

**National Cancer Quality Steering Group**  
**Action Note of Meeting: 12th March 2019 10:00am – 1:00pm**  
**Cramond Room, Scottish Health Service Centre, Edinburgh EH4 2LF**

**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
Lorraine Cowie, Regional Manager, Interim (Cancer), NCA (VC)	LC
Jen Doherty, Project Co-ordinator, National Cancer Quality Programme	JD
Alan Finlayson, Service Manager, Information Services Division Scotland	AF
Kevin Freeman-Ferguson, Head of Service Review, Healthcare Improvement Scotland	KFF
Kate MacDonald, Regional Manager (Cancer), SCAN	KM
James Mander, Regional Lead Cancer Clinician, SCAN	JM
Elizabeth Mallon, Lead Clinician, Scottish Pathology Network (TC)	EM
Gerard McMahon, Cancer Coalition, Prostate Cancer UK	GMcM
Peter Sandiford, Deputy National Clinical Lead, Cancer QPI Review Group, Healthcare Improvement Scotland	PS
Sami Shimi, Regional Lead Cancer Clinician, NCA	SS
Lorraine Stirling, Project Officer, National Cancer Quality Programme	LS
Evelyn Thomson, Regional Manager (Cancer), WoSCAN	ET

**Apologies:**

Roger Black, Head of Service, Information Services Division Scotland	RB
Asa Dahle-Smith, Medical Oncologist, NCA	ADS
David Dodds, Chief of Medicine for Regional Services, NHSGGC	DD
Rob Jones, Consultant Medical Oncologist, NHSGGC	RJ
Hamish McRitchie, Clinical Lead Scottish Clinical Imaging Network	HMcr
David Morrison, Director, Scottish Cancer Registry	DM
Gren Oades, Consultant Urological Surgeon, NHSGGC	GO
Nadeem Siddiqui, National Clinical Lead, Cancer QPI Review Group, Healthcare Improvement Scotland	NS
Seamus Teahan, Regional Lead Cancer Clinician, WoSCAN	ST
Hamish Wallace, Consultant Paediatric Oncologist, NHS Lothian	HW

**In attendance:**

Douglas Brown, Consultant Breast Surgeon and Clinical Lead, NCA (VC)	DB
Lisa Fowler, Support Manager, NCA (VC)	LF
James Mansell, Consultant Breast Surgeon and Clinical Lead, WoSCAN	JMa

**1. Welcome, apologies and declarations of interest**

- a) HD welcomed the group and introduced those in attendance. Apologies for the meeting are listed above. No declarations of interest were noted.

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

- a) The group agreed the previous minute (7th December 2018) as an accurate reflection of discussion.  
HD advised that David Morrison will be attending the next meeting to provide an update on the ongoing work of collecting recurrence data.

### 3. Matters Arising

#### a) Bladder Cancer (QPI 10: Radical Radiotherapy with Chemotherapy) – national response

Following the presentation and discussion of the ISD National Bladder Cancer QPI Report, it was highlighted that there was inter-regional variation identified for patients receiving radical radiotherapy with chemotherapy. Further clarification has been sought from clinical oncologists in the West who advised that differences in SACT protocols may contribute to this variance. Patient specific criteria may also be another factor as the population in the West may be less fit for concomitant chemoradiation.

This issue was discussed nationally at the Scottish Uro-oncology meeting held on 8th March and ET is currently awaiting feedback on the outcome from this meeting. This item will remain on the agenda until relevant feedback is provided.

#### ***Post meeting note:***

This has been discussed and all cases presented at the Scottish Uro-oncology meeting. The reasons for patients not receiving this treatment are co-morbidity, age, patient choice or other clinical factors e.g. a second primary cancer being treated at the same time. The other regions are using the same regimen (5FU and mitomycin), however it appears their populations are fitter for treatment. Confirmed that the same treatment protocols are in use across NHSScotland.

