



Healthcare  
Improvement  
Scotland

# Review of Cancer Quality Performance Indicators

## Cervical Cancer

April- 2023

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# 1.0 Executive Summary

During spring 2020, the Scottish Government asked Healthcare Improvement Scotland (HIS) to carry out an external review of the Cancer Quality Performance Indicators (CQPIs) to provide national comparability and highlight areas of concern and unwarranted variation on a national scale. Thus supporting the aims and ambitions of the Scottish Government's Cancer Recovery Plan.

## Recovery and redesign: cancer services – action plan

The HIS CQPI team (the review team) developed a rolling programme of Tumour-Specific Groups (TSGs) - this report focuses on cervical cancer.

The Human Papillomavirus (HPV) is responsible for nearly all cervical cancers. HPV is a group of more than 200 related viruses, some of which are spread through sexual transmission and can fall into two groups, low risk and high risk for causing cancer, and can affect both men and women. The incidence of cervical cancer has fallen over the past decade, particularly in younger women. This is largely as a result of the HPV vaccination.

Using the cervical QPI data for 2019/2020 from the Scottish Cancer Registry and Intelligence Service (SCRIS) dashboard, the review team identified where performance across the three regional cancer networks and 14 territorial NHS boards differed significantly from the QPI target or overall performance of Scotland. At the time this work was carried out the 2019/2020, data was the most up to date available.

The analysed data covers the pre COVID-19 pandemic period and the initial stages of COVID-19 pandemic period which has impacted on both the review processes and the delivery of cancer care.

Following the data analysis, Key Lines of Enquiry (KLoE) were developed and sent to the regional cancer networks. The review team were content with the network responses and review meetings were not necessary.

While the review team included all cervical QPIs from the SCRIS dashboards as part of our analysis, the focus of the review was to identify unwarranted variation and areas of concern – an explanation of unwarranted variation is given on page eight of this report.

Analysis showed no evidence of unwarranted variation or clinical concern for the following five cervical cancer QPIs. Performance for these QPIs were judged to be 'in control' and therefore not included in the report

- QPI 1: Radiological Staging
- QPI 2: Positron Emission Tomography / Computed Tomography (PET/CT).
- QPI 3: Multi-Disciplinary Team (MDT).
- QPI 5: Surgical Margins.

- QPI 6: 56 Day Treatment Time for Radical Radiotherapy.

The QPIs for cervical cancer address various aspects of diagnosis and treatment, however they do not include the quality of the screening programme.

Analysis of the QPI data showed concerning variation in performance at NHS board level for:

- QPI 7: Chemoradiation.

This concerning variation in performance related only to NHS boards in the South East Scotland Cancer Network (SCAN). The performance of all SCAN NHS boards (with the exception of NHS Borders) has decreased over the last three years and not met the QPI target of 70%. NHS Borders was the only SCAN NHS board to meet the target in 2019/2020. SCAN NHS boards (with the exception of NHS Borders) advised the review team that the patients who did not receive chemoradiation had multiple comorbidities and were not suitable for chemoradiation. The review team do not fully understand why comorbidities in this patient group should be higher in the SCAN NHS boards than in other parts of Scotland. This is an important QPI for patients who receive radiotherapy and undergo chemotherapy treatment at the same time. The benefits of this treatment have been highlighted in several randomised trials and in a meta-analysis and have improved survival rates. As a result of not receiving this treatment, patients who live in the SCAN NHS board areas may have poorer outcomes than in other parts of Scotland.

While the regional cancer networks allow NHS boards to collaborate and work to improve the quality of cancer care across their regions, performance against the QPIs and the required improvement action remains the responsibility of the individual NHS boards. The review team will follow up on progress made against the recommendation within 12 months of publication of this report.

## 2.0 Introduction

### 2.1 Cancer Quality Performance Indicators

The National Cancer Quality Programme CEL 06 (2012) describes a national governance process and improvement framework for cancer care.

[https://www.sehd.scot.nhs.uk/mels/cel2012\\_06.pdf](https://www.sehd.scot.nhs.uk/mels/cel2012_06.pdf)

The CEL 06 (2012) states that Healthcare Improvement Scotland (HIS) will undertake national external quality assurance by reviewing cancer quality performance indicators (CQPIs). The HIS CQPI team have previously carried out reviews of CQPIs 2012-2017 and 2019.

