

Review of Cancer Quality Performance Indicators

Endometrial

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 (QPIs) to provide national comparability and highlight areas of concern and unwarranted variation across Scotland to help support the aims and ambitions of the Scottish Government Cancer Recovery Plan. Please click below for further information.

[Recovery and redesign: cancer services – action plan](#)

The HIS QPI team (the review team) developed a rolling programme of reviews, this report is about endometrial cancer.

Using the endometrial cancer 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 analysis of the data, Key Lines of Enquiry (KLoE) were developed and shared with the regional cancer networks in advance of the review meetings. The review team were content with the network responses and review meetings were therefore not necessary.

While the review team included all endometrial cancer QPIs from the SCRIS dashboards as part of the analysis, the focus of the review was to identify unwarranted variation and areas of concern. There is an explanation of unwarranted variation on page 7 of this report.

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

- QPI 4: Laparoscopic Surgery
- QPI 6: Systemic Anti-Cancer Therapy (SACT) /Hormone Therapy
- QPI 7: 30 Day Mortality following Surgery

Analysis of the data identified concern in the performance of the following two endometrial cancer QPIs at NHS board level:

- QPI 1: Radiological Staging
- QPI 2: Multidisciplinary Team Meeting (MDT)

Overall, performance for endometrial cancer QPIs across Scotland is good with most QPI targets being met by the NHS boards. The first area of concern was evident only in NHS Lothian and related to QPI 1: Radiological Staging, which involves diagnostic tests for endometrial cancer. Previously NHS Lothian, had adopted a different approach in comparison to other NHS boards across Scotland and offered Magnetic Resonance Imaging (MRI) of the pelvis and a Computerised Tomography (CT) scan of the chest, rather than a full abdominal scan. This approach has the benefit of reducing the overall radiation dose. However, after a review NHS Lothian changed their Clinical Managed Guidelines (CMG) to ensure their clinical practice aligns with the rest of Scotland and all eligible patients will now receive a full abdominal CT scan. This is an important QPI for patients with endometrial cancer as a full abdominal CT scan is necessary to establish the extent of the disease and to minimise unnecessary or inappropriate treatment. This change in practice across NHS Lothian is imperative, as all patients regardless of where they live should have equitable and consistent access to the same diagnostic tests for endometrial cancer.

NHS Greater Glasgow and Clyde (NHS GGC) and NHS Forth Valley did not meet the target for QPI 2: Multidisciplinary Team Meeting (MDT). This is an important QPI for patients as evidence suggests that patients with cancer managed by MDT have better outcomes and have increased levels of satisfaction with the care provided. NHS GGC and Forth Valley attributed their performance to Grade 1 endometrial cancer patients not being discussed at MDT. At the time, the regional Clinical Management Guidelines (CMG) did not require these patients to be discussed at MDT and therefore clinical practice was compliant with the CMG. The CMG has now been updated so that all patients with grade 1 endometrial cancer will be discussed at MDT prior to surgery. This change to the CMG and clinical practice will support improved outcomes for patients with endometrial cancer and help ensure that the target is met by NHS GGC and NHS Forth Valley in the future.

The review team will however review performance in 12 months from the publication of this report to ensure the NHS boards have implemented the relevant changes and performance has improved.

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.

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

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 18 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 Cancer 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 Cancer QPI title is designed to be clear and measurable of indicated target performance across Scotland. The Cancer 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 GGC, 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. These 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 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.
- The planned approach to measure progress.
- Timescales for completion of the improvement actions.
- Details of the required additional funding or development of a business case.

Action plans are collated regionally and form part of the individual TSG regional cancer 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 all the NHS boards to support the improvement work at a regional level. However, the responsibility and accountability for implementing and driving forward the required improvement 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 and areas of focus for cancer services. These actions will both redesign cancer services to benefit patients and increase services' resilience to future rises in COVID-19 prevalence.