#### b) Survival Analysis Publication

An enquiry was raised at the last NCQSG meeting as to whether there were any plans to publish the additional survival analysis carried out by ISD. To date this further analysis has been completed for Upper GI, Ovarian and Head and Neck Cancer.

HD noted that there are currently a number of different teams undertaking survival analysis work i.e. ISD, SCRIS and also the Government's Atlas of Variation which aims to highlight any geographical variation that exists in associated health outcomes. In addition, there is a programme of work on cancer pathways being delivered through Macmillan Cancer Support and ISD. They are now in a position to publish some further findings from this work which includes cancer survival and the variances between Health Boards across Scotland. Regional networks are also looking at survival analysis, in particular the importance of timely reporting for all tumour types. LC, on behalf of the three regions is in the process of compiling a paper for the meeting in June.

In light of these numerous programmes of work, HD advised that it is

important not to produce conflicting reports which will cause confusion. Further discussion will take place prior to the next meeting in June to pull these strands of work together and provide a meaningful picture going forward.

#### **4. Governance**

##### **a) National QPI Reports**

###### *o ISD National Breast Cancer QPI Report (2015-2017) – Paper 2*

JMa, MB and DB presented to the group on behalf of the 3 regions a summary of the ISD National Breast Cancer QPI Report due to be published in April detailing comparative analysis of patients diagnosed between January 2015 and December 2017. Compliance is high against the majority of QPIs e.g. MDT, pre-operative assessment of the axilla, conservation surgery, surgical margins, re-excision rates and referral for genetics testing. The main areas focussed for discussion were around immediate reconstruction rate, day case surgery, HER2 status for decision making, radiotherapy for breast conservation and adjuvant chemotherapy.

MB noted that there was still variation in NHS Grampian who is slightly under target in QPI 2 Non-Operative Diagnosis over 3 years due to the historical use of cytology rather than core biopsy. This is being actioned through the NCA governance group and it is expected that practice will change.

Performance has decreased within NHS Dumfries in Galloway for patients undergoing immediate reconstruction (QPI 6). It was noted that the target previously increased from 10% - 25% and could be challenging. It is thought this may be due to screening patients from D&G who undergo surgery within other Boards and therefore not included within their figures. PS enquired if patient choice was a factor due to the availability of services. MB stated that patient choice is very difficult to assess through QPIs as there are varying factors for patients not undergoing reconstruction. The important issue is to ensure there is access and patients have the choice. This is therefore reflected in the QPI target. It was noted that in some Board areas there are issues with waiting times for immediate reconstruction and this is being further explored. Clinical commentary is provided within the national report where results are below target.

MB advised that improvement has been made in day case surgery (QPI 8) over the three years and regions are continuing to work to improve with the service through the use of patient hotels, nurse lead discharge and anaesthetic pre-assessments. It was noted that there also needs to be good community services in place for patients who are discharged on

the day of surgery.

There have been delays in some Boards reporting HER2 Status (QPI 9) which is essential for decision making at time of MDT due to delays in FISH testing reporting. This is mainly where samples are required to be transported to other laboratories for testing. LM noted that an audit has been undertaken regarding turnaround times for reporting FISH results within the West and actions agreed.

MB added that there are some further refinements required to be made to the oncology QPIs reflecting changes in clinical practice e.g. Radiotherapy in older patients and documentation of PREDICT score for chemotherapy. This will be discussed through the 2nd cycle of formal review which is currently underway.

DH thanked the Clinical Leads for their contribution and ongoing clinical engagement.

b) Survival Analysis

- *Head and Neck Cancer – update*

AF highlighted that the first draft of the Head and Neck Cancer survival analysis had been sent to the clinicians last month for review. An update will be available for discussion at the next NCQSG meeting.

- *Proposed national approach for survival analysis*

This agenda item was discussed under item 3(b).

c) **National Meetings**

- *Schedule for 2019 – Paper 3*

Paper 3 was circulated for information outlining the timelines of national meetings supported through the regional networks up to 2021.

