West of Scotland Cancer Network
Head and Neck Cancer
Managed Clinical Network

Audit Report

Head and Neck Cancer Quality Performance Indicators

Clinical Audit Data:
01 April 2022 to 31 March 2023

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Head & Neck Cancer Data Overview

Patients diagnosed between April 2022 - March 2023

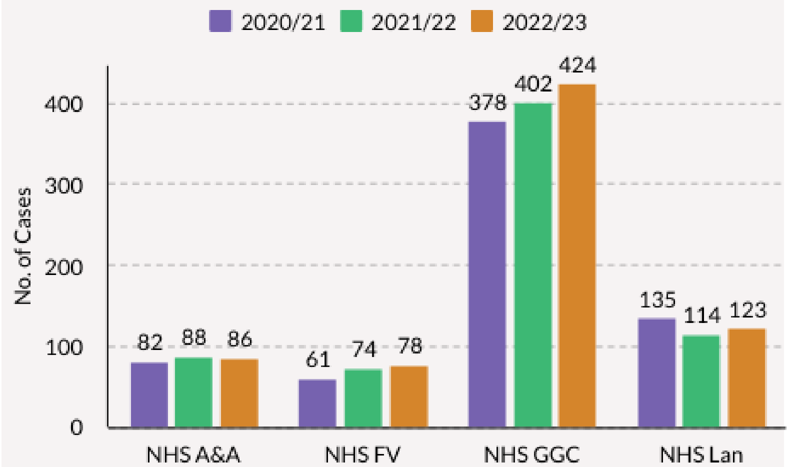
Number of cases diagnosed in WoS: 711

Number of new cases in Scotland (2021)*: 1400

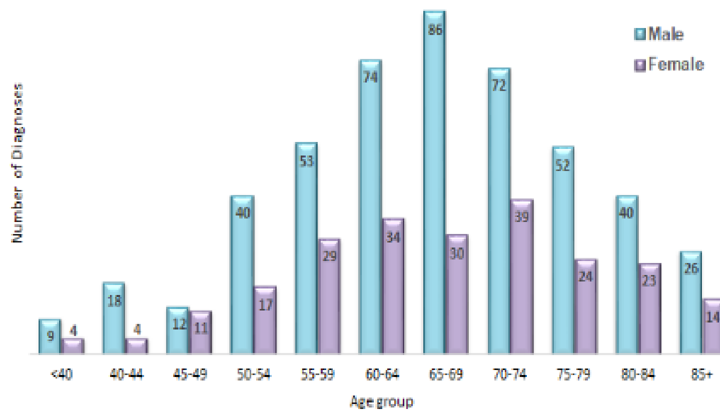
*Source: PHS

	Male	Female
1 year Net survival*:	75.9%	75.5%
5 year Net survival*:	55.2%	57.5%

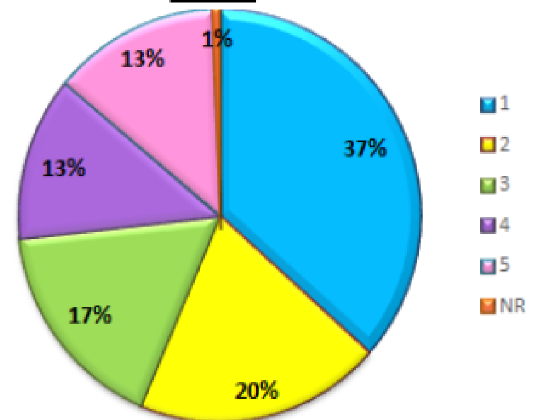
*Net non-age standardised survival for patients diagnosed 2015-19 in Scotland



