

National Cancer Quality Steering Group

Action Note of Meeting: 6th September 2019 10:00am – 1:00pm
Cramond Room, Scottish Health Service Centre, Edinburgh

Present:

Hilary Dobson, Deputy Director, Innovative Healthcare Delivery Programme (Chair)	HD
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
Belinda Henshaw, Senior Programme Manager, Healthcare Improvement Scotland	BH
Rob Jones, Consultant Medical Oncologist, NHSGGC	RJ
Kate MacDonald, Regional Manager (Cancer), SCAN	KM
James Mander, Regional Lead Cancer Clinician, SCAN	JM
Lorraine Stirling, Project Officer, National Cancer Quality Programme	LS
Seamus Teahan, Regional Lead Cancer Clinician, WoSCAN	ST

Apologies:

Lesley Aitken, Senior Reviewer, Healthcare Improvement Scotland	LA
Matthew Barber, Consultant Breast Surgeon, NHS Lothian	MB
Hugh Brown, National Primary Care Group, NHS Ayrshire and Arran	HB
Asa Dahle-Smith, Medical Oncologist, NCA	ADS
David Dodds, Chief of Medicine for Regional Services, NHSGGC	DD
Hilary Glen, Consultant Medical Oncologist, NHSGGC	HG
Sandra McDougall, Interim Depute Director, Healthcare Improvement Scotland	SM
Elizabeth Mallon, Lead Clinician, Scottish Pathology Network	EM
Hamish McRitchie, Clinical Lead Scottish Clinical Imaging Network	HMCR
David Morrison, Director, Scottish Cancer Registry	DM
Gren Oades, Consultant Urological Surgeon, NHSGGC	GO
Gerard McMahon, Cancer Coalition, Prostate Cancer UK	GMcM
Nadeem Siddiqui, National Clinical Lead, Cancer QPI Review Group, Healthcare Improvement Scotland	NS
Iain Tait, Regional Lead Cancer Clinician, NCA	IT
Evelyn Thomson, Regional Manager (Cancer), WoSCAN	ET
Peter Sandiford, Deputy National Clinical Lead, Cancer QPI Review Group, Healthcare Improvement Scotland	PS

In attendance:

Lorna Bruce, Audit Manager, SCAN	LB
Nicholas Cohen, Consultant Urological Surgeon, NCA (VC)	NC
Kevin Freeman-Ferguson, Head of Service Review, Healthcare Improvement Scotland	KFF
Bryan McKellar, Programme Coordinator, NCA (VC)	BM

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 considered the previous action note held on Tuesday 25th June 2019 (*Paper 1*) and approved as an accurate record. HD added that excellent progress had been made since the previous meeting around a number of issues that were previously discussed and updates are provided within the main agenda today.

3. Matters Arising

(a) Recurrence Data

HD advised that David Morrison (DM) has written to Regional Clinical Leads outlining the progress that has been made to date around collecting recurrence data. DM is scheduled to attend the Clinical Leads meeting in WoSCAN in December to discuss this work further. Other areas have yet to be contacted and HD agreed to write to DM to enquire if this engagement will also be taking place in SCAN/NCA. HD agreed that this was a very valuable way of taking this work forward liaising directly with regions to reach national agreement.

Action: Hilary Dobson

(b) PREDICT Score – Breast Cancer

HD advised that following the recent 2nd Cycle of Formal Review, PREDICT is still being utilised for the revised QPIs to inform adjuvant chemotherapy.

HD informed the group that NSS developers are investigating whether the algorithm to calculate PREDICT score can be included within eCASE. An update should be available within the next couple of weeks.

4. Survival Analysis

(a) Head and Neck Cancer

AF updated that the first specification of the Head and Neck Cancer survival analysis is complete. Regional Audit Managers are completing specification for stage 2 of the analysis.

AF further advised that the first stage of the Cervical and Endometrial Cancer survival analysis is currently being reviewed by clinicians. ISD are now awaiting data being submitted by the regions for Breast Cancer analysis.

