National Cancer Quality Steering Group
Action Note of Meeting: 12th March 2020 10:00am – 1:00pm
Ravelston Room, Scottish Health Service Centre, Edinburgh

Present:

Hilary Dobson, Deputy Director, Innovative Healthcare Delivery (Chair)
Lesley Aitken, Senior Reviewer, Healthcare Improvement Scotland
Lorna Bruce, Audit Manager, SCAN
Lorraine Cowie, Regional Manager, Interim (Cancer), NCA (VC)
Jen Doherty, Project Co-ordinator, National Cancer Quality Programme
Hilary Glen, Consultant Medical Oncologist, NHSGGC (VC)
Rob Jones, Consultant Medical Oncologist, NHSGGC (VC)
James Mander, Regional Lead Cancer Clinician, SCAN
Gerard McMahon, Cancer Coalition, Prostate Cancer UK (VC)
David Morrison, Director, Scottish Cancer Registry
Michael Muirhead, Head of Service, Information Services Division Scotland
Peter Sandiford, Deputy National Clinical Lead, Cancer QPI Review Group, Healthcare Improvement Scotland
Seamus Teahan, Regional Lead Cancer Clinician, WoSCAN
Nadeem Siddiqui, National Clinical Lead, Cancer QPI Review Group, Healthcare Improvement Scotland
Lorraine Stirling, Project Officer, National Cancer Quality Programme
Catherine Thomson, Service Manager (Population Health), Information Services Division Scotland
Evelyn Thomson, Regional Manager (Cancer), WoSCAN
Joris Van Der Horst, Consultant Respiratory Physician, NHSGGC (VC)

In attendance:

Melanie MacKean, Lung Cancer Clinical Lead, SCAN
Alison Rowell, Service and Improvement Manager, WoSCAN (VC)

Apologies:

Matthew Barber, Consultant Breast Surgeon, NHS Lothian
Hugh Brown, National Primary Care Group, NHS Ayrshire and Arran
Asa Dahle-Smith, Medical Oncologist, NCA
David Dodds, Chief of Medicine for Regional Services, NHSGGC
Kevin Freeman-Ferguson, Head of Service Review, Healthcare Improvement Scotland
Angela Jesudason, Paediatric Oncologist and Clinical Lead for the MSN CYPC Teenagers & Young Adults (VC)
Sandra McDougall, Interim Depute Director, Healthcare Improvement Scotland
Gregor McNie, Team Lead, Cancer Policy, Scottish Government
Hamish McRitchie, Clinical Lead Scottish Clinical Imaging Network
Richard Stretton, Lung Cancer Clinical Lead, NCA
Iain Tait, Consultant Surgeon and Clinical Director, NCA (VC)
Stuart Thomas, Consultant Pathologist and Lead Clinician, Scottish Pathology Network
1. **Welcome, apologies and declarations of interest**
   (a) HD welcomed the group and introduced those in attendance. HD advised that Stuart Thomas, Clinical Lead for the Scottish Pathology Network will be joining the group replacing previous member Elizabeth Mallon.

   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 9th December 2019 (Paper 1) and approved as an accurate record.

3. **Matters Arising**
   (a) **Recurrence Data**
   HD highlighted that DM had previously given an eloquent presentation to this group on the ongoing recurrence work evaluating the use of the new 5th digit on ICD-10 diagnostic codes in SMR01 records.

   DM further discussed the challenges and limitations surrounding collecting recurrence data, particularly with regards to data validation to enable national consistency and comparison of results. To assess sensitivity requires the lengthy process of looking through case-notes to validate cases.

   Discussion followed on the pressure this will put on clinicians to collect this data retrospectively. DM highlighted two other potential resources to move this work forward that may be pursued in the data verification process i.e. academic support or through research projects via ‘Breast Cancer Now’. DM advised that he has spoken to colleagues at Glasgow Royal Infirmary in relation to colorectal cancer who are keen to help with this work.