5 year Age distribution

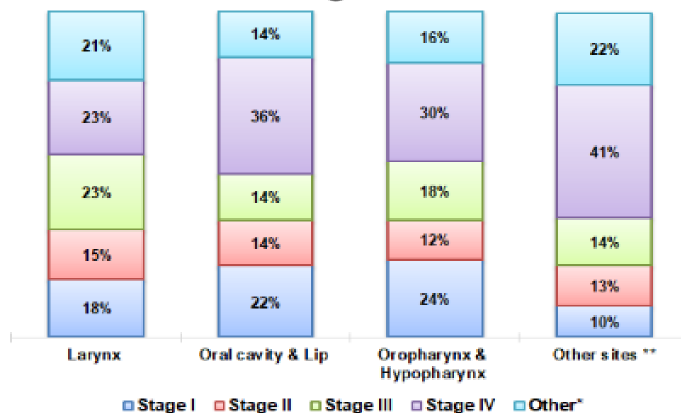


SIMD



*1=most deprived, 5=least deprived

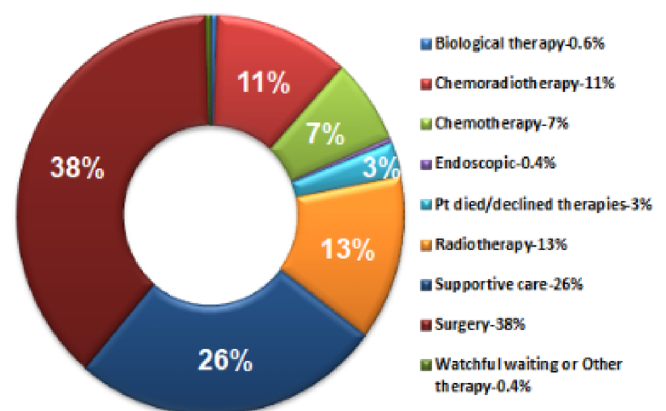
Stage



* Not recorded, Not applicable & Not assessable

** Nasopharynx, Accessory Sinuses, Salivary glands, and Nasal cavity & Middle ear

First Treatment Type



Executive Summary

This report contains an assessment of the performance of West of Scotland (WoS) head and neck cancer services using clinical audit data relating to patients diagnosed with head and neck cancer in the twelve months between 1st April 2022 and 31st March 2023. Data were measured against v4.0 of the Head and Neck Cancer Quality Performance Indicators (QPIs) which were implemented for patients diagnosed on or after 01 April 2021.

Cancer audit has underpinned much of the regional development and service improvement work of the MCN and the regular reporting of activity and performance have been fundamental in assuring the quality of care delivered across the region. Following the development of QPIs, this has now become an established national programme to drive continuous improvement and ensure equity of care for patients across Scotland.

The results presented within this report illustrate that some QPI targets have been challenging for NHS Boards to achieve and there remains room for further service improvement, however it is encouraging that targets relating to Multi-Disciplinary Team (MDT) discussion and imaging before initiation of treatment, and mortality following surgery, radical radiotherapy and chemoradiotherapy were met by all Boards. QPI targets were met regionally for clear surgical margins and PD-L1 Combined Proportion Score (CPS) reporting for decision making.

Where QPI targets were not met, all NHS Boards have provided detailed commentary. In the main these indicate valid clinical reasons or that in some cases, patient choice or co-morbidities have influenced patient management. Other factors such as documentation issues and radiology, dietetic and SLT resource capacity have impacted upon performance against some indicators. QPI 2 (i): Imaging, QPI 3: MDT discussion and QPI 11: 30/90-Day Mortality were met by all Boards, and therefore detailed graphs have not been included for these QPIs in the main report.

There are a number of actions required as a consequence of this assessment of performance against the agreed criteria.

Actions required:

QPI 6: Nutritional Screening

QPI 6 (i):

- NHS Forth Valley to document MUST score and smoking cessation referral on eForms at the new head and neck cancer OMFS patient clinics, ensuring data analyst access to relevant information for more accurate data recording.
- NHS GGC to carry out an assessment of the level of dietetic input at head and neck clinic, and take action to ensure sufficient input where required.

QPI 6 (ii):

- NHS GGC to provide an update to the MCN on the outcome of the escalation process and provide information on planned action to address capacity issues within dietetics.
- NHS Lanarkshire to provide feedback to the MCN on planned action to address local resource challenges.

QPI 7: Specialist Speech and Language Therapist Access

- NHS GGC to provide feedback to the MCN on the outcome of the escalation process and provide information on planned local action to improve timely access to SLT.

QPI 14: Time from Surgery to Adjuvant Radiotherapy / Chemoradiotherapy

- NHS GGC to provide feedback to the MCN on the outcome of the request to increase surgical sessions to accommodate the increase in OMFS activity from NHS Lanarkshire.