**5. QPI Reporting**

a) Revised QPI Dashboard Demo

AF provided a demonstration to the group on the ongoing ISD development work of re-designing the website which included the expansion of the role of the Discovery Dashboards for QPI reporting. AF highlighted that following feedback around the difficulty of viewing the amount of data presented on the current Dashboards at national meetings the updated version has rotated the charts to go across the screen to make reading easier. The Dashboard can be filtered by networks and the number of years plus there is also a statistical option for box and funnel plots in order to view outliers. ISD are currently looking into having the option of aggregating data for cancers with small numbers.

The new look website was discussed and it was proposed that this will potentially replace the 4 or 5 written reports produced annually by ISD. This will contain the full complete QPI story for 18 tumour sites including the clinical foreword, supporting documentation (dataset and measurability), scorecard, dashboard and commentary. AF noted that the website may have different versions for the public and in the clinical domain.

HD stated that the onus will be on the Clinical Leads to provide understandable language to accompany the report that is published in the public domain. Concern was raised by the group around the scorecard contained within ISD reports which summarises the overall percentage performance of each QPI. This currently shows results in either 'green' (meeting the QPI target) or 'red' (not meeting) and can raise alarm for public reading. In some cases 'red' results are for one missed patient and the group were keen to highlight where results were significantly different.

The group were supportive of the format, and AF agreed to take back the suggestion of removing the red and green colours from the QPI summary scorecard.

Reporting of the national networks e.g. Brain / CNS Cancer, HPB Cancer and Sarcoma was discussed. ET advised that these are routinely reported nationally every year by WoSCAN and will be added to ISD's work schedule for a 3 yearly national report.

**Screenshots of new Dashboards / Website attached:**



QPI Web page and dashboard screenshot

**Action: Alan Finlayson**

b) **Systemic Anti Cancer Therapy (SACT) 30-day Mortality – Paper 4**

JD summarised the feedback received from the NCQSG on the proposal for national SACT 30 day mortality reporting that was discussed at the previous meeting. This highlighted the two methodologies currently in place, one being the methodology for CEL 30 (2012) using Chemocare data, and the other using QPI data which produce different results due to the clinical cohorts that are selected.

The feedback received highlighted that there is support for the CEL methodology using data from Chemocare as a more inclusive and robust method, although concerns were raised around the visibility of this reporting and consistency in data collection and reporting across the regions.

The consensus from the group is that it should remain visible as a QPI with a change in measurement to be in line with CEL methodology using data extracted from Chemocare.

A wider discussion is required by the SACT National Reporting Group to agree a consistent methodology and alignment across the regions. HD agreed to contact David Cameron, Chair of the SACT National Reporting Group to progress this work.

**Action: Hilary Dobson**

## **6. Assurance of National Performance**

### a) Update on revised methodology

KFF provided an update to the group on the revised methodology by Healthcare Improvement Scotland (HIS) to review the performance of individual Boards and tumour specific networks within each of the 3 Regional Cancer Networks.

*NCA* - HIS has completed the analysis of the QPI data and identified key areas to consider for review. These have been submitted to NCA for consideration and further discussion. Review visits to discuss the QPIs and governance arrangements have been scheduled during March.

*WoSCAN* - To date HIS have reviewed the data and action plans submitted by WoSCAN. Due to complexities around the data, further discussion / review was required. Analysis of WoSCAN data and key areas to consider for review has now been completed and sent to the region for further discussion. Review visits to be arranged during May.

*SCAN* - Contact will be made with SCAN following the completion of the WoSCAN and NCA reviews.

*Lessons Learned (Internal)* - The internal HIS QPI team and clinical experts have maintained a Lessons Learned log of their experience of applying the quality of care approach to QPI data and information. Feedback will also be sought from the regions.

HD agreed that this pilot exercise and lessons learned is very important to inform the quality assurance process of the QPI programme going forward.