   LB advised that NHS Lothian have undertaken work using the Breast Cancer QPI audit data. There are existing fields for recurrence in the QPI dataset, transferred from the old dataset. Some, but not all Boards currently collect this data. It was noted that this is the only dataset to include this and it is not mandatory to collect as there is no resource incorporated for doing so within the boards.

   Definitions for recurrence are required to be agreed nationally as the first step of this exercise and all agreed that engagement is crucial from clinical leads to agree a methodology. NS raised concern about the workload involved in collecting recurrence data retrospectively and suggested investment in doing this prospectively.

   HD advised that to achieve a systematic approach and clinical leadership, a sub-group with representation from the Regional Clinical Leads, Cancer
Registry and ISD should take this work forward. This will initially be for Breast and Colorectal Cancer and ET / LC advised that a Regional MCN Manager from WoSCAN and NCA will also be nominated to support each of these groups.

JVDH added that recurrence is recorded on Lung Cancer MDT forms and the network would be keen to participate in this work if further tumour types were to be considered in future.

Hilary Dobson

(b) Scottish Cancer Research Network (SCRN) update

HD advised that she is meeting with David Cameron, Chair of the SCRN on 13th March and will discuss performance and resource of clinical trial recruitment.

Hilary Dobson

4. Governance

(a) National QPI Reports


MM presented to the group on behalf of the 3 regions an overview of the ISD Lung Cancer QPI report that was published on 25th February 2020.

Targets have been achieved for a number of QPIs for NSCLC; surgical resection, chemoradiotherapy for locally advanced disease, SACT and 30- day mortality. Targets also achieved for PET CT in patients being treated with curative intent, chemotherapy in SCLC, SABR in inoperable stage I lung cancer and pre-treatment diagnosis prior to commencing chemoradiotherapy. In addition the target has almost been achieved across the regions for QPI 1 MDT.

Discussion took place around QPI 2(i) Pathological Diagnosis which is challenging, particularly with the inclusion of supportive care patients. SCAN are reviewing their cases in detail and although it can be difficult to improve pathological rates in frail patients or those with co-morbidities, all agreed the importance of this aim.

Pre-treatment diagnosis (QPI 15) is high for patients receiving chemoradiotherapy; however compliance is much lower for those having surgery and radiotherapy. It was noted that the QPI does not take into account frozen section or attempts at diagnosis. Diagnosis prior to radiotherapy can also be challenging as this treatment is often given to less fit patients. Clinicians are striving to improve performance with this QPI.

Brain Imaging (QPI 16) was added as a new QPI at initial formal review. Practice is variable however changes are being implemented to drive improvement in NHS Boards e.g. aid memoires to prompt brain imaging.
MM noted the difference across the regions in surgical mortality rates, highlighting the 3-year aggregated figures. Results are higher in NCA, however it was noted that there has been a change in surgical service in Aberdeen with a move from 3 surgeons operating to a single surgeon. LC advised that the issue of single surgeon working is being monitored. HD requested an update on this to be provided at the next meeting.

Lorraine Cowie

MM discussed the oncology QPIs where numbers are low and noted that aggregated figures over 3 years would provide a more meaningful picture of differences between the regions.

The leads expressed concern regarding the poor performance with Clinical Trials and Research Study Access (QPI 17) despite active trials for immunotherapy. MM advised that many of the trials have very stringent eligibility criteria and highlighted that patient fitness is an issue. Efforts are underway to develop clinician led trials of supportive measures to improve fitness of patients for active therapy.

JVDH highlighted the short timescales around the lead clinician’s review of national reports before publication, and also the need for survival analysis. MM advised that from 1st April 2020, ISD will be moving to become Public Health Scotland and this will be an opportunity to review processes. CT stated that the aim is for the dashboard to be the main communication. There has been a request to move away from written reports which HD stated needs to be managed carefully to ensure appropriate clinical commentary is provided with any results. CT hopes the new eCASE datamart will provide a more streamlined process to support this.