One of the key aims of the Cancer Recovery Plan is to "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 Endometrial Cancer in Scotland

In Scotland, 730 women were diagnosed with endometrial cancer from October 2019 to September 2020. This compares to:

- 814 diagnosed cases of endometrial cancer October 2018 to September 2019
- 713 diagnosed cases of endometrial cancer October 2017 to September 2018¹

In Scotland, the five-year net survival rate for endometrial cancer is 75.8%. However, the disease is uncommon in young women, with only 4% of cases of endometrial cancer presenting in women less than 45 years.²

Factors that increase the risk of endometrial include:

- Overweight and obesity
- Older age
- Hormone therapy (e.g. hormone replacement therapy)
- Age at menarche and menopause
- Never having been pregnant
- Use of oral contraceptives

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 were considered in scope for the review process:

- Review and analysis of SCRIS dashboard data.
- Review of 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 QPIs.
- Reviewing the selection and definition of QPIs.
- Reviewing waiting time targets.

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 the QPI, this 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. Several important aspects of the quality of endometrial cancer care (e.g. pathways in primary care) lie outside the scope of this review because the suite of CQPIs does not allow for these to be addressed. 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 Endometrial CQPIs in isolation, themes that cut across multiple tumour groups may only emerge as we complete additional reviews

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 team to provide a greater understanding of unwarranted variation across the 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 when poorer performance cannot be explained by chance variation in data, 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 when an NHS board's performance is significantly different from the expected variation around the QPI target or overall performance of Scotland to account for chance variations in smaller groups. In addition, where this analysis highlighted more variation than expected across all areas, the review team assumed that this is a result of unchangeable factors and adjusted for this, ensuring that the focus remained 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 team developed Key Lines of Enquiry (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 the network responses to our endometrial KLoE, the review team were content with the network responses and therefore review meetings were not necessary.

4.0 QPI Review Findings

4.1 QPI 1 Radiological Staging

Numerator: Number of patients with endometrial cancer having a Magnetic Resonance Imaging (MRI) and/or Computerised Tomography (CT) scan of the abdomen and pelvis carried out prior to definitive treatment.

Denominator: All patients with endometrial cancer.

Exclusions: Patients with grade 1 endometrioid or mucinous carcinoma on pre-operative biopsy.
Patients with atypical hyperplasia on pre-operative biopsy.

Rationale: It is necessary to fully image the pelvis and abdomen prior to starting definitive treatment in order to establish the extent of disease and minimise unnecessary or inappropriate treatment.

Target: 90%

National Summary

Following our data analysis, NHS Lothian was the only NHS board to show unwarranted variation. However, NHS Lothian has provided assurance that the changes to their Clinical Managed Guideline (CMG) will ensure that all eligible patients will now receive a full abdominal CT scan. Endometrial cancer CMG offer information on the diagnosis and management of patients with endometrial cancer. This is an important QPI for patients with endometrial cancer as a full abdominal CT scan is necessary to establish the extent of the disease and minimise unnecessary or inappropriate treatment. The changes to the CMG will support improved outcomes for patients with endometrial cancer across NHS Lothian.

SCAN

Performance based on 2019/20 data

- **SCAN: 76.2% (N/D: 64/84)**
- NHS Borders: 100% (N/D=7/7)
- NHS D&G: 100% (N/D=9/9)
- NHS Fife: 96% (N/D=26/27)
- NHS Lothian: 54% (N/D=22/41)* †

* 2 - 3 standard deviations below the target.

† 2 - 3 standard deviations below the Scotland average.

Comparative regional cancer network performance and the Scottish average

- NCA: 96.4% (N/D=106/110)
- WOSCAN:98.5% (N/D=199/202)
- Scotland: 93.2% (N/D=369/396)

Identified Issues

Analysis indicated the performance of NHS Lothian was more than 3 standard deviations (SDs) below the target and the Scottish average. The review team asked NHS Lothian to explain for their low performance:

- NHS Lothian adopted a different, more radical approach to other NHS boards across Scotland and offered an MRI of the pelvis and a CT scan of the chest rather than a full abdominal scan, to avoid giving unnecessary radiation.
- NHS Lothian carried out an investigation into the patients who did not meet the QPI. Of the 19 cases included in 2019/2020, 18 patients had a CT scan of the chest area and an MRI of the pelvis. However, none of these patients had full abdominal imaging before definitive treatment.

Improvement Actions

Following the review, NHS Lothian has developed a new CMG, which states that in future all eligible patients will receive a full abdominal CT scan.