## **7. QPI Formal Review Process**

### (a) Formal Review Process – 2nd cycle update

JD provided an update on progress with the 2nd cycle of Formal Reviews. The revised formal review process is more selective and focussed and allows for the opportunity to complete background work prior to the first

meeting.

Breast and Renal Cancers have now commenced with meeting dates for national discussion agreed. JD noted that in contrast to Breast Cancer there are not quite as many changes proposed for Renal Cancer. This also includes a proposal template that has been submitted for inclusion by the Kidney Cancer Scotland Patient Group. The next tumour group to undergo review is Prostate Cancer and templates will be sent out in due course.

(b) Mesothelioma QPIs - development

JD provided an update on the development and implementation of the national Malignant Pleural Mesothelioma (MPM) QPIs. A final meeting has taken place at the end of February to discuss the comments received through public engagement and QPIs are now being finalised.

The national MDT for MPM formally starts at the beginning of April. It is anticipated that data collection will start from 1st April 2019.

**8. Scottish participation in UK cancer audits - NLCA**

- (a) HD advised that work is ongoing pursuing a meaningful contribution to the National Lung Cancer Audit (NLCA). This audit can be looked at as a precedent for future audits and HD noted the different situation between Scotland and England who use NLCA data to populate other databases for reporting.

HD acknowledged that the QPI data has gaps, however highlighted that it is important that national audits do not take over the QPI process. Work is ongoing with clinical leads and ISD to discuss the gaps and the added value that can be achieved with a Scottish contribution to the NLCA.

In a separate issue it was noted that participation by clinicians in providing data to BAUS (British Association of Urological Surgeons) will cease at the end of 2019 as BAUS will no longer be collecting and reporting on this data due to resources.

MB also advised that Scotland will not be submitting data to the national Breast Cancer screening audit for the second year which is disappointing.

**9. Innovative Healthcare Delivery Programme (IHDP)**

- (a) Cancer Innovation Challenge – All regional groups have been visited and the evaluation of the Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMs) tool is now completed. HD updated that one company passed the phase 1 stage to proceed with a project on imaging / response to treatment for Mesothelioma. Work has

stalled at present due to data access resulting in an extension to the timescales.

- (b) Information Governance – HD discussed the need for slicker data access and advised on the development of 2 subgroups of the (one health focussed, the other public sector) to take this forward.

Case studies have been reviewed which cover a range of data sharing requests including data linkages, audit, development of tools, and national work. These have included examples of very lengthy timescales and delays due to the PBPP process. Different ideas have been generated to improve this including the use of a triage system, using a customised form, and shared approaches through Scotland. This will be fed back to the group and the Chief Medical Officer.

- (c) SCRIS – David Morrison is leading on the work and prioritising looking at how this goes forward in the future with survival analysis as a priority.
- (d) MDT – Anya Adair as new HPB National MCN Clinical Lead is looking into the previous work undertaken with a view to move forward a national report to underpin current MDTs in a better way. LC advised that the North is currently trialling the new MDT form with HPB Cancer and non cancer cases for Upper GI. Work is ongoing in WoSCAN around using Microsoft Office 365 as a prototype to link MDTs.
- (e) Treatment Summaries – Early focus for Department of Health and Social Care Strategy group for the vision of a digital platform.

#### **10. NCQSG Workplan 2017 – 2019 – Paper 5**

- a) Progress against the workplan has been updated. There are no outstanding issues to report. A revised and updated workplan will be available for the next meeting in June.

#### **11. Risk and Issues Log – Paper 6**

- a) The updated risk and issues log was circulated. No new items to report.

#### **12. AOCB**

- a) Sami Shimi advised the group that he is stepping down as clinical lead for NCA at the end of the month. HD thanked Sami for all his work and support in the past for the NCQSG.

#### **13. Date of Next Meeting**

- a) **Tuesday 25th June 2019**  
10:00am – 1:00pm  
Atlantic Quay  
James Watt A – Conference Room  
Glasgow G2 8LU