



# Review of Cancer Quality Performance Indicators

## Melanoma

November 2022

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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 beginning with melanoma. In 2020, cutaneous melanoma was the sixth most common cancer registered in Scotland for men and the fifth most common in women with approximately 1,183 cases diagnosed that year.<sup>1</sup>

Using Scottish Cancer Registry and Intelligence Services (SCRIS) melanoma data from 2019/20 and data from previous years for the purpose of establishing trends, the review team identified where performance across the three regional cancer networks and 14 territorial NHS boards differed significantly from the QPI target or Scotland average. At the time this work was carried out the 2019/2020, data was the most up-to-date available. However, newly published 2020-21 QPI data, has been referenced throughout the report.

The analysed data covers the pre COVID-19 pandemic period and the initial stages of COVID-19 pandemic period and it has impacted on both the review processes and the delivery of cancer care. In some cases, the NHS boards have cited COVID-19 in their evidence. The review team acknowledge this in the report where this has been taken into account.

Following the data analysis, Key Lines of Enquiry (KLoE) were developed and shared with the regional cancer networks in advance of the review meetings. Review meetings were held with representatives from regional cancer networks and NHS boards to scrutinise and seek further clarification regarding the QPI attainment issues.

While the review team included all melanoma QPIs from the SCRIS dashboards as part of our analysis, the focus of the review was to identify unwarranted variation - there is an explanation of unwarranted variation on page 8 of this report and areas of concern.

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

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<sup>1</sup> [Public Health Scotland \(2022\). Cancer incidence in Scotland to December 2020: A national release for Scotland.](#)

- QPI 1(ii): Diagnostic Partial Biopsy as initial procedure
- QPI 2: Pathology reporting
- QPI 5: Sentinel Node Biopsy pathology
- QPI 8: BRAF (v-raf murine sarcoma viral oncogene homolog B1) status
- QPI 10: Systemic Therapy

Unwarranted variation was identified in the performance of the following six QPIs:

- QPI 1(i) Diagnostic Excision Biopsy as initial procedure
- QPI 3(i) MDT- Multi-Disciplinary Team Meeting
- QPI 4 Clinical Examination of Draining Lymph Node Basins
- QPI 6 (i) Wide Local Excisions
- QPI 7 (i) Diagnostic Excision Biopsy and Wide Local Excision within 84 days
- QPI 9 Imaging for Patients with Advanced Melanoma

Some of the issues the review team have identified are specific to individual boards, while others apply nationally.

The melanoma patient pathway is complex involving dermatology, pathology, radiology and surgical services. Each of these services are interdependent so when delays occur with one service this can have an impact on the other services. The review also highlighted national themes such as capacity issues across the services. Additionally, pathway issues exist across all NHS boards and affect performance levels in more than one QPI.

The main concern is national performance for QPI 7 (i) (Diagnostic Excision Biopsy and Wide Local Excision within 84 days) and for QPI 9 (Imaging for Patients with Advanced Melanoma). Since 2015/2016, only NHS Shetland, NHS Orkney and NHS Western Isles have occasionally met QPI 7 (i). A similar picture exists for QPI 9 with the only NHS boards meeting this target being NHS Dumfries and Galloway, NHS Shetland and NHS Western Isles.

During the HIS review, there was a formal review of melanoma QPIs, which resulted in a change in definition of some QPIs. These changes will help identify the pressure points in the pathways and should lead to improved performance. These redefined QPIs will also better reflect changes made to the care pathways to improve the quality of care. However, even under the refined QPI definitions, not all NHS boards will meet these targets.

Working within existing resource constraints and the ongoing impact of the COVID-19 pandemic, NHS boards and regional cancer networks need to work together to explore innovative solutions and

develop robust action plans in order to deliver improved capacity, patient pathways, reduced waiting times and an overall improvement in outcomes for melanoma patients.

While the regional cancer networks support 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 review progress made against the recommendations 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.

The QPIs were developed collaboratively by 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.

The overarching aim of the QPIs is to make sure that activity at NHS board level is focused on the 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 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. 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.
- 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.

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 improvement work at a regional level. However, the responsibility and accountability for implementing and driving forward the required improvement 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 clinical specialists with expertise in cancer services, 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 that 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 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 Cancer and Malignant Melanoma in Scotland

In Scotland, more than 30,000 people are diagnosed with cancer each year.<sup>1</sup> This report is about malignant melanoma, a type of skin cancer. The primary risk factor for melanoma of the skin is exposure to natural and artificial sunlight, especially but not exclusively at a young age.

In 2020, there were 1,183 new cases of malignant melanoma in Scotland, with 163 deaths registered (185 in 2019)<sup>1 3</sup>. From 1995 to 2019, the age-standardised incidence rate of malignant melanoma approximately doubled<sup>1</sup> while the age-standardised mortality rate increased by just 30%<sup>1 3</sup>.

Age-standardised net 5-year survival from melanoma is high (91.8% for males and 95.5% for females for 2013-2017)<sup>2</sup>. This has improved over time (80.3% in males and 88.9% in females for the period

1993-1997), and compares favourably with England and other European nations.<sup>2</sup> Unfortunately, a sex disparity persists with worse survival in males.

The 2020 age-standardised incidence rate of 22 per 100,000 is 28% lower than in 2019, which has been attributed to the effects of COVID-19. The expected rate was 27 per 100,000.<sup>3</sup>

For people diagnosed with melanoma 2013-2017:

- The survival rate measured at a year after diagnosis was 98%.
- The survival rate measured at five years after diagnosis was 92%.

For the same period, the net survival ratio at five years after diagnosis in men was 98.8% and 95.5% in women. Although there appeared to be small increases in the survival ratio for men, these were not significant. For women there was no evidence that survival rates from skin cancer had increased.<sup>4</sup> The net survival rate represents the probability of surviving cancer in the absence of other causes of death and is used to give an estimate of the percentage of people who will survive their cancer. Owing to this high survival rate, melanoma of the skin ranks at 18<sup>th</sup> amongst cancer tumour types for mortality.<sup>5</sup>

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<sup>2</sup> [Allemani, C., Matsuda, T., Di Carlo, V., Harewood, R., Matz, M., Nikšić, M., & Hood, M. \(2018\). Global surveillance of trends in cancer survival 2000–14 \(CONCORD-3\): analysis of individual records for 37 513 025 patients diagnosed with one of 18 cancers from 322 population-based registries in 71 countries. \*The Lancet\*, 391\(10125\), 1023-1075.](#)

<sup>3</sup> [Public Health Scotland \(2022\). Cancer incidence in Scotland to December 2020: A national release for Scotland.](#)

<sup>4</sup> [Public Health Scotland \(2021\). Cancer survival in Scotland \(2013-2017\).](#)

<sup>5</sup> [Public Health Scotland \(2021\). Cancer mortality in Scotland: Annual update to 2020.](#)

## 3.0 Methodology

### 3.1 Overview

#### 3.1.1 Principles

HIS adheres to the following core 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; and
- 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 SCRIS dashboard data.
- Review of the relevant NHS board, regional cancer network and national audit reports.
- Review and analysis of information from regional cancer networks and NHS boards.
- Discussions at the review meetings with cancer clinicians and regional cancer network staff.
- Other publicly available information including net and cause specific survival where available.
- Discussions with representatives from the third sector organisation, Melanoma Action and Support Scotland (MASScot) to include the perspectives of melanoma patients.

#### 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 data targets.

In addition, QPI 12: Surgical Margins, has been archived following the formal review process in 2021 and QPI 13: 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, these were 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 particular timeframe. Many important aspects of the quality of melanoma cancer care lie outside the scope of the review because 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 melanoma in isolation, themes that cut across multiple tumour groups may only emerge after the review team have completed additional reviews.

## 3.2 Data Analysis

The primary source of data was 2019/20 melanoma QPI data from the SCRIS dashboard. Further analysis of this data was carried out by the review team to provide a deeper understanding of unwarranted variation across regional cancer networks and boards (Appendix 2). Data from previous years was also considered for the purpose of establishing trends.

CQPI melanoma data for 2020/2021 was up-dated on the SCRIS dashboard in March 2022, after our review meetings. The review team have not used the new data to open up new KLoE, but do refer to it in our assessment of QPI performance. 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.

During this HIS review, there was a formal review of melanoma QPIs, resulting in changes to definitions of some of the QPIs. The changes have been added to the relevant QPIs.