Cancer QPIs are small sets of outcome and process focused evidence-based indicators. They relate to key points in the cancer patient pathway deemed critical in providing good quality care. Currently, there are 19 specific tumour type sets of indicators.

Expert groups of clinicians from the three regional cancer networks, NHS National Services Scotland's Information Services Division, now Public Health Scotland Data and Intelligence and HIS developed the QPIs collaboratively.

The overarching aim of the QPIs is to make sure that activity at NHS board level is focused on the following key areas:

- To improve survival rates whilst reducing variance.
- To ensure safe, effective and compassionate person-centred cancer care.

Each QPI title is designed to be clear and measurable of indicated target performance across Scotland. The QPIs are measured and analysed by a numerator and denominator.

**Numerator:** Actual number of patients who receive appropriate pathway of care and treatment specific to their tumour group

**Denominator:** Total number\_of patients eligible for appropriate pathway of care and treatment specific to their tumour group.

Please click below for further information on Cancer QPIs.

[Cancer Quality Performance Indicators \(QPIs\)](#)

The three regional cancer networks operating in NHS Scotland are:

- The West of Scotland Cancer Network (WoSCAN), made up of NHS Ayrshire & Arran, NHS Greater Glasgow & Clyde, NHS Forth Valley and NHS Lanarkshire.

- The South East Scotland Cancer Network (SCAN), made up of NHS Borders, NHS Dumfries & Galloway, NHS Fife and NHS Lothian.
- The North Cancer Alliance (NCA), made up of NHS Grampian, NHS Highland, NHS Shetland, NHS Tayside, NHS Orkney and NHS Western Isles.

The regional cancer networks act as a conduit between Scottish Government and the NHS boards for co-ordination of and to ensure key stakeholder representation on the national groups. The regional cancer networks are aligned with the National Cancer Recovery Plan, where the support and expertise of the networks is required. The regional cancer networks are also responsible for the regional collation and reporting on a range of data (including QPI data) to support service improvement, helping to ensure cancer services are delivered to a high standard regionally and nationally.

NHS boards remain responsible for the delivery of cancer services and for individual NHS board performance against each Tumour Specific Group (TSG) suite of QPIs. When a NHS board does not meet the QPI target, the NHS board is required to produce an action plan with details of improvement work that will be undertaken. This should include:

- Details of the required improvement actions and who is responsible for implementation.
- Timescales for completion of the improvement actions.
- The planned approach to measure progress.
- Details of the required additional funding or development of a business case.

The action plan forms part of the individual TSG network audit report and are provided to the networks respective boards.

In the event where all NHS boards in a region fail to meet the target for particular QPIs, the regional cancer network will work with the respective NHS boards to support the improvement work at a regional level. However, the responsibility and accountability for implementing and driving forward the required improvement action firmly rests with the individual NHS boards.

During spring 2020, the Scottish Government asked HIS to carry out an external review of cancer QPIs to provide national comparability and highlight areas of concern and/or unwarranted variation on a national scale.

With input from an expert review team, HIS seeks to provide external quality assurance of the cancer QPI process and will:

- Identify national challenges and unwarranted variation in performance against cancer QPIs.
- Document underlying issues and explanations pertaining to challenges and variation.
- Review the action plans developed to improve performance at NHS board level.
- Evaluate the impact of action plan implementation.
- Highlight concerns and themes for universal learning and reviews.

- Be informed by triangulating local, regional and national CQPI intelligence to add value and avoid duplication.

NHS Scotland has experienced an unprecedented level of pressure during 2020/2021 due to the COVID-19 pandemic. The Scottish Government published a new recovery action plan for cancer services in December 2020 which reviews the circumstances in which cancer services operate and introduces a wide range of new actions along with areas of focus for cancer services. These actions will both redesign cancer services to benefit patients and increase the resilience of services in the event of future rises in COVID-19 prevalence.

One of the key aims of the cancer recovery plan is to adopt a 'Once For Scotland' approach where appropriate to cancer services. This will see that the same prioritisation and delivery of services is adopted across Scotland, helping to ensure patients across Scotland receive equitable access to care and treatment.

By identifying and highlighting unwarranted variation and areas of concern across Scotland, the review process will support the aims and ambitions of the cancer recovery plan.

