

National Cancer Quality Steering Group
Action Note of Meeting: 9th December 2019 10:00am – 1:00pm
Scottish Government: Conference Room, 5 Atlantic Quay, Glasgow

Present:

Hilary Dobson, Deputy Director, Innovative Healthcare Delivery Programme (Chair)	HD
Matthew Barber, Consultant Breast Surgeon, NHS Lothian	MB
Hugh Brown, National Primary Care Group, NHS Ayrshire and Arran	HB
Lorna Bruce, Audit Manager, SCAN (TC)	LB
Lorraine Cowie, Regional Manager, Interim (Cancer), NCA (VC)	LC
Jen Doherty, Project Co-ordinator, National Cancer Quality Programme	JD
Hilary Glen, Consultant Medical Oncologist, NHSGGC	HG
Angela Jesudason, Paediatric Oncologist and Clinical Lead for the MSN CYPC Teenagers & Young Adults (VC)	AJ
Rob Jones, Consultant Medical Oncologist, NHSGGC	RJ
James Mander, Regional Lead Cancer Clinician, SCAN	JM
Michael Muirhead, Head of Service, Information Services Division Scotland	MM
Lorraine Stirling, Project Officer, National Cancer Quality Programme	LS
Iain Tait, Consultant Surgeon and Clinical Director, NCA (VC)	IT
Catherine Thomson, Service Manager (Population Health), Information Services Division Scotland	CT
Evelyn Thomson, Regional Manager (Cancer), WoSCAN	ET
Joris Van Der Horst, Consultant Respiratory Physician, NHSGGC	JVDH

Apologies:

Lesley Aitken, Senior Reviewer, Healthcare Improvement Scotland	LA
Asa Dahle-Smith, Medical Oncologist, NCA	ADS
David Dodds, Chief of Medicine for Regional Services, NHSGGC	DD
Kevin Freeman-Ferguson, Head of Service Review, Healthcare Improvement Scotland	KFF
Sandra McDougall, Interim Depute Director, Healthcare Improvement Scotland	SM
Elizabeth Mallon, Lead Clinician, Scottish Pathology Network	EM
Gerard McMahon, Cancer Coalition, Prostate Cancer UK	GMcM
Hamish McRitchie, Clinical Lead Scottish Clinical Imaging Network	HMcR
David Morrison, Director, Scottish Cancer Registry	DM
Nadeem Siddiqui, National Clinical Lead, Cancer QPI Review Group, Healthcare Improvement Scotland	NS
Peter Sandiford, Deputy National Clinical Lead, Cancer QPI Review Group, Healthcare Improvement Scotland	PS
Seamus Teahan, Regional Lead Cancer Clinician, WoSCAN	ST

In attendance:

Jaimin Bhatt, Consultant Urological Surgeon, WoSCAN	JB
David Douglas, Consultant Urological Surgeon, NCA (VC)	DD
Judith George, Pharmacist, NCA (VC)	JG
Alan McNeil, Consultant Urological Surgeon & Clinical Lead, SCAN (VC)	AMcN
Gregor McNie, Team Lead, Cancer Policy, Scottish Government	GMcN
Alison Rowell, Service and Improvement Manager, WoSCAN	AR

1. Welcome, apologies and declarations of interest

(a) HD welcomed the group and introduced those in attendance. HD welcomed new members to their first NCQSG meeting:

- Hilary Glen, Consultant Medical Oncologist, NHSGGC;
- Joris Van Der Horst, Consultant Respiratory Physician, NHSGGC;
- Angela Jesudason, Paediatric Oncologist and Clinical Lead for the MSN for the CYPC Teenagers & Young Adults;
- Michael Muirhead, Head of Service, ISD; and
- Catherine Thomson, Service Manager (Population Health), ISD.

Also welcomed in attendance was Alison Rowell, Service and Improvement Manager, WoSCAN and Gregor McNie from the Cancer Policy Team at the Scottish Government.

HD advised that Stuart Thomas is replacing Liz Mallon as the Clinical Lead for the Scottish Pathology Network and will be invited to the next meeting. HD will write to Liz Mallon thanking her for her contribution in the past to the group.

Apologies for the meeting are listed above. No declarations of interest were noted.