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

5. **Survival Analysis**

   (a) **Head and Neck Cancer**
   
   CT updated that ISD have received a more detailed specification and are continuing to work on the analysis.

   (b) **Ovarian Cancer**
   
   The initial Ovarian Cancer analysis highlighted variation between the regions for non-surgical patients and those with advanced disease. A targeted audit has now been undertaken to identify regional differences and LB advised that data from all Boards across Scotland has now been received. Caldicott permission is now in place to carry out the analysis centrally in NHS Lothian. It is hoped that an overview of the results will be available for the next Scottish Cancer Taskforce meeting on 30th
March 2020.

(c) **Upper GI Cancer**
Work is in progress for Upper GI Cancer. A meeting is scheduled to take place with key clinicians and ISD to discuss specifications on 20th March 2020.

**Post meeting note:** The Upper GI meeting due to take place on 20th March has been postponed due to the COVID-19 outbreak. A date will be arranged in due course.

(d) **Breast Cancer**
Work is in progress reviewing differences between Boards which may be due to screening. Analysis by Healthboard of Residence is being undertaken to see if this makes a difference.

(e) **Proposed national approach for survival analysis**
CT highlighted that analysis of 25 tumour types using net survival had taken place, however this approach cannot be used on QPI data due to small numbers and therefore there will not be one single methodology for all survival analysis.

HD noted that it was disappointing that the further analysis for UGI and Head and Neck Cancer is still not complete given that it is a priority for this group, and that this should take priority over additional requests e.g. Breast Cancer.

Discussion took place on the multiple requests to ISD and current level of resource as well as suggestions on alternative approaches and solutions. All agreed the Cancer Quality Programme has grown since implementation therefore more is now expected from the data. MM agreed that survival analysis demands are growing and there needs to be a fresh look at all requirements along with the capacity that is available.

6. **QPI Reporting**

(a) **Dashboard Development**
CT provided an update on revised dashboard on behalf of ISD and advised that that the beta version is complete and ready to go live at the end of March 2020. The older version of the dashboard that is sitting alongside the beta version will then be retired. The future aim is to have this on the SCRIS dashboard with one link and log-in.

CT discussed the public version of the dashboard which is proposed would replace the ISD national QPI publications. Production of the national 3-yearly ISD publications is very time consuming, involving a disproportionate level of effort from both ISD and regional networks. CT
proposed that due to the current level of resource the ISD national reports due for publication are suspended. It was suggested that a potential solution would be to replace these reports with the publication of the QPI summary table (detailing national results) along with links to the published regional audit reports which contain clinical comments on the QPI results.

HD re-iterated the importance of clinical commentary in public facing reports and added that this will require support from clinicians to advise on narrative around the QPI results at a national level.

CT advised that reducing time requirements for manual processes at Board, regional and national level required for the national reports will allow the team at ISD to focus on more consistency in processes, reporting times and format across Scotland.

CT agreed to write to the Regional Leads and Managers within the regions to request that forthcoming ISD 3-yearly national reports are suspended.

Catherine Thomson

(b) eCASE Development

HD advised that funding for two streams of development has been secured for eCASE reporting.

Funding has been received from IHDP to move the reporting server to a Business Intelligence (BI) platform. In addition, funding has been allocated for the new data virtualisation technology to maximise the intelligence available from the Cancer QPIs. This will remove the need to transfer data manually and therefore become timelier.

HD added that these two areas of funding will support and develop the eCASE platform. This will also allow ISD to obtain permissions for more direct access to eCASE following agreement through the Information Governance process between NHS Boards.

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

JD advised that an initial meeting is due to take place on 13th March 2020 with ISD, and regional SACT representatives to agree on a consistent methodology for SACT 30-day mortality reporting using Chemocare data. The meeting will focus on reviewing current practice and agreeing a consistent methodology for all 3 regions going forward.