## 2.2 Cervical Cancer in Scotland

The Human Papillomavirus (HPV) causes almost all cervical cancers. HPV is a group of more than 200 related viruses, some of which are spread through sexual transmission and can fall into two groups, low risk and high risk for causing cancer, and can affect both men and women. Over the last ten years, the number of diagnosed cases of cervical cancer has dropped significantly. This decrease is most notable in younger women and is a direct result of the HPV vaccine. The 5-year net survival with cervical cancer is 63%, which is comparable with other parts of the UK and Europe; however, survival varies by ethnicity, age and deprivation.<sup>2</sup>

Cervical screening is routinely offered to anyone with a cervix aged between 25 and 64 years. In September 2008, the Scottish HPV immunisation programme commenced, and vaccinations are now routinely offered to all secondary school girls and boys, from age 11 to 12 years old. This combination of immunisation and regular screening offers effective protection against cervical cancer.

At the time this work was undertaken, the 2019/2020, data was the most up to date available. Using cervical cancer data (2019/20) taken from the SCRIS dashboard, the review team identified where performance across the NHS boards differed from the QPI target or overall performance of Scotland.



# 3.0 Methodology

## 3.1 Overview

### 3.1.1 Principles

The HIS Quality Assurance Directorate (QAD) adheres to the following core quality assurance principles for all our assurance work:

- User-focused – we put people who use services at the heart of our approach.
- Transparent and mutually supportive, yet independent – we promote and support a complementary approach to robust self-evaluation for improvement with independent validation, challenge and intervention as required.
- Intelligence-led and risk-based – we take a proportionate approach to inspection and review which is informed by intelligence and robust self-evaluation.
- Integrated and co-ordinated – we draw on the collective participation of relevant scrutiny bodies and other partners to share intelligence and minimise duplication of effort.
- Improvement-focused – we support continuous and sustained quality improvement through our quality assurance work.

### 3.1.2 In Scope

The following are considered in scope for the review process:

- Review and analysis of the SCRIS dashboard data.
- Review of the relevant board, network and national audit reports.
- Review and analysis of information from regional cancer networks and NHS boards.
- Other publicly available information including net and cause specific survival where available.

### 3.1.3 Out of Scope

The following are out of scope for the review process:

- Assessing the accuracy of the SCRIS dashboard data.
- Consideration of the methods of collecting and calculating the CQPIs.
- Reviewing the selection and definition of CQPIs.
- Reviewing waiting time data target.

In addition, QPI 2: Positron Emission Tomography/Computed Tomography (PET/CT) and QPI 3: Multi-Disciplinary Team (MDT) have been archived following the formal review process in 2022.

QPI 8: Clinical Trials and Research Study Access is currently under review at a national level and to avoid work that would be irrelevant after a review of this QPI was not included in this review.

### 3.1.4 Limitations of the Review Process

The review process relies on data from the SCRIS dashboard, information provided by the regional cancer networks, NHS boards and other publicly available information. The data analysis and reviewing of action plans is limited to that timeframe. Many important aspects of the quality of cervical cancer care lie outside the scope of the review as the suite of QPIs does not address them. The nature of the data available makes it possible to compare geographical entities in Scotland, but not to assess gender or socio-economic disparities in service delivery. In addition, by reviewing cervical cancer in isolation, themes which cut across multiple tumour groups may only emerge after we have completed additional reviews.

The small number of cervical cancer cases also makes it more difficult to separate unwarranted from random variation.

## 3.2 Data Analysis

The primary source of data was 2019/20 CQPI data from the SCRIS dashboard. Further analysis of this data was carried out by the HIS Data Measurement and Business Intelligence (DMBI) team to provide a deeper understanding of unwarranted variation across networks and boards (Appendix 1). In addition to the dashboard data, the review team analysed publicly available intelligence, such as audit reports and other documentation provided by the regional cancer networks.

Unwarranted variation is where poorer performance cannot be explained by chance variation in data, which is particularly evident in smaller groups, or, by factors that cannot be changed, such as the geographic and demographic situation. The review team identified unwarranted variation using funnel plots which highlight where the performance of an NHS board is significantly different from the expected variation based on the QPI target or overall performance of Scotland. This accounts for chance variations in smaller groups. In addition, where this analysis highlights more variation than expected across all areas, the review team assume this is due to unchangeable factors and adjust for this, ensuring that the focus of the review team remains on unwarranted variation. By understanding unwarranted variation, the review team focused on more meaningful differences rather than potentially temporary fluctuations in data, or differences due to factors that cannot be changed by healthcare, such as age and gender.