Hilary Dobson

2. Action Notes and Minutes From the Previous Meeting – Paper 1

a) The group considered the previous action note held on Tuesday 6th September 2019 (*Paper 1*) and approved as an accurate record. HD added that a number of actions from the previous action note are covered within the main agenda items for discussion today.

3. Matters Arising

(a) Recurrence Data

HD updated that David Morrison (DM) had presented to this group in June 2019 the ongoing recurrence work evaluating the use of a new 5th digit on ICD-10 diagnostic codes in SMR01 records. DM attended the Clinical Leads meeting in WoSCAN earlier this month to discuss this work further and engage clinical colleagues.

The next step involves seeking volunteers to carry out a manual validation exercise. There is interest in doing so however this will be a lengthy process checking case records retrospectively. It was suggested that this could be done prospectively potentially using other clinical resources for data collection and analysis, however would need to be done across the whole country. This initially involves Colorectal, Melanoma and Breast Cancer tumour groups.

MB noted that the Breast Cancer community are pursuing a different

route in that there is an ongoing project with audit teams in 8 Health Boards who are collecting recurrence data as per the QPI dataset. This involves collecting in real time and also doing a manual check at 5 years which is acknowledged to be a lot of work.

HD concurred that clinicians are keen to have this data and accepted the limitations and challenges around collection and analysis. It was agreed that a separate meeting is required with HD, DM and the Lead Clinicians from Melanoma, Colorectal and Breast Cancer networks in order to progress.

Hilary Dobson

(b) PREDICT Score – Breast Cancer

The PREDICT score is currently being utilised in the Breast Cancer QPIs to inform adjuvant chemotherapy and genomic testing. NSS developers have advised that the algorithm to calculate this score can be included as an automated field within eCASE and is on the developers list for future work. In the meantime it is agreed that regions can manually calculate this outwith eCASE as per current process in SCAN.

LB advised that she will forward the algorithm to calculate PREDICT score to colleagues in NCA, WoSCAN and Cancer Registry.

Lorna Bruce

(c) Scottish Cancer Research Network (SCRN) update

HD advised that she has written to Dr Iain McPherson, Acting Research Network Manager, SCRN in relation to performance and resource for clinical trial recruitment. To date no response has been received and HD advised that she will follow-up with David Cameron as Chair of the SCRN.

Hilary Dobson

4. Governance

(a) National QPI Reports

- *ISD National Prostate Cancer QPI Report (2015-2018) – Paper 2*

JB presented to the group on behalf of the 3 regions an overview of the ISD Prostate Cancer QPI report that is due to be published on 17th December 2019. It was noted that the 2nd Cycle of formal review is currently in progress with the finalisation meeting due to take place on 17th December following public QPI consultation.

Targets have been achieved for a number of QPIs; Biopsy Procedure, Radiological Staging, Pathology Reporting and 30 Day Mortality following Chemotherapy. In addition, QPI 4: MDT is almost achieved with the most challenging specification being that of metastatic patients discussed within 4 weeks of treatment. The timeframe is under consideration through formal review.

Discussion took place around the variation in surgical margin rates (QPI 5) for patients undergoing radical prostatectomy. AMcN highlighted a number of issues including the clinical cohort of patients reported which captures those diagnosed in the year rather than all surgeries. Patients who are under active surveillance and have delayed prostatectomy are never captured which impacts on results. It was also noted that consistency in approach by pathology for pT2 patients may cause variation across the regions (selection criteria may vary). PSA relapse was noted to be the most important outcome. SCAN are internally reviewing and discussing results.

QPI 6 - Volume of Cases reports a number of surgeons within Scotland that are not undertaking the recommended 50 cases over a one year period. SMR01 data is used to calculate performance for this QP and it was noted that there are some coding issues across all regions which require checking. JB highlighted that provision of radical prostatectomy surgery has changed across Scotland over the last couple of years with the centralisation of services and that QPI performance is improving. All robotic surgery now takes place in three centres, with a further centre in the North (Dundee) undertaking laparoscopic surgery only. DD advised that a short life working group in Dundee is discussing sustainability of the service and succession planning for the future. LC added that urology surgical services are being reviewed in NCA.

The target was not achieved nationally for QPI 7(ii) Hormone Therapy and Docetaxel Chemotherapy. The 70% target for patients with metastatic disease is agreed to be inappropriate and has been reduced at formal review. A query was raised as to whether some patients may not meet due to starting hormone therapy prior to MDT.