**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 expected variation around the QPI target or Scotland average, to account for chance variations in smaller groups. In addition, when this analysis highlighted more variation than expected across all areas, the review team assumed this to be due to unchangeable factors and adjusted for this, ensuring that our focus remained on unwarranted variation. By understanding unwarranted variation, the review team have

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.

NHS Ayrshire & Arran did not submit 2019/2020 melanoma data due to staffing issues and this was not included in our initial data analysis. The NHS board's 2019/2020 performance was however included in discussions at the WoSCAN review meeting.

### 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 decline in performance. Following this analysis, the review team developed KLoE for each regional cancer network and NHS board.

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

Following analysis of this information, the KLoE were refined, where appropriate, and sent back to the regional cancer networks and NHS boards. The refined KLoE formed the basis of discussions for the review meetings.

### 3.4 Review Meetings

The review meetings provided the opportunity for the review team to scrutinise and seek further clarification on the QPI performance issues. It also allowed the clinicians and managers to have open and honest discussions about the core issues which affect QPI performance across the regional cancer networks and NHS boards.

The NHS boards decide who is best able to represent them at the review meetings. The WoSCAN review meeting had representation of both clinicians and managers. The clinical leads from each NCA NHS board attended the NCA review meeting. The SCAN review meeting had representation from clinicians, pathologists and audit staff. Service managers from the SCAN NHS boards were invited to attend to discuss QPI performance however they did not attend.

## 4.0 QPI Review Findings

### 4.1 QPI 1(i) Diagnostic Excision Biopsy as Initial Procedure

**Numerator:** Number of patients with cutaneous melanoma undergoing diagnostic excision biopsy as their initial procedure who had this carried out by a skin cancer clinician.

**Denominator:** All patients with cutaneous melanoma undergoing diagnostic excision biopsy as their initial procedure.

**Target 90%**

#### National Summary

Data analysis confirmed national performance for QPI 1 was good with unwarranted variation only evident in NHS Highland. This is an important QPI for patients, ensuring a suitably qualified clinician follows the appropriate procedure for the initial excision of the melanoma.

#### 4.1.1 NCA

##### Performance based on 2019/2020 data

- **NCA: 89% (Numerator/Denominator= 245/276)**
- NHS Grampian: 91% (N/D= 100/110)
- NHS Highland: 67% (N/D= 31/46)\* †
- NHS Orkney: ††
- NHS Shetland: ††
- NHS Tayside: 96% (N/D= 107/112)
- NHS Western Isles: ††

\* 2 - 3 standard deviations below the target.

† 2 - 3 standard deviations below the Scotland average

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

##### Comparative regional cancer network performance and the Scottish average

- SCAN: 93% (N/D = 236/255)
- WoSCAN: 99% (N/D = 425/430)
- Scotland: 94% (N/D = 906/961)

## Identified Issues

NHS Highland achieved 67% against a target of 90%, which was the lowest performance in Scotland and significantly lower than the rest of NCA. NHS Highland's performance was between 2 and 3 standard deviations below the target and between 2 and 3 standard deviations below the Scotland average.

NHS Highland had identified the issues and provided the following explanations for the low performance:

- The geographical spread in NHS Highland means it is not possible to have a centralised clinic with a skin cancer clinician to perform every biopsy – many of which remove benign moles. For many years, across NHS Highland, there has been a number of different opinions in primary care which has resulted in various approaches to best practice. Some clinicians will refer the patient to have the lesion checked, others choose to remove the lesion straight away. It has been difficult to reach agreement and adopt a consistent approach across the NHS board.
- A primary/secondary education opportunity was funded in February 2020 but has been delayed due to the onset of COVID-19. The aim is for NHS Highland to develop a hub and spoke model of care, with the support and agreement from primary care being of fundamental importance. It is proposed that this would lead to improved outcomes for patients by reducing waiting times and opportunities to fast track any potential urgent referrals to cancer care.

## Improvement Action

In order to improve and develop the desired model of care, NCA and NHS Highland have acknowledged the ongoing challenges and have taken the following steps:

- Development of an improvement plan to address the need for a service level agreement for local excision to be in place across primary care.
- The opportunity to send a photograph of lesions for consideration by a Multi-Disciplinary Team (MDT). This is currently not part of the pathway as the software and hardware required to support this is not available and can be difficult to mandate across primary care providers. Looking ahead, discussions support the idea of trialling a photographic assessment in order to gather support across the NHS board. If a photograph is concerning, dermatology can fast track to a clinic for excision biopsy or advise local surgical practitioners to excise for diagnosis early in the pathway. Biopsies taken by primary care GPs without dermatology input are often outsourced which can lead to delays for patients.

- The need for a standardised pathway of the accreditation to be in place for local GP practices to carry out diagnostic and excision work. The review team heard that a primary care dermatology society framework does exist, which could be explored and modified to suit local requirements. Expertise across primary care needs to be established with the provision of additional education and resources.
- Engagement with the relevant stakeholders highlighting the areas of variance across primary care services in NHS Highland.
- Recently published Regional Clinical Guidelines, which includes recommendations for optimal care of melanoma patients across NHS Highland.

### Our Assessment

Although NHS Highland has recognised the problems and explored a number of solutions, to date their approach has not been successful. In recently released data for 2020/2021, NHS Highland continue to perform significantly below the target and the Scotland average. In order to progress, NCA and NHS Highland need to work together to develop a detailed improvement plan that will deliver a sustainable model of care across NHS Highland. Primary care engagement and agreement is integral to this process.

The regional cancer network and the NHS board also acknowledge that additional funding and awareness sessions for primary care colleagues will be needed to support this model.

#### Recommendation

The review team recommend NCA and NHS Highland develop a fully funded business case for a revised hub and spoke model of care in NHS Highland. This model should include accredited primary care-based skin cancer clinicians to perform diagnostic excision biopsies.

## 4.2 QPI 3(i) Multi-Disciplinary Team Meeting

**Numerator:** Number of patients with cutaneous melanoma discussed at the MDT before definitive treatment Wide Local Excision (WLE), chemotherapy, Systemic Anti-Cancer Therapy (SACT), supportive care and radiotherapy.

**Denominator:** All patients with cutaneous melanoma.

**Exclusion:** Patients who died before first treatment.

**Target** 95%



## Changes to QPI

QPI has been separated into two specifications:

Specification (i) – for stage IA patients (with no timeframe applied).

Specification (ii) for stage IB and above discussed prior to definitive treatment. Patients who died before first treatment are excluded.

Target: 95% for both specifications.

## National Summary

Following analysis and discussions at the review meetings, unwarranted variation in performance levels exist across:

- NHS Lothian
- NHS Tayside

Patients may have an excision biopsy, which reveals a Stage 1A tumour and have a WLE before the MDT. It is the view of the skin cancer clinicians from all NHS boards that for many tumour groups discussion at MDT is important, however in less complex circumstances for example 1A tumours, excision of the tumour in the first instance rather than waiting for the MDT is the most appropriate course of action. This is the reason why the timeframe associated with 1A tumour discussions at MDT has been excluded in the recent revised QPI formal review.

### 4.2.1 SCAN

#### Performance based on 2019/20 data

- **SCAN: 88% (Numerator/Denominator = 282/322)**
- NHS Borders: 92% (N/D = 24/26)
- NHS Dumfries & Galloway: 85% (N/D= 23/27)
- NHS Fife: 93% (N/D= 54/58)
- NHS Lothian: 86% (N/D = 181/211)\*

\* 2 - 3 standard deviations below the target.

#### Comparative regional cancer network performance and the Scottish average

- NCA: 86% (N/D = 285/331)
- WoSCAN: 91% (N/D = 486/536)
- Scotland: 89% (N/D = 1053/1189)

The review highlighted that none of the SCAN NHS boards, met the target although NHS Fife achieved a performance of 93% against a target of 95%. The overall performance of SCAN NHS boards and NHS Lothian in particular, was of concern, with a performance between 2 and 3 standard deviations below the target.