## 3.3 Key Lines of Enquiry Development

The review team scrutinised the data and intelligence, with a focus on unwarranted variation and clinical concerns – for example, trends highlighting a decrease in performance. Following this analysis, the review team developed KLoE for each network and NHS board.

The review team asked the regional cancer networks and NHS boards to provide a narrative on the highlighted CQPIs; including any identified problems, any further analysis, progress and outcomes from action plans.

Following analysis of this information, the KLoE then form the basis of discussions for potential review meetings. The review meetings provide the opportunity for the review team to scrutinise and seek further clarification on the QPI performance issues. However, following analysis of the network responses to the cervical KLoE, the review team were satisfied with the network responses and review meetings were not considered necessary.

# 4.0 QPI Review Findings

## 4.1 QPI 7 Chemoradiation

**Numerator (N):** Number of patients with cervical cancer undergoing radical radiotherapy who receive concurrent chemotherapy.

**Denominator (D):** All patients with cervical cancer who undergo radical radiotherapy.

**Rationale:** The addition of chemotherapy to radiotherapy has been shown in several randomised trials and in a meta-analysis to improve survival.

**Exclusions:** No exclusions

**Target:** 70%

### National Summary

Following our analysis of 2019/2020, cervical QPI data, only the performance of SCAN NHS boards in relation to QPI 7 were of concern to the review team. The performance of all SCAN NHS boards (except NHS Borders) has decreased over the last three years and not met the target of 70%.

NHS Borders was the only SCAN NHS board to meet the target in 2019/2020.

### 4.1.1 SCAN

#### Performance based on 2019/20 data

- **SCAN 66% (N/D = 21/32)**
- NHS Borders: 100% (N/D = 5/5)
- NHS Dumfries and Galloway: ++
- NHS Fife: ++
- NHS Lothian: 65% (N/D = 11/17)

++ Indicates values that have been redacted where there is a risk that individuals could be identified.

#### Comparative regional cancer network performance and the overall Scottish performance.

- NCA: 100% (N/D = 19/19)
- WoSCAN: 88% : (N/D = 63/72)
- Scotland: 84% (N/D = 103/123)

## Identified Issues

SCAN NHS boards (except NHS Borders) provided evidence that 11 out of the 32 patients did not receive chemoradiation due to patients having multiple comorbidities and were not suitable for chemoradiation.

## Improvement Actions

The SCAN NHS boards did not provide any improvement actions for QPI 7.

## Our Assessment

As there are no exclusions for this QPI, a tolerance level is set within this target (70%) to allow for patients who are not suitable for chemoradiation. For example when patients have significant comorbidities or fitness levels which preclude chemotherapy. All NHS boards with the exception of NHS Lothian, NHS Dumfries and Galloway and NHS Fife, meet this QPI within the specified tolerance level.

We received evidence from NHS Lothian, NHS Dumfries and Galloway and NHS Fife that comorbidities precluded chemoradiation in all patients who did not meet this QPI based on the 2019/2020 data. However, this issue appears to be significantly more common in SCAN NHS boards than all other NHS boards across Scotland. The review team do not fully understand why comorbidities in this patient group should be higher in the SCAN NHS boards than in other parts of Scotland. The review team expect SCAN NHS boards to work together to better understand the issue.

### **Recommendation**

The review team recommends that all SCAN NHS boards undertake a review to identify why patients are less likely to receive chemoradiation treatment than in other areas of Scotland. This is an important QPI for patients as the combination of chemotherapy with radiotherapy has been shown in several randomised trials and in a meta-analysis to improve survival rates.

## 5.0 Conclusion

Analysis showed no evidence of unwarranted variation or clinical concern for the following five cervical cancer QPIs. Performance for these QPIs were judged to be 'in control' and therefore not included in the report:

- QPI 1: Radiological Staging.
- QPI 2: Positron Emission Tomography / Computed Tomography (PET/CT).
- QPI 3: Multi-Disciplinary Team (MDT).
- QPI 5: Surgical Margins.
- QPI 6: 56 Day Treatment Time for Radical Radiotherapy.

Analysis of the QPI data showed concerning variation in performance at NHS board level:

- QPI 7: Chemoradiation.

Overall, performance for cervical cancer QPIs across Scotland is good, with the majority of QPI targets being met by NHS boards. The number of cases of cervical cancer is small, particularly in younger women which is attributed to the successful up-take of the HPV vaccination.