Post meeting note: measurement accounts for this and all patients who are treated prior to and up to 31 days following MDT meet the QPI.

HG raised the issue of ensuring accurate data at sign off by the correct specialty. HD reiterated that this is the responsibility of each Board and acknowledged this requires a lot of work which is best managed by regular review of data.

Much discussion took place around Post Surgical Incontinence (QPI 8) and Patient Reported Outcomes (PROMs) in general. There is currently no systematic approach to capture accurate and comparable data across Scotland and as a result the figures are not a true reflection. The group discussed the various methods i.e. questionnaires, apps, and databases but agreed this was problematic with no extra resource. PROMs are also an important means of assessing post radiotherapy outcomes. HD agreed there is no easy solution however noted that it is moving up in

terms of national cancer priorities. HD advised that this will be further discussed with GMcN outwith the meeting with a view to developing a proposal for the meeting in March.

Early Management of Active Surveillance (QPI 11) has been revised at formal review. Clinical practice and national guidelines have changed which has had an impact on compliance as TRUS re-biopsy is no longer routinely recommended for these patients.

The Clinical Leads concluded with emphasising the issue of the current methodology of surgical margins which was discussed above. JD advised that this seems to be a feasible option as audit staff should be able to gather this information directly from the surgical centres rather than manually search for additional cases.

HD thanked the 3 Regional Clinical Leads for their contribution today and ongoing clinical engagement.

5. Survival Analysis

(a) Head and Neck Cancer

CT updated that ISD have completed some initial work with the first specification of the Head and Neck Cancer survival analysis. A more detailed version of the specification has now been received and analysis will be available in early 2020.

(b) Ovarian Cancer Analysis

HD outlined the initial Ovarian Cancer analysis that highlighted variation between the regions for non surgical patients and those with advanced disease. A targeted audit has now been undertaken to identify any regional differences in pathways and exploring the reasons for variation.

Data collection has been completed in the 3 regions and HD advised that SCAN have offered to analyse this data. A further meeting will take place in January 2020 to discuss the results with a view to prepare a report for the March NCQSG.

HD advised that a national Ovarian Cancer publication by NHS England is due to be published on 18th December. Scottish data is not included however this may prompt a response regarding performance. HD stated that Scotland is now in a stronger position to provide this information due to the in-depth analysis that has been undertaken.

(c) Proposed national approach for survival analysis

CT advised that future tumour types requested for survival analysis include Lung, Head and Neck, UGI and also HPB Cancers.

A draft of survival analysis was presented at the recent Lung Cancer national meeting. A further meeting is due to take place with clinicians on 10th December to agree a more detailed analysis. This will be followed by a meeting with Head and Neck Cancer Clinicians in the early part of 2020.

CT noted that there are multiple requests to ISD for analysis and discussion has taken place with DM and MM to create a more cohesive resource within ISD. This will allow for a more streamlined analysis in the future and allow timescales to be agreed.

LC noted that there is an issue with Upper GI Cancer mortality within NCA which has been escalated and as a result are submitting a request to ISD to push forward the further survival analysis.

CT concluded that a paper will be presented to the group for discussion on the national approach for undertaking survival analysis at the next meeting in March.

Catherine Thomson

6. QPI Reporting

(a) Revised QPI Dashboard

CT provided an update on the revised dashboard on behalf of ISD. Feedback has been received following the recent national meetings where the new dashboard was well received. Comments continue to be gathered until the 31st January at which time the older version can be retired and the new version available on the live site. LC advised that feedback had been submitted formally from NCA around the governance surrounding the clinical comments contained within the dashboard. This will be further discussed at the next National Cancer Quality Operational Group meeting.

CT explained that the team are keen to further explore the potential for ISD to obtain data directly from the national eCase platform. The current process involves manual manipulation and additional formatting which could potentially be avoided if staff can access the eCASE system.

CT agreed to provide a short focussed paper on this proposal for Aileen Keel, Director of the Innovative Healthcare Delivery Programme (IHDP). HD agreed to raise this with Aileen Keel who will discuss with the SCRIS Executive Board.