### Identified Issues

The review team enquired about the main reasons for non-compliance with this QPI, in particular NHS Lothian's performance:

- NHS Lothian advised the review team the MDT takes place on a fortnightly basis. The 30 patients who did not meet this QPI would be discussed at the next MDT meeting following the release of the pathology results. The patients who do not need or wish to undergo sentinel node lymph node biopsy (patients with stage 1A tumours or patients of advanced age, co-morbidities) will often be offered a one-stop WLE on the day of their melanoma diagnosis, which streamlines their care and reduces anxiety.
- Clinicians for NHS Borders, NHS Dumfries & Galloway and NHS Fife explained that given the smaller numbers of patients, it was a small number of cases that had critically affected the percentage, resulting in non-compliance with the target.
- NHS Borders explained due to conflicting work pressures and workforce issues it can be challenging for a consultant dermatologist to attend the MDT.

### Improvement Actions

- NHS Dumfries & Galloway described some local arrangements, for example, the One Stop Clinic with faster treatment for low-grade lesions meaning some patients will have WLE prior to MDT. The NHS board believe this approach will limit the number of appointments, associated waiting times and help to reduce any potential stress or anxiety for patients. Although this action will not support the current definition of the QPI as currently defined, the NHS board state this is an improved care pathway and the QPI will be redefined to take this improvement into account.
- NHS Borders planned improvements include opening up discussions with other SCAN NHS boards for additional support and recruiting a consultant dermatologist. This additional consultant post will help address the current workforce pressures.
- The recent formal review of the QPI resulted in removing the timeframe associated with 1A tumours. Analysis by SCAN, which removed 1A tumours from 2019/2020 data, suggests planned changes to the QPI would result in improvement for all NHS boards and the regional cancer network. Overall, if 1A tumours are removed from the 2019/2020 data, NHS Borders,

NHS Dumfries & Galloway and NHS Fife would all have met the target, however NHS Lothian and SCAN overall would still not meet the target – see the table below.

Target	Borders	D&G	Fife	Lothian	SCAN
95.0%	100.0%	100.0%	98.2%	91.0%	93.7%

### Our Assessment

NHS Lothian did not provide a specific action plan to address this problem, therefore the review team cannot be confident that performance will improve, even with the new QPI definition. In recently released data for 2020/2021, NHS Lothian continue to perform significantly below the target and Scotland average.

The review team acknowledge other SCAN NHS boards, following the revision of the QPI definition, now meet the target.

#### Recommendation

The review team recommend NHS Lothian undertake further investigations to understand their performance and develop a detailed improvement action plan to meet the target in the future.

### 4.2.2 WoSCAN

#### Performance based on 2019/2020 data

- **WoSCAN: 91% (Numerator/Denominator = 486/536)**
- NHS Ayrshire & Arran: No result
- NHS Forth Valley: 92% (N/D= 76/83)
- NHS Greater Glasgow & Clyde: 89% (N/D= 278/312)
- NHS Lanarkshire: 94% (N/D= 132/141)

#### Comparative regional cancer network performance and the Scottish average

- NCA: 86% (N/D = 285/331)
- SCAN: 88% (N/D = 282/322)
- Scotland: 89% (N/D = 1053/1189)

## Identified Issues

While analysis indicated no unwarranted variation in performance levels across all WoSCAN NHS boards, none of the NHS boards met the target. In addition, the review team was concerned that 2019/2020 data had not been submitted by NHS Ayrshire & Arran.

NHS Ayrshire & Arran reported inconsistencies with 2019/2020 data, some of the data that had been collected was found to be unreliable. NHS Ayrshire & Arran advised capacity issues with audit staff had also been a significant challenge over the past two years as a result of staff retiring, long-term sickness and failure to recruit during COVID-19. However, this situation has now been resolved. The 2020/2021 data for all WoSCAN NHS boards was released after the review process. NHS Ayrshire & Arran achieved 92.7%, narrowly missing the target.

## Improvement Actions

Whilst no WoSCAN NHS board was performing significantly below the target, no NHS board met the target. The review team asked the NHS boards to comment on their plans to improve:

- In NHS Ayrshire & Arran, the multidisciplinary team coordinator has agreed to revert to the previous system of the automatic listing of all new melanomas in an attempt to improve performance against the target.
- NHS Greater Glasgow & Clyde highlighted the recent changes to the QPI and reported 2020/2021 performance at 100% for 1A tumours and 93.8% for 1B tumours. All clinicians agreed that the recent changes to the QPI would support improved performance in future.
- NHS Greater Glasgow & Clyde have recruited an additional pathologist, which will increase capacity in the skin pathology team.

## Our Assessment

Although none of the boards were significantly below the 95% target, the concerns of the review team were focused on NHS Ayrshire & Arran who were unable to initially provide the 2019/2020 data.

The review team have been assured that the staffing problems which prevented NHS Ayrshire & Arran from providing data have now been resolved. However, the omission of this data does raise questions about the resilience of the data collection processes and the importance placed on this work by the NHS board.

### 4.2.3 NCA

#### Performance based on 2019/20 data

- **NCA: 86% (Numerator/Denominator= 285/331)**
- NHS Grampian: 94% (N/D= 134/142)
- NHS Highland: 85% (N/D= 44/52)
- NHS Orkney: ††
- NHS Shetland: ††
- NHS Tayside: 77% (N/D= 98/127) \*†
- NHS Western Isles: ††

\* More than 3 standard deviations below the target.

† More than 3 standard deviations below the Scotland average

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

#### Comparative regional cancer network performance and the Scottish average

- SCAN: 88% (N/D = 282/322)
- WoSCAN: 91% (N/D = 486/536)
- Scotland: 89% 1053/1189)

#### Identified Issues

The review team highlighted NHS Western Isles, NHS Highland, NHS Grampian and NHS Tayside as they did not meet the target. Of particular concern is the performance of NHS Tayside, which was more than 3 standard deviations below the target and more than 3 standard deviations below the Scotland average.

NHS Tayside provided detailed explanations for all cases that were non-compliant with the QPI:

- One case should have been excluded and two cases were not documented on the MDT patient list.
- The other cases were very superficial tumours; MDT decided the melanomas were so small they no longer required WLE.
- In some cases, mainly in elderly patients, the impact of COVID-19 meant the definitive treatment was carried out before the MDT. Previously, in NHS Tayside all new melanoma cases were automatically listed to MDT by pathology. However, this was changed to clinician led MDT referral which had led to some issues with patients being referred to the MDT list.

Two appointments were made in NHS Tayside, one skin cancer Care Coordinator and one head and neck cancer Care Coordinator which should significantly improve the MDT process

In NHS Highland, new data has shown an improvement from 78% (2017/2018) to 85% (2019/2020) to 88% (2020/2021). The NHS board explained the reasons for not meeting the target:

- In some cases, due to the impact of COVID-19, the patient's initial appointment was their definitive treatment, and this took place before the MDT.
- In other cases, patients were assessed as too frail for treatment due to comorbidities.

### Our Assessment

The review team acknowledge NHS Tayside's robust approach to identifying and understanding the reasons for not meeting the target. NHS Tayside has recruited two MDT co-ordinators, which should help improve performance. However, data released following our review meeting with NHS Tayside showed them to have performed significantly below the target again in 2020/21.

#### Recommendation

The review team recommend NHS Tayside closely monitor their performance and develop a detailed action plan in order to meet the target in the future.

## 4.3 QPI 4 Clinical Examination of Draining Lymph Node Basins

**Numerator:** Number of patients with cutaneous melanoma who undergo clinical examination of relevant draining lymph node basins as part of clinical staging.

**Denominator:** All patients with cutaneous melanoma.

**Target:** 95%

### National Summary

Following analysis and discussions at the review meetings, unwarranted variation in performance levels exist across:

- NHS Forth Valley
- NHS Lothian
- NHS Tayside

Most patients with melanoma will not have lymph node involvement but in those who do, this is an essential examination as it may alter the choice of treatment for some patients. Although NHS boards indicate this is a documentation problem (rather than a failure to perform the examination), there is

no evidence to support this. It is essential that all NHS boards are assured that both the examination is taking place and that it is documented.

### 4.3.1 SCAN

#### **Performance based on 2019/20 data**

- **SCAN: 94% (Numerator/Denominator= 303/324)**
- NHS Borders: 96% (N/D= 25/26)
- NHS Dumfries & Galloway: 100% (N/D = 27/27)
- NHS Fife: 100% (N/D= 58/58)
- NHS Lothian: 91% (N/D= 193/213)

#### **Comparative regional cancer network performance and the Scottish average**

- NCA: 78% (N/D = 263/336)
- WoSCAN: 87% (N/D = 467/539)
- Scotland: 86% (N/D = 1033/1199)

### Identified Issues

There has been an incremental improvement in performance of QPI 4 over the last five years across the regional cancer network. However, NHS Lothian is still not meeting the target, achieving 91% against a target of 95%.