The performance of NHS Lothian, NHS Dumfries and Galloway and NHS Fife in QPI 7: Chemoradiation is of concern to the review team. The performance of these boards has decreased over the last three years and not met the target of 70%. NHS Borders was the only SCAN NHS board to meet the target in 2019/2020. The SCAN NHS boards who did not meet the QPI advised that a total of 11 patients out of the 32 did not receive chemoradiation due to multiple co morbidities and were not suitable for chemoradiation. Although evidence was provided to support this position, the poorly performing boards have not presented any information to demonstrate that they are investigating this further, given all other NHS boards in Scotland are able to meet this target.

This issue appears to be significantly more common in SCAN NHS boards than all other NHS boards across Scotland. The review team do not fully understand why comorbidities in this patient group should be higher in the SCAN NHS boards than in other parts of Scotland.

While the regional cancer networks allow NHS boards to collaborate and work to improve the quality of cancer care across their regions, performance against the QPIs and the required improvement action remains the responsibility of the individual NHS boards. The review team will follow up on progress made against the recommendation made within 12 months of publication of this report.

## 6.0 Recommendation

### QPI 7

The review team recommends that all SCAN NHS boards undertake a review to identify why patients are less likely to receive chemoradiation treatment than in other areas of Scotland. This is an important QPI for patients as the combination of chemotherapy with radiotherapy has been shown in several randomised trials and in a meta-analysis to improve survival rates.

## 7.0 Acknowledgement

This review has been conducted during the COVID-19 pandemic and HIS would like to thank all those involved for their support and commitment to the review process during such an unprecedented and extremely challenging period for NHS Scotland.

## 8.0 Engagement with the Third Sector

In order to include the patient perspective into our review process the review team has been working with the HIS Community Engagement Directorate and the Scottish Medicines Consortium to identify relevant charities for each TSGs. For cervical cancer, Jo's Cervical Cancer Trust was identified. However, at the time of the review, Jo's Cervical Cancer Trust were unfortunately unable to participate. The review team however do acknowledge other cervical cancer charities exist in Scotland providing excellent support to cervical cancer patients and their families.

## 9.0 Reference List

1. Public Health Scotland, 2022. Cancer incidence in Scotland to December 2020: A national statistics release for Scotland [internet] Available from: <https://publichealthscotland.scot/publications/cancer-incidence-in-scotland-to-december-2020/>
2. Public Health Scotland, 2021. Cancer survival statistics. People diagnosed with cancer between 2013 – 2017. A national statistics publication for Scotland [internet] Available from <https://publichealthscotland.scot/publications/cancer-survival-statistics/cancer-survival-statistics-people-diagnosed-with-cancer-between-2013-and-2017/>

## 10. Review Team

Name	Title
Dr Nadeem Siddiqui	Review Chair – Consultant Gynaecological Oncologist, NHS Greater Glasgow and Clyde
Dr Peter Sandiford	Review Deputy Chair, Consultant in Public Health Medicine
Lesley Aitken	Senior Reviewer
Jo Elliot	Programme Manager
Alison Walker	Project Officer
Emma Kerr	Project Officer
Tim Norwood	Data & Measurement Advisor



# 11.0 Appendices

## Appendix 1

### 11.1 Table summarising performance against the target for Cervical Cancer QPIs 2019/20

		Grampian 2019/20	Highland 2019/20	Orkney 2019/20	Shetland 2019/20	Tayside 2019/20	Western Isles 2019/20	NCA 2019/20	Borders 2019/20	Dumfries & Gallo... 2019/20	Fife 2019/20	Lothian 2019/20	SCAN 2019/20	Ayrshire & Arran 2019/20	Forth Valley 2019/20	Greater Glasgo... 2019/20	Lanarks... 2019/20	WoSCAN 2019/20
QPI 1: Radiological Staging	95%	90.0	96.9	*	*	94.7	-	92.7	100.0	80.0	100.0	88.9	92.3	100.0	83.3	95.7	100.0	97.1
QPI 2: Positron Emission Tomography/Computed Tomography (PET/CT)	95%	83.3	-	*	*	100.0	*	94.4	-	-	100.0	93.3	96.3	100.0	-	100.0	100.0	100.0
QPI 3: Multidisciplinary Team Meeting (MDT)	95%	100.0	100.0	*	*	100.0	-	100.0	100.0	100.0	100.0	92.9	96.5	100.0	100.0	100.0	100.0	100.0
QPI 4: Radical Hysterectomy	85%	-	-	*	*	-	-	100.0	*	*	-	-	83.3	-	-	80.0	100.0	78.6
QPI 5: Surgical Margins	95%	100.0	*	*	*	-	*	100.0	-	*	100.0	66.7	80.0	-	-	94.1	-	95.2
QPI 6: 56 Day Treatment Time for Radical Radiotherapy	90%	100.0	-	*	*	100.0	*	100.0	100.0	-	83.3	100.0	96.9	100.0	-	94.6	95.0	95.8
QPI 7: Chemoradiation	70%	100.0	-	*	*	100.0	*	100.0	100.0	-	50.0	64.7	65.6	100.0	-	83.8	85.0	87.5
QPI 8: Clinical Trials and Research Study Access	15%	3.6	0.0			0.0	-	1.4	0.0	0.0	6.8	7.6	5.7	25.5	12.8	2.6	5.8	7.6