Hilary Dobson / Catherine Thomson

(b) Systemic Anti Cancer Therapy (SACT) 30-day Mortality

HD advised that David Cameron, Chair of the SACT National Reporting Group has written to the group seeking agreement on definitions for a

consistent methodology and alignment across the regions for SACT 30 day mortality using Chemocare data. A national report is being developed although this is not likely to be a solution in the near future. This is further complicated by the five different versions of Chemocare which are in use. Discussion took place on definitions and RJ stated the importance of knowing what is being reported in terms of palliative and curative treatment. SACT Mortality is currently on hold for reporting via the QPI process therefore until there is a national solution it is important that each of the regions have a report from Chemocare that can be used for this purpose.

ET advised that the West have standard reporting in place and agreed to establish the position within SCAN. LC will explore what is reported in terms of 30 day SACT mortality in the North.

Lorraine Cowie / Evelyn Thomson

7. (a) Assurance of National Performance – Paper 2

• NCA report and proposed lessons learned

HD spoke to paper 2 and provided an updated position on the pilot reviews that have been undertaken within the regions, and also a number of changes to personnel within the HIS team who have responsibility for the Cancer QPI programme.

HIS has advised that both reports for WoSCAN and SCAN will be published in January 2020. It was highlighted that the revised date for the learning event is now 30th January 2020 at the Apex Hotel in Edinburgh.

The group discussed the timing of publications and the requirement for the NCQSG to review these reports in order to provide an accurate picture of national 'lessons learned'. Taking this into account it was agreed that HD would write to Sandra McDougal with a view to delaying the event until after the next NCQSG meeting in March 2020.

Hilary Dobson

8. QPI Formal Review Process

(a) Formal Review Process – 2nd cycle update

JD provided an update on progress with the 2nd cycle of Formal Reviews. Initial Formal Review meetings have taken place in November for Upper GI, HPB and Lung Cancer. The Colorectal Cancer review meeting is scheduled to take place on 16th January 2020.

The Prostate Cancer QPIs have now completed engagement via the Scottish Government hub and a finalisation meeting is due to take place on 17th December.

JD advised that she will be writing to inform the relevant MCN Clinical

Leads in December for each tumour group that are due to undergo Formal Review in 2020 as per agreed schedule.

RJ who recently Chaired the Upper GI Cancer Formal Review group highlighted that it was difficult to agree any new QPIs during the time allocated for the initial meeting. It was noted that preparation and clinical engagement is key to this process and that discussion and agreement within the networks prior to the initial meeting is required. New QPIs should also be discussed across the regions for agreement in advance with national meetings providing a forum for this ahead of commencement of Formal Review.

9. NCQSG Workplan 2019 – 2021 – Paper 3

- (a) JD advised that the objectives within the workplan are progressing and advised that there was nothing new to highlight.

10. Innovative Healthcare Delivery Programme (IHDP)

- (a) SCRIS – Benefit Realisation meeting took place on 7th October with NSS and IHDP – further meetings planned for future. An advisory group to be set up to look at prioritising requests / new technology.
- (b) Primary Care – A workshop hosted by NSS and IHDP was held in September and initial discussion highlighted the challenges of incorporating SPIRE data into SCRIS. SPIRE has now reached above 85% coverage in Scotland in the primary care setting. A further follow-up meeting is due to take place on 30th January 2020.
- (c) Treatment Summaries – HD working with the National Digital Platform to take a systematic approach to roll out Treatment Summaries. Pilot work has been ongoing with NHS Lothian. A meeting is due to take place in 2020 to determine the future direction and to produce a Treatment Summary that is scalable for use across Scotland.
- (d) Cancer Innovation Challenge – An end of funding event took place at the end of September to round off this work. Two PROMS/PREMS tools were evaluated for 1) 'My Clinical Outcomes' (MCO) web-platform and 2) 'oWISE' mobile app. A further 6 month project is ongoing for response of treatment for Mesothelioma imaging.
- (e) Information Governance – The recommendations from the review of the PBPP approval process for data access has been fed into the wider work at national level.

11. Risk and Issues Log – Paper 4

- (a) The updated risk and issues log was circulated for information.

12. AOCB

No other Competent Business was noted.

13. Date of Next Meeting

(a) **Thursday 12th March 2020, Ravelston Room, Scottish Health Service Centre, Edinburgh**