The review team asked the reasons why NHS Lothian is still non-compliant with this QPI.

- In NHS Lothian, data indicates 18 patients were not recorded as having had their nodes examined. It is not clear if the failure to achieve the desired standard reflects the failure to examine the nodes, the failure to document examined nodes, or the failure of audit staff to access the documentation.
- The main issue is capacity in dermatology, which is currently a 7-day service and relying on a large pool of external providers. NHS Lothian advised the situation is unlikely to change unless the service can appoint an additional consultant dermatologist and an allied health professional. However, even if the service tried to recruit it may not be able to due to a national shortage of consultant dermatologists.
- Dermatology and pathology services provided by independent organisations out with NHS Scotland deliver services to urgent patients, which can involve multiple clinicians who

regularly change. To ensure dissemination of the information, attempts are made to liaise with the clinical leads of these groups. However, in some cases, it is not possible to communicate with all the clinicians involved in the independent service, which means that it is difficult to ensure that these clinicians receive service updates or feedback from performance audits.

### Improvement Actions

- The review team heard NHS Lothian dermatology and plastic surgery leads have taken remedial action to ensure that dermatology, external providers, and plastic surgery colleagues are aware of the importance of nodal examination and the documentation of this in the patients' clinical notes. An additional section is stamped on to the pathology request forms, which highlights to the clinicians the importance of the examination and the need to document that it has been carried out. NHS Lothian refer to this as an overlay pro-forma. There have been improvements with the use of the overlay pro-forma and this is being encouraged in all SCAN NHS boards.
- Board clinicians discussed possible suggestions for further improvement in communicating with independent providers, including adding a clause in external providers' contracts emphasising that lymph node examination is a requirement. Additionally, documenting lymph node examination by NHS clinicians at the stage of the plastics surgery review may overcome the issue of relying of external providers to complete this check. Inviting a representative of the independent provider to the MDT who could also be responsible for ensuring feedback on the lymph node status.

### Our Assessment

According to QPI data released after this review process, NHS Lothian's performance reduced further to 83% in 2020/2021, which is significantly below the target.

Whilst discussions during the review meeting indicated this may be a documentation problem, rather than a failure to perform the examination, there is no evidence that this is the case. If the examination was undertaken but not recorded, it still raises considerations around the accuracy of patient records and associated the quality of care. The review team recognise there may be no single solution for NHS Lothian but note that other SCAN NHS boards are meeting this target. The review team heard many positive suggestions from all SCAN NHS boards on ways to improve performance, in particular the continued use of the overlay pro-forma on the pathology form and the MDT referral, as well as adding a clause in the external providers' contracts to make clear this examination is obligatory. It would be beneficial for NHS Lothian to learn from the good practice evident across the other SCAN NHS boards.



## Recommendation

The review team recommend NHS Lothian introduce a requirement for nodal examination to be documented on the MDT referral form before the case is discussed at MDT. A consistent documentation approach should improve the ability to assess compliance across the NHS board.

### 4.3.2 WoSCAN

#### Performance based on 2019/20 data

- **WoSCAN: 87% (Numerator/Denominator= 467/539)**
- NHS Ayrshire & Arran: No result
- NHS Forth Valley: 63% (N/D= 52/83) \*
- NHS Greater Glasgow & Clyde: 90% (N/D= 282/315)
- NHS Lanarkshire: 94% (N/D= 133/141)

\* 2 - 3 standard deviations below the target.

#### Comparative regional cancer network performance and the Scottish average

- NCA: 78% (N/D =263/336)
- SCAN: 94% (N/D = 303/324)
- Scotland: 86% (N/D = 1033/1199)

#### Identified Issues

The review team highlighted that none of the WoSCAN NHS Boards met the target. The review team were concerned with NHS Forth Valley's performance, achieving 63%, which is between 2 and 3 standard deviations below the target.

The review team heard about the three main issues NHS Forth Valley need to confirm are taking place in order to meet this target:

- Are the lymph nodes being checked?
- At what point in the pathway are they checked and is this recorded?
- Are audit staff able to pick up from the documentation if lymph nodes are being examined?

#### Improvement Actions

In order to improve, WoSCAN and NHS Forth Valley have taken the following actions:

- Discussions amongst colleagues at NHS Forth Valley to explore the reasons behind their performance. The NHS board assured us that lymph nodes are being checked but not documented.
- A pro-forma was developed to ensure the examination is documented in the patient's notes and a consistent approach is being strongly encouraged across the NHS board.
- A regional MDT template is being developed for different tumour types, with a mandatory drop-down list field. A similar approach could be adopted for skin cancer for the recording of examination of the lymph nodes to ensure the examination is recorded.

### Our Assessment

Whilst discussions during the review meeting indicated this may be a documentation problem (rather than a failure to perform the examination) there is no evidence that this is the case. If the examination was undertaken but not recorded it still raises considerations around the accuracy of patient records and associated quality of care. Whilst there may be no simple solution, other NHS boards across Scotland are improving and meeting the target. The use of the pro-forma should improve performance over time although newly published 2020/2021 data shows performance remains disappointingly low. In particular, NHS Forth Valley are still more than 3 standard deviations below the target and NHS Greater Glasgow & Clyde are between 2 and 3 standard deviations below the target.

#### **Recommendation**

The review team recommend WoSCAN and the WoSCAN NHS boards implement a regional MDT template with a mandatory field to record the examination of the lymph nodes.

### 4.3.3 NCA

#### Performance based on 2019/20 data

- NCA: 78% (Numerator/Denominator= 263/336)
- NHS Grampian: 88% (N/D= 125/142)
- NHS Highland: 88% (N/D= 46/52)
- NHS Orkney: ††
- NHS Shetland: ††
- NHS Tayside: 65% (N/D= 86/132)\*†
- NHS Western Isles: ††

\* More than 3 standard deviations below the target

† 2 - 3 standard deviations below the Scotland average.

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

#### Comparative regional cancer network performance and the Scottish average

- SCAN: 94% (N/D = 303/324)
- WoSCAN: 87% (N/D = 467/539)
- Scotland: 86% (N/D = 1033/1199)

#### Identified Issues

The review team highlighted NHS Western Isles, NHS Shetland, NHS Highland, NHS Grampian and NHS Tayside did not meet the target. Of particular concern to the review team is the performance of NHS Tayside, which was more than 3 standard deviations below the target and 2 - 3 standard deviations below the Scotland average.

#### Improvement Actions

In order to improve, NHS Tayside has taken the following actions:

- The introduction of a departmental stamp, which is now included on the pathology form and on the pink surgery request form. The stamp acts as a reminder to clinicians the need to document that the examination has taken place. This had led to an improved performance across NHS Tayside, from 57% before the introduction of the stamp, to 65% during 2019/2021 and up to 85% in 2020/2021 making the performance no longer significantly below the target

- In addition, a box has been added to the MDT pro-forma to identify the outcome of the examination.
- The idea of using a departmental stamp to highlight the need to document the examination has taken place has also been shared with the plastic surgery service, with a view to improve performance across their service.

#### Our Assessment

The review team acknowledge NHS Tayside's openness and analytic diligence to discussing the performance issues in meeting this target. NHS Tayside have demonstrated improved performance by the introduction of a simple process of a departmental stamp. These improvements give the review team confidence that this QPI target could be met in NHS Tayside in the future and this provides a good example that other NHS boards could adopt.

### 4.4 QPI 6 (i) Wide Local Excisions

**Numerator:** Number of patients with cutaneous melanoma undergoing diagnostic excision or partial biopsy who undergo a wide local excision.

**Denominator:** All patients with cutaneous melanoma undergoing diagnostic excision or partial biopsy.

**Exclusions:** Patients who died before treatment.

**Target:** 95%

#### Changes to QPI

Exclusion added for patients where it is agreed at MDT that no wide local excision is required. Tolerance statement updated accordingly.

#### National Summary

Following analysis and discussions at the review meetings, unwarranted variation in performance levels exist only in NHS Lothian. The QPI performance indicates patients may not undergo a WLE when the pathway indicates that this would be the optimum treatment. However, the decision to have this treatment is made in partnership with patients and is based on their wishes at the time and their overall health.