Our Assessment

The change in the CMG and consequently clinical practice means that in the future performance will improve and the target is likely to be met. This is an important for patients with endometrial cancer as

a full abdominal CT scan is necessary to establish the extent of the disease and minimise unnecessary or inappropriate treatment. The changes to the CMG will support improved outcomes for patients with endometrial cancer across NHS Lothian and aligns with the clinical practice across all other NHS boards in Scotland. It is imperative, all patients regardless of where they live have equitable and consistent access to the same diagnostic tests for endometrial cancer.

4.2 QPI 2 Multidisciplinary Team Meeting

Numerator: Number of patients with endometrial cancer discussed at the MDT prior to definitive treatment.

Denominator: All patients with endometrial cancer.

Exclusion: Patients with atypical hyperplasia on pre-operative biopsy. Patients who died before first treatment.

Rationale: Evidence suggests that patients with cancer managed by MDT have better outcomes and higher rate of satisfaction.

Target: 95%

National Summary

Data analysis confirmed that unwarranted variation in performance levels exist across:

- NHS GGC
- NHS Forth Valley

However, it should be noted the two other WoSCAN NHS boards, NHS Ayrshire and Arran and NHS Lanarkshire both met the target.

The regional CMG has now been changed to include all patients with grade 1 endometrial cancer who must be discussed at MDT prior to surgery. This is an important QPI for patients as evidence suggests that patients with cancer managed by MDT have better outcomes and higher rate of satisfaction with the level of care provided.

The changes to the CMG should mean performance will improve and NHS GGC and NHS Forth Valley will meet the target in the future.

WoSCAN

Performance based on 2019/20 data

- **WoSCAN: 89% (N/D = 279/312)**
- NHS Ayrshire & Arran: 97% (N/D= 70/72)
- NHS Forth Valley: 71% (N/D= 15/21)*
- NHS GGC: 83% (N/D= 120/145)* †
- NHS Lanarkshire: 100% (N/D=74/74)

* 2 - 3 standard deviations below the target.

† 2 - 3 standard deviations below the Scotland average

Comparative regional cancer network performance and the Scottish average

- NCA: 100% (N/D=186/186)
- SCAN: 97% (N/D=183/188)
- Scotland: 94% (N/D=648/686)

Identified Issues

Analysis confirmed the performance of NHS GGC was between 2 and 3 SDs below the target and the Scottish average. In addition, the performance of NHS Forth Valley was significantly below the target, but not the Scottish average.

NHS GGC and NHS Forth Valley carried out an investigation for the low performance and provided the following explanations:

- The regional CMG did not state that all patients with grade 1 endometrial cancer must be discussed at MDT prior to surgery therefore those patients were not included at MDT discussions.
- One patient with grade 2 endometrial cancer was not discussed at the MDT. This was a genuine failure although an isolated case.

Improvement Actions

The regional CMG has now been amended to include all patients with grade 1 endometrial cancers are discussed prior to surgery at the MDT.

Our Assessment

The review team acknowledge the change in process and expect the target is likely to be met across NHS GGC and NHS Forth Valley in the future. The review team will however review performance in 12 months from publication of this report to ensure the NHS boards have implemented the relevant changes and performance has improved. This is an important QPI for patients as evidence suggests that patients with cancer managed by MDT have better outcomes and have increased levels of satisfaction with the care provided.

5.0 Conclusion

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

- QPI 4: Laparoscopic Surgery
- QPI 6: Systemic Anti-Cancer Therapy (SACT) /Hormone Therapy
- QPI 7: 30 Day Mortality following Surgery

Analysis identified unwarranted variation in the performance of the following QPIs:

- QPI 1: Radiological Staging
- QPI 2: Multidisciplinary Team Meeting (MDT)

Overall, performance for endometrial cancer QPIs across Scotland is good with most QPI targets being met by NHS boards. Where unwarranted variation has been identified the NHS boards concerned have reviewed their practice. With regard to QPI 1, NHS Lothian have now changed the CMG to ensure all patients with endometrial cancer receive a full abdominal scan. NHS GGC and NHS Forth Valley have assured the review team that the changes to the CMG, and consequently clinical practice, means that all patients with grade 1 endometrial cancer will be discussed at MDT prior to surgery as required in line with QPI 2. The review team will review performance in 12 months to ensure the NHS boards have implemented the relevant changes and performance has improved

Following the HIS review of endometrial cancer QPIs, there are no recommendations.

6.0 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.