AF informed the group of changes to the current ISD analytical team arrangements. The QPI work will be moving to another team within ISD as from 1st September and going forward, this will be managed by Catherine Thomson, Service Manager in Population Health. There will be a handover period to ensure the transition is as seamless as possible.

(b) Ovarian Cancer Analysis

Discussion took place on the further Ovarian Cancer survival analysis undertaken by the 3 regions. Following the initial analysis, it was agreed to undertake a targeted audit of non surgical patients to identify any regional differences in patient pathways along with exploring reasons for survival differences in the regions. Data collection has begun in each of the regions however this is not yet complete. There was concern raised around any publication of the survival analysis without sufficient narrative provided.

HD agreed that an update on progress should be sought by way of a teleconference with the Regional Network Leads, Audit Mangers and ISD. This will focus on the updated position on all the agreed actions from the initial survival analysis, including the further investigation of patients with advanced Ovarian Cancer not undergoing surgery.

Hilary Dobson

(c) Proposed national approach for survival analysis

HD updated that currently there are 3 tumour groups in one year undergoing survival analysis and she has written to DM for an update on the timetable for publication going forward. The importance of survival analysis was stressed by members of the group and it is hoped that a collaborative programme will allow more tumour types to be analysed within a shorter timescale. HD agreed to follow this up with DM.

Hilary Dobson

6. (a) **Assurance of National Performance – Paper 2**

• **NCA report and proposed lessons learned**

The order of the agenda was changed at this point.

BH provided an update on the pilot reviews that have been undertaken within the regions.

- *NCA* – report published on 16th August 2019.
- *WoSCAN* – Meeting took place on 6th and 7th June with a focus on governance and QPI performance. The report is delayed for a further 2–3 weeks before being sent to the region for factual accuracy.
- *SCAN* – review visits took place on 22nd and 23rd August and report is due to be published autumn 2019.

BH thanked all 3 regions for their support, enthusiasm and commitment to the review programme. A workshop is scheduled to take place on 11th October which will include a lessons learned exercise now that the pilot phase is complete. The workshop will include representation from Clinical Leads and managers, ISD colleagues, Regional SACT Leads and public

partners. HD and Professor Aileen Keel, Director, IHDP will also be attending this event as separate stakeholders looking at the overall value of the work as well as how this aligns with the terms stated in CEL 06 (2012).

LC advised both her and Iain Tait cannot attend from NCA but will seek representation from the North. JM noted that it would also be useful to invite Regional Audit Managers to the workshop.

ST stated that he appreciated that this is a complex process and highlighted the importance of ensuring all regions have reports to review prior to the workshop event in order for this to be a useful exercise. A national report will be done by HIS thereafter which will incorporate views from the workshop.

Lorraine Cowie / Belinda Henshaw

5. QPI Reporting

(a) Revised QPI Dashboard

AF provided an update on the revised dashboard on behalf of ISD. The ISD team have been continuing to develop the dashboard to include statistical options for funnel plots and box charts to view outliers. A beta version of the dashboard will be available on the live site and will sit alongside the older version. This will allow for time to feedback any comments or issues prior to the older version being retired. The red/green summary scorecard colours have been updated and appear less harsh in the newer version. AF advised that the new version of the Dashboard will be tested at the national Upper GI national event on 25th October.

AF advised that the QPI Dashboard will be moved to the new analytical team within ISD. A demonstration of the Dashboard has been presented to the Regional Clinical Leads Group in WoSCAN and LC enquired if the same could be carried out at the Clinical Leads groups in the north.

Catherine Thomson

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

HD advised that she had written to David Cameron, Chair of the SACT National Reporting Group regarding agreement on a consistent methodology and alignment across the regions for SACT 30 day mortality using Chemocare data. Further details have been provided and a response is awaited from DC. HD/JD to continue to liaise with DC to progress.

Hilary Dobson / Jen Doherty

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. Breast and Renal Cancer QPI reviews are now complete. JD highlighted that clinical engagement within the networks for these two tumour types had been good.