#### 4.4.1 SCAN

##### Performance based on 2019/20 data

- SCAN: 88% (Numerator/Denominator= 276/313)
- NHS Borders: 92% (N/D= 24/26)
- NHS Dumfries & Galloway: 100% (N/D= 27/27)
- NHS Fife: 93% (N/D= 54/58)
- NHS Lothian: 85% (N/D= 171/202)\* †

\* 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: 92% (N/D = 304/329)
- WoSCAN: 95% (N/D = 483/508)
- Scotland: 92% (N/D = 1063/1150)

#### Identified Issues

Following analysis, the review team highlighted NHS Lothian are between 2 and 3 standard deviations below the target and average for Scotland.

The review team asked the reasons why NHS Lothian are still non-compliant with this QPI:

- NHS Lothian explained the number of patients with additional health conditions, who declined further treatment or are awaiting other treatment, account for the majority of patients. NHS Lothian believe WLE was not the appropriate treatment for this group of patients. NHS Lothian explained that the number of patients with co-morbidities who have declined further treatment or are awaiting treatment have all increased over the previous three reporting periods and account for the majority of cohort who have not achieved this target. This pathway was chosen taking account of the patient's wishes.
- All cases have been internally reviewed however, no explanation was provided for two patients.
- During COVID-19, in some cases a WLE took place when the first excision biopsy was carried out, this was the most appropriate course of treatment for the patient and also removed the need for additional visits to the hospital or clinic, at a time of national emergency.

## Improvement Actions

- NHS Lothian are endeavoring to appoint a pathway manager. It is proposed that many dimensions of this new post would help address the pathways issues and have a positive impact on performance of several QPIs. However, the review team heard The National Cancer Recovery Group has rejected the initial bid for this post.

## Our Assessment

Despite the explanations provided by NHS Lothian, their performance remained significantly below the target in 2020/2021 at 89% and an up-dated action plan is required. The NHS board indicate the number of patients with co-morbidities who have declined treatment have increased which has impacted their ability to meet this QPI. However, the review team were not presented with data to suggest that rates of co-morbidities are higher in NHS Lothian compared to other NHS boards in Scotland; the review team therefore do not accept that this is an adequate justification for not meeting the QPI.

### Recommendation

The review team recommend NHS Lothian closely monitor their performance and develop a detailed action plan in order to meet the target in the future.

## 4.5 QPI 7 (i) Diagnostic Excision Biopsy and Wide Local Excision within 84 days

**Numerator:** Number of patients with cutaneous melanoma undergoing wide local excision within 84 days of their diagnostic excision biopsy.

**Denominator:** All patients with cutaneous melanoma undergoing diagnostic excision biopsy.

**Exclusions:** Patients who have also undergone partial biopsy.

**Target 95%**

### Changes to QPI

QPI split into two specifications to better understand the delays in the pathway.

Specification (i) – Pathology reporting time from date of diagnostic biopsy (21 days)

Specification (ii) – Wide local excision time from pathology reporting of diagnostic biopsy (63 days)

Target 90% for both specifications.

## National Summary

- Nationally, performance against QPI 7(i) has remained around 70% for the last five years up to 2019/2020, however individual regional cancer networks and NHS boards performance has varied considerably.
- NHS boards' performance within SCAN have been decreasing over the five years with NHS boards in NCA and WoSCAN improving.
- The most notable deterioration in performance has been in NHS Lothian, NHS Ayrshire & Arran and NHS Highland.

This means patients in NHS Lothian, NHS Ayrshire & Arran and NHS Highland will have to endure longer waiting times than the rest of Scotland. After a positive diagnosis of malignant melanoma, this may worsen outcomes and add considerable stress to already existing anxieties associated with the disease.

### 4.5.1 SCAN

#### Performance based on 2019/20 data

- SCAN: 54% (Numerator/Denominator= 137/256)
- NHS Borders: 80% (N/D= 16/20)
- NHS Dumfries & Galloway: 67% (N/D= 12/18)
- NHS Fife: 69% (N/D= 31/45)
- NHS Lothian: 45% (N/D= 78/173) \*†

\* More than 3 standard deviations below the target.

† 2 - 3 standard deviations below the Scotland average.

#### Comparative regional cancer network performance and the Scottish average

- NCA: 68% (N/D = 187/275)
- WoSCAN: 80% (N/D = 344/430)
- Scotland: 70% (N/D = 668/961)

## Identified Issues

The review team highlighted that none of the SCAN NHS boards met the target. In particular, the performance of NHS Lothian was 45% against a target of 95%, which is more than 3 standard

deviations below the target and between 2 and 3 standard deviations below the Scotland average. This is of notable concern to the review team.

The review team enquired about the reasons for the low performance across the region, in particular NHS Lothian: The review team were advised the main reasons are due to a combination of capacity and pathway issues. QPI 7(i) is a complex QPI involving dermatology, pathology, radiology and surgical services, in particular:

- There are long-standing capacity issues in the skin cancer service in NHS Lothian, which has been supported for more than a decade by external providers, waiting list initiatives and locum services. Although NHS Lothian is currently undertaking a review of all dermatology pathways with urgent suspicion of cancer pathways as a priority. No timescales were provided as to when this work would be complete.
- NHS Lothian has insufficient dermatopathology capacity and requires an additional two full time pathologists. NHS Lothian dermatopathology team have recently made three funding bids to the NHS Lothian Board, all of which have been unsuccessful.
- There is lack of capacity in NHS Lothian plastic surgery. Until recently, the NHS Lothian plastic surgery service had just one surgeon. However funding has been released for an additional plastic surgeon, with interviews taking place early 2022.

### Our Assessment

Despite detailed analysis of patient pathways and the contracting of work to external providers, performance in NHS Lothian declined between 2017/2018 and 2019/2020. The latest national data for 2020/2021 show NHS Lothian's performance has improved to 68% but this remains significantly below the target. It is clear there are major capacity constraints in the pathology, dermatology and plastic surgery services. It would appear that for the medium term, NHS Lothian will have no choice but to rely on external providers in pathology and dermatology. However, this does not mean that the service quality needs to be compromised. The delays between the biopsy procedure and the WLE may cause additional stress and anxiety for patients. There is also a risk of further disease progression.

NHS Lothian should introduce relevant quality specifications into external provider contracts and monitor performance against these to ensure this approach does not compromise quality and timeliness.

The review team acknowledge the complexities in the pathway and the length of time patients need to wait to get a wide local excision, after a diagnostic biopsy. However, we suggest NHS Lothian explore innovative and creative solutions in order to redesign the patient pathway to achieve better compliance against this target.



### **Recommendation**

NHS Lothian must take urgent action to address the capacity issues in pathology and the quality of pathology work provided by external suppliers. Additionally, efforts should be made urgently to streamline the pathway, where possible, thereby reducing waiting times and improving patient outcomes and overall experience.

## 4.5.2 WoSCAN

### **Performance based on 2019/20 data**

- WoSCAN: 80% (Numerator/Denominator = 344/430)
- NHS Ayrshire & Arran: No result
- NHS Forth Valley: 84% (N/D= 58/69)
- NHS Greater Glasgow & Clyde: 82% (N/D= 194/236)
- NHS Lanarkshire: 74% (N/D= 92/125)

### **Comparative regional cancer network performance and the Scottish average**

- NCA: 68% (N/D = 187/275)
- SCAN: 54% (N/D = 137/256)
- Scotland: 70% (N/D = 668/961)

### Issues Identified

Performance of this QPI is generally poor across Scotland although WoSCAN performs higher than the other regional cancer networks. However, no individual WoSCAN NHS board met the target.

NHS Ayrshire & Arran had not submitted any data, therefore, the review team enquired about their performance:

- NHS Ayrshire & Arran advised performance for 2019/2020 was 49.4%, which is considered unwarranted variation.
- New data has been released and NHS Ayrshire & Arran achieved 26% in 2020/2021, which was even lower than in 2019/2020. The reporting period was, however, during the peak of COVID-19 pandemic and the service faced many clinical challenges. The new data for 2020/2021 was released a few days prior to the review meeting and as yet NHS Ayrshire & Arran have yet to

fully explore the reasons behind the dip in performance. The review team will follow this up when a full review of the 2021-2022 data is undertaken.

- Capacity issues in dermatology have been a challenge for NHS Ayrshire & Arran and it is hoped the resource constraints put in place pre COVID-19 will be removed and the situation will improve over time.