It is hoped the process can be tested for lung cancer reporting which is due in June/July 2020. JD advised that the meeting will also inform discussion on the development of the national SACT dashboard which will be used for this reporting in the future.
7. (a) **Assurance of National Performance – Paper 3**
   - Update on regional report process and lessons learned event on 30th January 2020.

   NS provided an updated position on the pilot reviews that have been undertaken to date within the regions. A Learning Event took place on 30th January 2020 attended by key stakeholders following publication of the regional reports. This provided an opportunity to discuss all comments regarding the process to date. A learning event flash report is due to be circulated to all delegates in due course and feedback from the event will be used to inform the process going forward.

   NS suggested that ideally there would be one report with an overview of compliance versus non-compliance and there was a need to incorporate survival. The group felt that compliance is already known to the regions and the scrutiny should be around whether appropriate action is in place and is progressing. It was noted that public expectation with regards to the assurance process is an important factor as well.

   A full updated position will be presented to the Scottish Cancer Taskforce meeting on 30th March 2020 by Sandra McDougall, Quality Assurance Interim Director.

   **Post Meeting Note:** The Scottish Cancer Taskforce meeting due to take place on 30th March 2020 has been postponed due to the COVID-19 outbreak.

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.

   To date upper GI, lung and HPB cancers are approaching the end stages of formal review. The initial meeting for colorectal cancer has taken place and draft revisions are underway. The next review to commence is Lymphoma and submission templates have been sent to Regional Clinical Leads with an initial meeting to be scheduled in June 2020.

   JD noted that there are challenges around the measurement of some of the newly proposed QPIs and highlighted that the number of QPIs along with the datasets are continuing to grow.

   ET advised that there is a risk associated with the growing QPI datasets, and suggested that a piece of work is undertaken to establish the increase in QPIs and associated data items within each tumour group since the initial implementation of the programme.

   Jen Doherty
**Post Meeting Note:** The Lung Cancer QPI Finalisation meeting due to take place on 20th March 2020 has been postponed due to the COVID-19 outbreak.

   (a) JD advised that most objectives within the workplan are progressing and any areas of delay have been covered through discussion in previous agenda items.

10. **Innovative Healthcare Delivery Programme (IHDP)**
    (a) Treatment Summaries – HD advised that there was no agreed methodology as yet with regards to producing a treatment summary that is scalable to use across Scotland.

    (b) Cancer Innovation Challenge – The two PROM/PREMS tools (‘My Clinical Outcomes’ web-platform and ‘oWise’ mobile app) have now concluded. Currently there has not been widespread uptake of oWise however NHS Ayrshire and Arran have now purchased this with four other Boards interested.

    (c) SCRIS – benefits realisation phase is underway with another frontiers meeting planned. A further meeting will take place in the autumn with a focus on third sector.

    HD advised that IHPD will be moving into initiatives in the non-cancer world with cardiac being the next area of work.

11. **Risk and Issues Log – Paper 4**
    (a) The updated risk and issues log was circulated for information. A further update will be requested by ISD in terms of resource for the next National Cancer Quality Operational Group.

12. **AOCB**
    (a) **New appointment**
        Mr Bobby Alikhani has been appointed as the new Regional Manager for SCAN and is due to start in April 2020.

    (b) **Clinical Management Guidelines (CMGs)**
        Following the work in NHS Tayside, a short life working group is presenting to the Scottish Cancer Taskforce a draft paper containing 19 recommendations regarding development and implementation of CMGs across NHSScotland.

    (c) **NCQSG – Chairs**
        The group overall expressed their gratitude to Hilary Dobson in her role as Chair of the NCQSG. It was noted that Hilary will be sorely missed
and all thanked her for her continuity and direction in driving quality for cancer patients in NHSScotland. The group wished her well for the future and for her retirement.

The appointment of a new Chair for the NCQSG will be communicated to the group in due course ahead of the next meeting.

13. Date of Next Meeting
   (a) Monday 22nd June 2020, Board Room, JB Russell House, Gartnavel General Hospital, Glasgow, 10:00am – 1:00pm.