Prostate Cancer QPI review is currently underway. This has been slightly delayed to allow discussion of Year 6 QPI results following the British Association of Urological Surgeon (BAUS) meeting on 26th June. A review meeting has been scheduled for 9th September. JD informed the group that there has been a significant number of proposals for new QPIs received by Prostate Cancer charities (Prostate Cancer UK and Prostate Scotland) as well as the regional networks. There is a challenge around the proposals for QPIs on patient reported outcomes e.g. radiotherapy toxicity and incontinence which have proven very difficult to capture. RJ highlighted the need to manage expectations and maintain relationships where new QPI submissions are concerned. HD stated that there is a focus on patient reported outcome measures (PROMS) and patient reported experience measures (PREMS) at a national level and recognised that QPIs are not always the best route.

It was noted that clinicians have raised their concern with the Scottish Government's COMQI group, chaired by Professor Aileen Keel and Jason Leitch, Clinical Director of Healthcare Quality and Strategy, around the issue of BAUS discontinuing data collection and reporting at the end of 2019. It was noted that the QPIs and cancer audit dataset are the focus for reporting in Scotland.

HD stated that there had been a perception that the 2nd cycle of reviews provided less opportunity for clinical input, however to date there has been more proposals being presented for consideration and good engagement by clinicians. ST agreed and highlighted that as Chair of the recent Breast Cancer QPI Formal Review there had been extensive changes, with a number of QPIs archived and replaced with new ones.

JD concluded that submission templates are due to be returned by Upper GI, Lung and HPB Cancers during September/October 2019.

8. NCQSG Workplan 2019 – 2021 – Paper 3

- (a) JD advised that the objectives within the workplan are progressing. It was noted that timelines have still to be added to some items e.g. HIS project plan and SACT 30-day mortality.

9. Innovative Healthcare Delivery Programme (IHDP)

- (a) SCRIS – now finished 22 recommendations. Funding is due to finish and a Frontiers meeting is due to take place on 7th October in Edinburgh with NSS and IHDP to discuss the benefits of data realisation going forward.
- (b) Primary Care – NSS and IHDP are hosting a workshop on 19th September and HD and Professor Aileen Keel will be in attendance. Focus of this meeting is to include Primary Care datasets into the established Cancer Registry. Now that SPIRE has reached above 85% coverage in Scotland in the primary care setting it is time to incorporate data into SCRIS. This new technology would allow local clinicians access to data in a more timely way.

HD has written to the networks for representatives from secondary care to attend to provide a view on what data is really important in terms of the overall care of cancer patients.

- (c) Treatment Summaries – HD in communication with the team that delivers the national digital platform. The team is designing a product to be piloted in one NHS Board. There has been discussion within NHS Lothian who may act as pilot site. Debbie Provan, Regional Lead for Living With and Beyond Cancer in WoSCAN is working with team in NHSGGC e-Health to produce a Treatment Summary that is scalable for use across Scotland.
- (d) Cancer Innovation Challenge - funding now deployed. End of Cancer Innovation Challenge meeting due to take place on 24th September to round off this work. A focus of this meeting will be on the output of the PROMS and PREMs work and the access to Mesothelioma imaging.
- (e) Information Governance - Meeting has taken place with Penni Rocks, Head of eHealth (Digital Health and Care) around the recommendations on the PBPP approval process for data access. Christine McLaughlin, Director for Health Finance will be responsible for delivering this strategy.

10. Risk and Issues Log – Paper 4

- (a) The updated risk and issues log was circulated. JD made reference to a new risk (I.D 4) that has been added around potential delays or issues during the transition period of realigning the ISD team in terms of QPI work.

11. Governance

- (a) National QPI Reports
 - *ISD National Renal Cancer QPI Report (2015-2017) – Paper 5*NC presented to the group on behalf of the 3 regions an overview of the ISD Renal Cancer QPI report published on 20th August 2019. HD noted that MCN Leads in WoSCAN and SCAN provided a written response to

the report ahead of the meeting. NC noted that the 2nd Cycle of formal review was completed in July 2019 with minimal changes to the QPIs (a number of new QPIs were developed during initial formal review).