### Improvement Actions

The review team heard about the following improvement action being taken across WoSCAN NHS boards:

- NHS Forth Valley has set up a standalone plastic surgery service and appointed five plastic surgeons supporting NHS Lanarkshire and NHS Forth Valley to carry out an outreach service. Thus reducing waiting times for patients.
- NHS Lanarkshire reported improvements across the board by adopting the new MDT pro-forma. The biopsy date is included on the pro-forma and the local excision date can also be highlighted. Any delays are easily recognised and actively investigated with follow up e-mails.
- NHS Lanarkshire and NHS Greater Glasgow & Clyde are using advanced nurse practitioners to perform uncomplicated diagnostic excisions biopsies and in doing so are freeing up specialist dermatology capacity.

### Our Assessment

Although the focus of the review is 2019/2020 data the review team were encouraged to learn performance in three of the WoSCAN NHS boards has improved over 2020/2021, with the exception of NHS Ayrshire & Arran. The latter is a concern to the review team with NHS Ayrshire & Arran reporting one of the lowest performances across Scotland.

In order to improve performance the review team recommend NHS Ayrshire & Arran identify and adopt areas of good practice from other WoSCAN NHS boards.

WoSCAN has provided the review team with detailed work plans and demonstrated that they are adopting an innovative approach to solve the problems in order to meet the target. Although their performance is higher than other networks and boards they have still have some way to go in meeting the target and increased resource may help achieve this.

### **Recommendation**

NHS Ayrshire and Arran should take action to investigate why the QPI is not being met and develop an action plan to address the improvements required.

NHS Ayrshire and Arran should ensure that appropriate data management and cleansing arrangements are in place, including contingency in the event key staff are unavailable, to ensure that performance is monitored consistently and issues regarding patients' quality of care are identified.

In order to improve, the review team recommend all WoSCAN NHS boards share good practice across the region. Where possible, adopt best practice, streamlined models of care such as using advanced nurse practitioners, as evidenced across NHS GGC and NHS Lanarkshire, and the plastic surgery outreach service set up by NHS Forth Valley.

### 4.5.3 NCA

#### **Performance based on 2019/20 data**

- NCA: 68% (Numerator/Denominator= 187/275)
- NHS Grampian: 70% (N/D= 77/110)\*
- NHS Highland: 50% (N/D= 23/46)\*
- NHS Orkney: ††
- NHS Shetland: ††
- NHS Tayside: 72% (N/D= 80/111)
- NHS Western Isles: ††

\* 2 - 3 standard deviations below the target.

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

#### **Comparative regional cancer network performance and the Scottish average**

- SCAN: 54% (N/D = 137/256)
- WoSCAN: 80% (N/D = 344/430)
- Scotland: 70% 668/961)

## Identified Issues

The review team highlighted that NHS Western Isles, NHS Shetland, NHS Highland, NHS Grampian and NHS Tayside did not meet the target. Of particular concern to the review team is the performance of NHS Highland, which was between 2 and 3 standard deviations below the target.

The review team enquired about the reasons for the low performance across the region, in particular NHS Highland.

Due to internal capacity issues, NHS Highland is required to engage external pathology services. The internal capacity issues and external reporting time frames result in reporting delays.

In NHS Grampian, internal audit highlighted issues at every stage in the pathway and the NHS board has no confidence performance will improve next year. Despite efforts to implement changes to the pathway, the biggest problem in NHS Grampian is surgical access with reduced theatre availability due to COVID-19. NHS Grampian have introduced sending digital imaging to pathology in an attempt to reduce delays in the patient pathway.

- NHS Grampian previously used external providers to support pathology services but withdrew this over concerns about the sustainability of the service.
- NHS Tayside has no issues with pathology except where the diagnosis of a melanoma is unexpected. The six-week wait to receive the results from external pathology services then results in delays to treatment planning.
- One major factor for pathology services across NCA is the large numbers of non-melanoma skin cancers sent for diagnosis. This has an impact on the level of service available for diagnosis of melanoma tumours.

## Our Assessment

It is clear capacity constraints in pathology, plastics and dermatology services are major contributing factors in the inability of NHS boards to meet the QPI 7(i) target. The new data for 2020/2021 shows NHS Grampian, NHS Highland and NHS Tayside are now all significantly below the target.

### **Recommendation**

The review team recommends that NCA NHS boards should incorporate quality and timeliness specifications into contracts for external pathology services along with financial penalties for companies who do not meet these specifications. NHS boards should only contract providers that can demonstrate their ability to meet the required quality and timeframes.

## 4.6 QPI 9 Imaging for Patients with Advanced Melanoma

**Numerator:** Number of patients with stage IIC and above cutaneous melanoma who undergo CT or PET CT within 35 days of diagnosis.

**Denominator:** All patients with stage IIC and above cutaneous melanoma.

**Target: 95%**

### Changes to QPI

QPI changed to measure timeframe of 35 days of pathology report being issued rather than date of diagnosis.

The revised QPI definition states stage IIC melanomas require a scan within 35 days of the pathology report being issued. In the case of stage 1B melanoma, no scan is required. However, some presumptive stage 1B cases will be upstaged when a positive sentinel node is reported. This upstaging will only become apparent when the pathology report is available.

### National Summary

Following analysis and discussions at the review meetings, unwarranted variation in performance levels exist across:

- NHS Lothian
- NHS Borders
- NHS Ayrshire & Arran
- NHS Greater Glasgow & Clyde
- NHS Lanarkshire
- NHS Forth Valley
- NHS Tayside
- NHS Grampian
- NHS Highland

Patients who live in the above NHS board areas are waiting much longer to receive a CT or PET CT scan than in other parts of Scotland. This delay can have a negative impact on patient outcomes particularly if the disease progresses. Lengthy delays to receive the appropriate scan to confirm the staging of the tumour can also delay surgical referrals.

## 4.6.1 SCAN

### Performance based on 2019/2020 data

- SCAN: 26% (Numerator/Denominator = 15/57)
- NHS Borders: 33% (N/D = 2/6) \*
- NHS Dumfries and Galloway : ††
- NHS Fife: 70% (N/D = 7/10)
- NHS Lothian: 13% (N/D = 5/40) †

\* 2 - 3 standard deviations below target

† More than 3 standard deviations below the target.

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

### Comparative regional cancer network performance and the Scottish average

- NCA: 20% (N/D = 12/60)
- WoSCAN: 39% (N/D = 32/82)
- Scotland: 30% (N/D = 59/199)

## Identified Issues

The review team highlighted that none of the SCAN NHS boards had met this target since 2014/2015. Of notable concern is NHS Lothian, which achieved 13% against a target of 95%, and is more than 3 standard deviations below target.

The review team asked for the reasons behind the low performance across SCAN NHS boards and in particular, in NHS Lothian:

- The QPI definition has contributed to the low performance. The current QPI, on which the data reviewed is based measures the time from the date of diagnosis. However staging, and the requirement or not for imaging, is not always known at the date of diagnosis. The revised QPI will now measure the timeframe of 35 days of the pathology report being issued rather than the date of diagnosis.
- The revised definition will avoid problems in meeting the target, due to patients being upstaged to stage IIC following receipt of the pathology results. In NHS Lothian upstaged melanomas accounted for 20% of the 2019/2020 NHS Lothian cohort.
- QPI 9 involves a complex patient pathway involving dermatology, pathology and radiology services. Capacity issues in dermatology and external pathology services can lead to delays, which can impact, on the performance of this QPI.

- Staffing issues in radiology are adding to the delays. All the SCAN NHS boards highlighted the COVID-19 pandemic is also adding to their difficulties in meeting the target.

### Our Assessment

The performance of all SCAN NHS boards have been well below the target for the three years up to 2019/2020, with no signs of improvement in 2020/2021.

Oncology and surgical staff agree this QPI is valuable and the changes to the QPI definition will help separate out pathology and radiology issues within the pathways. The review team and all present at the review agree there is a need, with some urgency, for the pathways to be streamlined to ensure the patients most in need, receive timely and appropriate care.

The employment of the pathway manager may help provide priority access for melanoma patients to PET and CT scans however, the review team are not confident this will enable all SCAN NHS boards to meet the target given the current capacity constraints in radiology services.

#### **Recommendation**

The review team recommend that NHS boards provide dedicated resources to address the radiology and pathology constraints. A new pathway manager will help improve patient care by addressing the issues associated with the complex care pathway for all SCAN NHS boards.