7.0 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 TSG. However, at the time of the review, no endometrial cancer charity was able to participate in the review.

8.0 Reference List

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2. Public Health Scotland, 2021. Cancer survival statistics. People diagnosed with cancer between 2013 - 2017. A national statistics publication for Scotland [internet] [cited 1 July 2022] Available from <https://publichealthscotland.scot/publications/cancer-survival-statistics/cancer-survival-statistics-people-diagnosed-with-cancer-between-2013-and-2017/>

9.0 The Review Team



Name	Title
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Dr Peter Sandiford	Review Deputy Chair, Consultant in Public Health Medicine
Lesley Aitken	Senior Reviewer
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Alison Walker	Project Officer
Tim Norwood	Data & Measurement Advisor

10.0 Appendix

Appendix 1

Table summarising performance against the TARGET for Endometrial Cancer QPIs 2019/20 (image from PHS eviz dashboard)

		Gramp... 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	90%	98.4	95.0	-	*	92.0	-	96.4	100.0	100.0	96.3	53.7	76.2	98.3	100.0	97.9	100.0	98.5
QPI 2: Multidisciplinary Team Meeting (MDT)	95%	100.0	100.0	-	*	100.0	-	100.0	100.0	95.8	98.0	97.0	97.2	71.4	92.8	100.0	89.4	
QPI 3: Total Hysterectomy and Bilateral Salpingo-Oophorectomy	85%	93.4	97.2	-	*	98.1	-	95.9	91.7	82.6	89.8	87.0	87.5	91.5	92.6	94.3	81.6	90.4
QPI 4: Laparoscopic Surgery	70%	85.1	87.0	-	*	96.3	*	88.4	72.7	90.9	71.1	85.3	81.1	82.5	94.7	68.1	96.0	77.4
QPI 5: Adjuvant Radiotherapy	90%	100.0	-	-	*	40.0	*	73.7	*	66.7	100.0	90.9	87.0	100.0	100.0	100.0	100.0	100.0
QPI 6: Systemic Anti Cancer Therapy (SACT) / Hormone Therapy	75%	75.0	-	*	*	-	*	58.3	-	*	-	-	85.7	*	-	88.2	-	86.4
QPI 7: 30 Day Mortality Following Surgery	<5%	0.0	0.0	-	*	0.0	*	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
QPI 8: Clinical Trials and Research Study Access	15%	4.1	0.0	-	-	0.0	0.0	1.6	0.0	0.0	3.8	9.9	6.2	1.6	2.5	0.6	0.0	0.9

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

Appendix 2

Table summarising unwarranted variation from target for endometrial 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: Multidisciplinary Team Meeting (MDT)	○	○	○	*	○	*	○	○	○	○	○	○	○	○
QPI 3: Total Hysterectomy and Bilateral Salpingo-Oophorectomy	○	○	○	*	○	○	○	○	○	○	○	○	○	○
QPI 4: Laparoscopic Surgery	○	○	○	*	○	*	○	○	○	○	○	○	○	○
QPI 5: Adjuvant Radiotherapy	○	○	*	*	○	*	*	○	○	○	○	○	○	○
QPI 6: Systemic Anti Cancer Therapy (SACT) / Hormone Therapy	○	○	*	*	○	*	○	*	○	○	*	○	○	○
QPI 7: 30 Day Mortality Following Surgery	○	○	○	*	○	*	○	○	○	○	○	○	○	○
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

Table summarising unwarranted variation from the overall Scotland performance for endometrial 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: Multidisciplinary Team Meeting (MDT)	○	○	○	*	○	○	○	○	○	○	○	○	○	○
QPI 3: Total Hysterectomy and Bilateral Salpingo-Oophorectomy	○	○	○	*	○	○	○	○	○	○	○	○	○	○
QPI 4: Laparoscopic Surgery	○	○	○	*	○	*	○	○	○	○	○	○	○	○
QPI 5: Adjuvant Radiotherapy	○	○	○	*	○	*	*	○	○	○	○	○	○	○
QPI 6: Systemic Anti Cancer Therapy (SACT) / Hormone Therapy	○	○	*	*	○	*	○	*	○	○	*	○	○	○
QPI 7: 30 Day Mortality Following Surgery	○	○	*	*	○	○	○	○	○	○	○	○	○	○
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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