- Data not shown due to small numbers  
 \* No data matching QPI criteria  
 ● Target met  
 ○ Target not met

### 11.2 Table summarising unwarranted variation from target for cervical QPI data 2019/20

	NCA						SCAN				WoSCAN			
	NHS Grampian	NHS Highland	NHS Orkney	NHS Shetland	NHS Tayside	NHS Western Isles	NHS Borders	NHS Dumfries & Galloway	NHS Fife	NHS Lothian	NHS Ayrshire & Arran	NHS Forth Valley	NHS Greater Glasgow & Clyde	NHS Lanarkshire
QPI 1: Radiological Staging	○	○	*	*	○	○	○	○	○	○	○	○	○	○
QPI 2: Positron Emission Tomography/Computed Tomography (PET/CT)	○	○	*	*	○	*	○	○	○	○	○	○	○	○
QPI 3: Multidisciplinary Team Meeting (MDT)	○	○	*	*	○	○	○	○	○	○	○	○	○	○
QPI 4: Radical Hysterectomy	○	○	*	*	○	○	*	*	○	○	○	○	○	○
QPI 5: Surgical Margins	○	*	*	*	○	*	○	*	○	○	○	○	○	○
QPI 6: 56 Day Treatment Time for Radical Radiotherapy	○	○	*	*	○	*	○	○	○	○	○	○	○	○
QPI 7: Chemoradiation	○	○	*	*	○	*	○	○	○	○	○	○	○	○
QPI 8: Clinical Trials and Research Study Access	○	○	*	*	○	○	○	○	○	○	○	○	○	○

- \* No data matching QPI criteria or not enough data available
- Performing at a level consistent with or better than the target
- Between 2 and 3 standard deviation from the target
- More than 3 standard deviation from the target

**11:2 Table summarising unwarranted variation from the overall Scotland performance for cervical QPI data 2017-2020**

	NCA						SCAN				WoSCAN			
	NHS Grampian	NHS Highland	NHS Orkney	NHS Shetland	NHS Tayside	NHS Western Isles	NHS Borders	NHS Dumfries & Galloway	NHS Fife	NHS Lothian	NHS Ayrshire & Arran	NHS Forth Valley	NHS Greater Glasgow & Clyde	NHS Lanarkshire
QPI 1: Radiological Staging	○	○	*	*	○	○	○	○	○	○	○	○	○	○
QPI 2: Positron Emission Tomography/Computed Tomography (PET/CT)	○	○	*	*	○	*	○	○	○	○	○	○	○	○
QPI 3: Multidisciplinary Team Meeting (MDT)	○	○	*	*	○	○	○	○	○	●	○	○	○	○
QPI 4: Radical Hysterectomy	○	○	*	*	○	○	*	*	○	○	○	○	○	○
QPI 5: Surgical Margins	○	*	*	*	○	*	○	*	○	○	○	○	○	○
QPI 6: 56 Day Treatment Time for Radical Radiotherapy	○	○	*	*	○	*	○	○	○	○	○	○	○	○
QPI 7: Chemoradiation	○	○	*	*	○	*	○	○	○	○	○	○	○	○
QPI 8: Clinical Trials and Research Study Access	○	○	*	*	○	○	○	○	○	○	○	○	○	○

- \* No data matching QPI criteria or not enough data available
- Performing at a level consistent with or better than the target
- Between 2 and 3 standard deviation from the target
- More than 3 standard deviation from the target

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