%**	**9**	**55**

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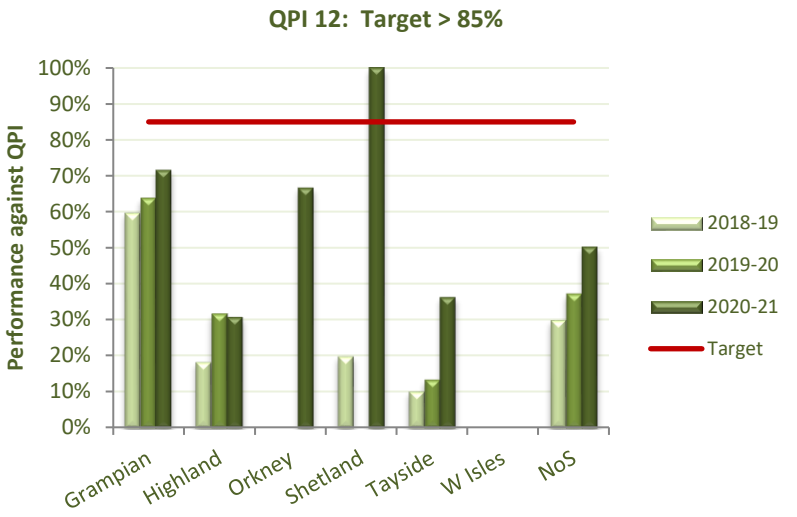
This QPI has been failed significantly throughout the north of Scotland, although particularly low In NHS Grampian (7.7%). Delays occur due to reduced radiology capacity and impacts of the COVD-19 pandemic. Local audits have been undertaken within NHS Tayside and NHS Grampian which have demonstrated that imaging is usually carried out within two weeks from request for PET and/or CT Scans.

This QPI has been amended under the National Formal Review process all patients with pathologically confirmed stage IIC and above will undergo imaging (CT or PET CT) within 35 days of pathology report being issued. The new QPI data should allow a better understanding of where delays are within the pathway and will continue to be monitored.

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

This QPI does not currently capture all melanoma patients who undergo systemic therapy and is not a true reflection of Systemic Treatment given to patients throughout the network. QPI 10 has been reviewed under the National Formal Review process and is to be archived in 2021-2022 reporting.

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).	



	Performance (%)	Numerator	Denominator
Grampian	**71.6%**	83	116
Highland	**30.9%**	17	55
Orkney*	**-**	-	-
Shetland*	**-**	-	-
Tayside	**36.4%**	32	88
W Isles	**0%**	0	5
NoS	**50.4%**	**135**	**268**

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This QPI continues to not be met with some differences in performance throughout the North of Scotland. A review of practice does indicated that excision margins are not always documented and clinical decision making to use different margins. As such patients would fail if had greater than 2mm margins stated.

Although this QPI has been withdrawn for future years of QPI reporting, documentation of surgical margins are included within the Clinical Management Guideline for Melanoma within the NCA, for an excision biopsy of at least 2mm and documentation to be undertaken in keeping with SIGN and NICE Guidelines.

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 2020.	

	Performance (%)	Numerator	Denominator
Grampian	**0%**	0	138.2
Highland	**0%**	0	68.’6
Orkney*	**-**	-	-
Shetland	**0%**	0	5.2
Tayside	**0%**	0	136.4
W Isles*	**-**	-	-
NoS	**0%**	**0**	**354.8**

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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.

Historically this QPI has been failed, however patients are routinely incorporated to a number of national trials which to not meet the criteria of this QPI. This may be an area to investigate in the future.

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 2020-21

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