## 4.6.2 WoSCAN

### Performance based on 2019/2020 data

- WoSCAN: 39% (Numerator/Denominator= 32/82)
- NHS Ayrshire & Arran: No result
- NHS Forth Valley: 25% (N/D= 2/8) †
- NHS Greater Glasgow & Clyde: 42% (N/D= 19/45) \*
- NHS Lanarkshire: 38% (N/D= 11/29)\*

\*2 - 3 standard deviations below the target.

† More than 3 standard deviations below target.

### Comparative regional cancer network performance and the Scottish average

- NCA: 20% (N/D = 12/60)
- SCAN: 26% (N/D = 15/57)
- Scotland: 30% (N/D = 59/199)

### Identified Issues

No WoSCAN NHS boards have met the target for this QPI for three years. NHS Greater Glasgow & Clyde achieved 42% and NHS Lanarkshire achieved 38% both more than 3 standard deviations below the target.

NHS Ayrshire & Arran did not submit QPI data for 2019/2020.

The review team asked for the reasons behind the low performance across WoSCAN NHS boards:

- Using the unrevised QPI definition, NHS Ayrshire & Arran achieved 20% in 2020/2021, with 2 out of 10 patients meeting the target.
- NHS Greater Glasgow & Clyde are experiencing problems with logging urgent referrals on the electronic radiology booking system, which has led to delays.
- The melanoma patient pathway is complex involving various different services. NHS Greater Glasgow & Clyde emphasised the need for the pathway to be reviewed and streamlined.
- Due to COVID-19, at a regional level, fewer patients have received scans due to increased infection control procedures, which has significantly impacted radiology services.
- Capacity issues exist in radiology with a national shortage of radiographers, which also adds to the delays.



## Our Assessment

The review team heard about various pathway and system issues common to all WoSCAN NHS boards. Whilst the review team acknowledge the remedial action put in place to improve access for patients, there is a real need to address the core issues in the pathway and systems, which are contributing to the lengthy delays.

The review team were encouraged to learn that under the revised definition, the proportion of cases meeting the QPI has improved in 2020/2021 from 39% to 66%. However, this still does not achieve the target of 95% and so further improvement is required.

### Recommendation

The review team recommend that all WoSCAN NHS boards introduce measures in the melanoma patient pathway to ensure patients are given appropriate priority for PET and CT scans. Additionally, there is the need for NHS boards to provide dedicated resources to address the radiology and pathology constraints.

## 4.6.3 NCA

### Performance based on 2019/2020 data

- NCA: 20% (Numerator/Denominator= 12/60)
- NHS Grampian: 19% (N/D= 6/31)\*
- NHS Highland: ††
- NHS Orkney: ††
- NHS Shetland: ††
- NHS Tayside: ††
- NHS Western Isles: ††

\* More than 3 standard deviations below the target

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

### Comparative regional cancer network performance and the Scottish average

- SCAN: 26% (N/D = 15/57)
- WoSCAN: 39% (N/D = 32/82)
- Scotland: 30% (N/D = 59/199)

## Identified Issues

The performance of NHS Grampian, NHS Highland and NHS Tayside was well below the target of 95% and all were more than 3 standard deviations below the target.

The review team asked for reasons for the low performance across NCA NHS boards:

- QPI 9 involves a complex patient pathway involving dermatology, pathology and radiology services. Capacity issues across these services can lead to delays that impact on this QPI.
- Availability of immunotherapy for advanced metastatic melanoma means that more patients are requiring sentinel node assessment and this increases demand for already strained theatre capacity in NCA.
- The change in the definition of the QPI should see improved compliance across all NCA NHS boards in the future.

## Our Assessment

The latest changes to the QPI definition should lead to improved performance. However, the review team are not confident all NHS boards will meet the target of 95% without additional measures in place.

### **Recommendation**

The review team recommend the pathway to ensure patients are given appropriate priority for PET and CT scans. Additionally, there is the need for NHS boards to provide dedicated resources to address radiology, pathology and theatre constraints.

There is a need for NHS boards to escalate workforce shortages, for example in radiography, to the extent that these are putting pressure on the radiology service as a whole and preventing NHS boards from meeting this target.

## 5.0 Conclusion

Analysis showed no evidence of unwarranted variation for the following five melanoma QPIs.

Performance for these QPIs were judged to be 'in control' and therefore not included in the report:

- QPI 1(ii): Diagnostic partial biopsy as initial procedure
- QPI 2: Pathology Reporting
- QPI 5: Sentinel Node Biopsy Pathology
- QPI 8: BRAF (v-raf murine sarcoma viral oncogene homolog B1)Status
- QPI 10: Systemic Therapy

Unwarranted variation was identified in the performance of the following six QPIs:

- QPI 1(i) Diagnostic Excision Biopsy as initial procedure
- QPI 3(i) MDT- Multi-Disciplinary Team Meeting
- QPI 4 Clinical Examination of Draining Lymph Node Basins
- QPI 6 (i) Wide Local Excisions
- QPI 7 (i) Diagnostic Excision Biopsy and Wide Local Excision within 84 days
- QPI 9 Imaging for Patients with Advanced Melanoma

The melanoma patient pathway is complex involving dermatology, pathology, radiology, and surgical services. Each of these services are interdependent so when delays occur in one this can have an impact on the other services. The review also highlighted national themes such as capacity issues in each of these services. Additionally, pathway issues exist across all NHS boards and affect performance levels in more than one QPI.

The most significant issue identified by the review was in QPI 7 (i) Diagnostic excision biopsy and wide local excision within 84 days. Performance for all boards has been around 70% for the last five years, up to 2019/2020, compared to a target of 95%. Performance varies considerably across the NHS boards, but over the five year period has generally improved across the NHS boards in WOSCAN and NCA, but deteriorated within SCAN. The most notable deterioration has been in NHS Lothian, NHS Ayrshire & Arran and NHS Highland. These extended waiting times may add to existing stress levels already associated with the disease.

The review team found issues with performance across NHS Lothian, NHS Borders, NHS Ayrshire & Arran, NHS Greater Glasgow and Clyde, NHS Lanarkshire, NHS Forth Valley, NHS Tayside, NHS Grampian and NHS Highland for QPI 9 Imaging for Patients with Advanced Melanoma. This is important as imaging is required to stage the progress of the disease and delays here can impact staging of the tumour and surgical referrals.

Of the remaining QPIs, NHS Lothian had unwarranted variation in all of them. This means that for patients of NHS Lothian with melanoma, there is a risk that the quality of care received may be lower than that of patients in other NHS boards. It is important that NHS Lothian address the recommendations in the report to improve the delivery of cancer care as measured by the QPI.

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 review progress made against the recommendations within 12 months of publication of this report.

## 6.0 Recommendations

### **QPI 1(i)**

The review team recommend NCA and NHS Highland develop a fully funded business case for a revised hub and spoke model of care in NHS Highland. This model should include accredited primary care-based skin cancer clinicians to perform diagnostic excision biopsies.

### **QPI 3(i)**

The review team recommend NHS Lothian undertake further investigations to understand their performance and develop a detailed improvement action plan to meet the target in the future.

The review team recommend NHS Tayside closely monitor their performance and develop a detailed action plan in order to meet the target in the future.

### **QPI 4**

The review team recommend NHS Lothian introduce a requirement for nodal examination to be documented on the MDT referral form before the case is discussed at MDT. A consistent documentation approach should improve the ability to assess compliance across the NHS board.

The review team recommend WoSCAN and the WoSCAN NHS boards implement a regional MDT template with a mandatory field to record the examination of the lymph nodes.

### **QPI 6**

The review team recommend NHS Lothian closely monitor their performance and develop a detailed action plan in order to meet the target in the future.

### **QPI 7**

NHS Lothian must take urgent action to address the capacity issues in pathology and the quality of pathology work provided by external suppliers. Additionally, efforts should be made urgently to streamline the pathway, where possible, thereby reducing waiting times and improving the patient outcome and overall experience.

NHS Ayrshire and Arran should take action to investigate why the QPI is not being met and develop an action plan to address the improvements required.

NHS Ayrshire and Arran should ensure that appropriate data management and cleansing arrangements are in place, including contingency plans in the event that key staff are unavailable, to ensure that data is available for external quality assurance.