Targets have been achieved for a number of QPIs; Histological Diagnosis, MDT, Nephron Sparing Surgery, Trifecta Rate and for indicators relating to 30 and 90 day mortality for patients receiving operative treatment, radiofrequency ablation (RFA) and cryotherapy.

Much discussion took place around QPI 1 Radiological Staging due to the inclusion of a 92 day timeframe outwith review for patients receiving 1st treatment following staging investigations. This has brought results down and renal clinicians agree this is not suitable for many patients, particularly those with complex pathways. Scans could be repeated however it was agreed that the focus of the QPI is appropriate staging rather than timing of investigations. Cancer waiting times should also pick this up i.e. 31 day diagnosis to treatment. The timing element has now been removed.

Target not achieved nationally over 3 years for QPI 2(i) Histological Diagnosis (Cryotherapy / Radiofrequency ablation). This QPI accounts for small numbers. Main reason for not meeting the target is due to some patients undergoing cryotherapy / ablation on the same day as the biopsy, particularly in the north due to patients travelling for treatment. It was noted that biopsy may be inaccurate for small lesions.

NC noted variation in Clinical Staging – TNM (QPI 3) which was mainly due to outsourcing pathology reporting in SCAN and issues in the north with reporting TNM Classification at the MDT. LC advised that in the north these issues are all raised and discussed at the Clinical Leads meeting.

Variation was noted for patients with advanced and / or metastatic at the time of diagnosis receiving first treatment with SACT within 12 months (QPI 9). It was highlighted that this accounts for small numbers and NHS Ayrshire and Arran achieved the target in 2017. It was agreed at the 2nd Cycle of Formal Review to keep this QPI but lower the target from 70% to 40%. This will allow for patients with advanced disease who would see no benefit from receiving SACT at this time.

There is significant regional variation in relation to QPI 11. All Boards within WoSCAN achieved 100% in each of the 2 years and there has also been improvement in NHS Grampian since the Leibovich Score has been introduced on the pathology template. NHS Tayside did not achieve the target due to recording the risk category rather than the specific number.

In NHS Fife results remain very low due to a data recording issue in relation to applying the score in the absence of lymph nodes.

It was agreed at the 2nd Cycle of Formal Review to increase the Volume of Cases per Surgeon (QPI 12) from 12 to 15. The increase is welcomed and should prompt questions if this is not being met now that specialists are undertaking surgery.

Recruitment to Clinical Trials for Renal Cancer patients remains low especially for patients with metastatic disease where performance status is poor. There has been work done in the north to identify more suitable patients that can be enrolled into trials.

NC acknowledged that there may be better recruitment if there was more dedicated resource available. The group agreed that this is a problem across all tumour groups and HD agreed to write to the Chair of the Scottish Cancer Research Network (SCRN).

HD thanked NC for his contribution today and ongoing clinical engagement.

Hilary Dobson

12. AOCB

(a) NCQSG – Membership

HD expressed thanks on behalf of the group to AF for all his hard work and commitment to the quality programme over the years and wished him well in his new team within ISD.

The same message of thanks was articulated to KM who is moving on from her role as Regional Manger (Cancer) within SCAN. LB, Audit Manger in SCAN will attend the NCQSG meetings on a temporary basis for continuity until this position is filled.

HD has written to two new members who will be joining the NCQSG at the next meeting. Dr Hilary Glen, Consultant Medical Oncologist and Dr Joris VanDerHorst, Consultant Respiratory Surgeon, both from WoSCAN.

HD will write to previous member Mr Gren Oades, Consultant Urological Surgeon and Clinical Lead, WoSCAN thanking him for his contribution in the past to the group.

Hilary Dobson

13. Date of Next Meeting

- (a) Monday 9th December 2019, 10:00am – 1:00pm, Atlantic Quay, James Watt A - Conference Room, Glasgow G2 8LU**