In order to improve, the review team recommend all WoSCAN NHS boards share good practice across the region, and where possible, adopt best practice, streamlined models of care such as using advanced nurse practitioners, as evidenced across NHS GGC and NHS Lanarkshire, and the plastic surgery outreach service set up by NHS Forth Valley.

The review team recommends that NCA NHS boards should incorporate quality and timeliness specifications into contracts for external pathology services along with financial penalties for companies who do not meet these specifications. NHS boards should only contract providers that can demonstrate their ability to meet the required quality and timeframes.

#### **QPI 9**

The review team recommend that NHS boards provide dedicated resources to address the radiology and pathology constraints. A new pathway manager will help improve patient care by addressing the issues associated with the complex care pathway for all SCAN NHS boards.

The review team recommend that all WoSCAN NHS boards introduce measures in the melanoma patient pathway to ensure patients are given appropriate priority for PET and CT scans. Additionally, there is the need for NHS boards to provide dedicated resources to address the radiology and pathology constraints.

The review team recommend the NCA NHS boards introduce measures in the melanoma patient pathway to ensure patients are given appropriate priority for PET and CT scans. Additionally, there is the need for NHS boards to provide dedicated resources to address radiology, pathology and theatre constraints.

## 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 Melanoma Action and Support Scotland (MASScot)



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 melanoma, the review team met with representatives from Mascott, which is Scotland's only skin cancer-specific charity.

Formed in 2003, MASScot supports people diagnosed with melanoma and other skin cancers. It provides complementary support, counselling and therapy services for skin cancer patients and their families and carers.

The discussions with MASScot served to triangulate our findings from our QPI review in terms of the issues affecting the care of melanoma patients. The review team discussed the key factors, which can impact the patient journey, for example, shortages in specialities, stretched resources and delays. It was also emphasised the additional anxiety this causes patients and the importance of implementing improvements as the number of skin cancer patients is likely to increase over the coming years. The discussion also focused on having a platform to share learning and showcase good practice, which can be adopted nationally.

To gain a patient perspective in the reviews, it was agreed that the HIS QPI review team and MASScot would maintain an open communication throughout the process and the report would be shared with MASScot for their input. After publication, MASScot would be encouraged to share the findings of the report with those they support.

[<https://www.masscot.org.uk/>]

## 9.0 References

1. Public Health Scotland (2022). Cancer incidence in Scotland to December 2020: A national *release for Scotland*.
2. Public Health Scotland (2021). Cancer survival in Scotland (2013-2017).
3. Public Health Scotland (2021). Cancer mortality in Scotland: Annual update to 2020.
4. Allemani C, Matsuda T, Di Carlo V, Harewood R, Matz M, Niksic M et al. Global surveillance of trends of cancer survival 2000-14 (CONCORD-3): analysis of individual records for 37 513 025 patients diagnosed with one of the 18 cancers from 322 population-based registries in 71 countries. *Lancet* 2018 March 17; 391(10125):1023-1075

## 10.0 Review Team

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# 11.0 Appendices

## Appendix 1

Table summarising performance against the TARGET for melanoma QPIs 2019/2020 (image from PHS eviz dashboard)

		Grampian	Highland	Orkney	Shetland	Tayside	Western Isles	NCA	Borders	Dumfries & Galloway	Fife	Lothian	SCAN	Ayrshire & Arran	Forth Valley	Greater Glasgow &...	Lanarkshire	WoSCAN
		2019/20	2019/20	2019/20	2019/20	2019/20	2019/20	2019/20	2019/20	2019/20	2019/20	2019/20	2019/20	2019/20	2019/20	2019/20	2019/20	2019/20
QPI 1(i): Diagnostic excision biopsy as initial procedure	90%	90.9	87.4	-	-	95.5	-	88.8	95.0	100.0	97.8	98.1	92.5	*	100.0	99.2	97.9	98.8
QPI 1(ii): Diagnostic partial biopsy as initial procedure	90%	95.2	100.0	*	*	95.8	-	90.7	83.3	88.9	100.0	87.1	89.8	*	100.0	100.0	100.0	100.0
QPI 2: Pathology Reporting	90%	100.0	87.0	-	-	94.0	-	95.2	100.0	75.0	100.0	88.2	90.3	*	98.6	99.6	89.8	96.6
QPI 3: Multi-Disciplinary Team Meeting (MDT)	95%	94.4	94.6	-	-	77.2	80.0	86.1	92.3	85.2	93.1	85.0	87.6	*	91.6	88.1	93.6	90.7
QPI 4: Clinical Examination of Draining Lymph Node Basins	95%	88.0	88.5	-	-	65.2	40.0	78.3	96.2	100.0	100.0	90.6	93.5	*	62.7	89.5	94.3	86.6
QPI 5: Sentinel Node Biopsy Pathology	90%	96.5	100.0	-	-	100.0	-	96.4	100.0	-	100.0	97.9	98.4	*	100.0	98.5	97.0	98.5
QPI 6: Wide Local Excisions	95%	91.2	82.7	-	-	96.9	100.0	92.4	92.3	100.0	93.1	84.7	88.2	*	96.3	96.9	90.7	95.1
QPI 7(i): Diagnostic excision biopsy and wide local excision within 84 days	95%	70.0	50.0	-	-	72.1	-	88.0	80.0	66.7	68.9	45.1	53.5	*	84.1	82.2	73.6	80.0
QPI 7(ii): Partial biopsy and wide local excision within 84 days	95%	48.1	66.7	*	*	75.0	-	58.3	50.0	77.8	84.6	67.7	71.2	*	72.7	87.0	66.7	81.3
QPI 8: B RAF Status	75%	83.3	-	*	-	88.9	*	89.5	*	*	-	-	100.0	*	-	-	100.0	100.0
QPI 9: Imaging for Patients with Advanced Melanoma	95%	18.4	10.0	*	-	23.5	-	20.0	33.3	-	70.0	12.5	26.3	*	25.0	42.2	37.9	38.0
QPI 10: Systemic Therapy	60%	83.3	-	*	-	44.4	*	68.4	*	*	-	-	68.0	*	-	-	60.0	77.8
QPI 12: Surgical Margins	85%	63.7	31.7	-	-	13.4	0.0	37.2	66.7	40.7	52.8	58.4	57.8	*	19.5	48.6	58.7	46.9
QPI 13: Clinical Trials and Research Study Access	15%	0.7	1.5	-	0.0	0.7	-	0.9	0.0	0.0	0.0	1.1	0.6	4.4	1.4	1.2	8.3	3.2

- 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 melanoma QPI data 2019/20

NCA						SCAN				WoSCAN			
NHS Gram pian	NHS Highl and	NHS Orkn ey	NHS Shetl and	NHS Taysi de	NHS West ern Isles	NHS Bord ers	NHS Dumf ries & Gallo way	NHS Fife	NHS Lothi an	NHS Ayrsh ire & Arran	NHS Fort Vall ey	NHS Grea ter Glasg ow	NHS Lanark shire

											ow & Clyde			
<b>QPI 1(i): Diagnostic excision biopsy as initial procedure</b>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>QPI 1(ii): Diagnostic partial biopsy as initial procedure</b>	<input type="radio"/>	<input type="radio"/>	*	*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>QPI 2: Pathology Reporting</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>QPI 3: Multi-Disciplinary Team Meeting (MDT)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>QPI 4: Clinical Examination of Draining Lymph Node Basins</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	*	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>QPI 5: Sentinel Node Biopsy Pathology</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>QPI 6: Wide Local Excisions</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>QPI 7(i): Diagnostic excision biopsy and wide local excision within 84 days</b>	<input type="radio"/>	<input checked="" type="radio"/>	*	*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>QPI 7(ii): Partial biopsy and wide local</b>	<input checked="" type="radio"/>	<input type="radio"/>	*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>excision within 84 days</b>														
<b>QPI 8: B RAF Status</b>	○	○	*	○	○	*	*	*	○	○	*	○	○	○
<b>QPI 9: Imaging for Patients with Advanced Melanoma</b>	●	●	*	*	●	*	○	*	○	●	*	○	●	●
<b>QPI 10: Systemic Therapy</b>	○	○	*	○	○	○	*	*	○	○	*	○	○	○
<b>QPI 12: Surgical Margins</b>	○	○	○	○	○	○	○	○	○	○	*	○	○	○
<b>QPI 13: Clinical Trials and Research Study Access</b>	*	*	*	*	*	*	*	*	*	*	*	*	*	*

- \* 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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