- MCN to initiate work to explore potential delays in the head and neck pathway impacting upon timely adjuvant treatment.

A summary of actions has been included within the Action Plan Report accompanying this report and templates have been provided to Boards.

Completed Action Plans should be returned to WoSCAN in a timely manner to allow the plans to be reviewed at the Regional Cancer Oversight Group in February.

Summary of Head and Neck QPI Results

Key	
	Above QPI target
	Below QPI target
-	Indicates data based on less than 5 patients
	Indicates no comparable measure for previous years

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	AA	FV	GGC	Lan	WoSCAN
QPI 1 – Pathological Diagnosis of Head and Neck Cancer: Proportion of patients with head and neck cancer who have a cytological or histological diagnosis before treatment.	**95%**	2022-23	**98%** (81/83)	**93%** (71/76)	**93%** (382/410)	**96%** (117/122)	**94%** (651/691)
		2021-22	96%	96%	93%	97%	95%
		2020-21	94%	97%	94%	99%	95%
QPI 2(i) – Imaging Proportion of patients with head and neck cancer who undergo CT/ MRI of the primary site, draining lymph nodes with CT of the chest before the initiation of treatment.	**95%**	2022-23	**95%** (73/77)	**96%** (65/68)	**98%** (345/353)	**99%** (113/114)	**97%** (596/612)
		2021-22	99%	94%	98%	99%	98%
		2020-21	98%	92%	96%	96%	96%
QPI 2(ii) – Imaging Proportion of patients with head and neck cancer who undergo CT/ MRI of the primary site, draining lymph nodes with CT of the chest before the initiation of treatment where the report is available within 2 weeks of the final imaging procedure.	**95%**	2022-23	**96%** (70/73)	**94%** (61/65)	**87%** (299/345)	**88%** (99/113)	**89%** (529/596)
		2021-22	92%	97%	94%	81%	92%
		2020-21	95%	100%	99%	98%	98%

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	AA	FV	GGC	Lan	WoSCAN
QPI 3 – Multi-Disciplinary Team Meeting (MDT): Proportion of patients with head and neck cancer who are discussed at MDT meeting before definitive treatment.	**95%**	2022-23	**99%** (76/77)	**99%** (68/69)	**98%** (360/366)	**100%** (114/114)	**98%** (618/626)
		2021-22	96%	100%	99%	100%	99%
		2020-21	100%	97%	97%	99%	98%
QPI 4 – Smoking Cessation: Proportion of patients with head and neck cancer who smoke who are offered referral to smoking cessation before first treatment.	**95%**	2022-23	**100%** (13/13)	**85%** (11/13)	**75%** (85/114)	**53%** (17/32)	**73%** (126/172)
		2021-22	96%	95%	78%	45%	77%
		2020-21	65%	68%	75%	27%	63%
QPI 5(i) – Oral and Dental Rehabilitation Plan: Proportion of patients with head and neck cancer undergoing active treatment in whom the decision for requiring pre-treatment assessment has been made jointly by Consultants in Restorative Dentistry and the MDT.	**95%**	2022-23	**95%** (58/61)	**88%** (38/43)	**89%** (234/264)	**100%** (84/84)	**92%** (414/452)
		2021-22	100%	98%	97%	100%	98%
		2020-21	100%	100%	100%	100%	100%
QPI 5(ii) – Oral and Dental Rehabilitation Plan: Proportion of patients with head and neck cancer deemed in need of an oral and dental rehabilitation plan who have an assessment before initiation of treatment.	**95%**	2022-23	**98%** (39/40)	**96%** (22/23)	**84%** (135/160)	**100%** (29/29)	**89%** (225/252)
		2021-22	97%	87%	88%	93%	89%
		2020-21	100%	80%	95%	95%	95%

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	AA	FV	GGC	Lan	WoSCAN
QPI 6 (i) – Nutritional Screening: Proportion of patients with head and neck cancer who undergo nutritional screening with the Malnutrition Universal Screening Tool (MUST) before first treatment.	**95%**	2022-23	**91%** (78/86)	**87%** (68/78)	**86%** (366/424)	**81%** (100/123)	**86%** (612/711)
		2021-22	87%	96%	92%	89%	91%
		2020-21	99%	93%	84%	99%	90%
QPI 6 (ii) – Nutritional Screening: Proportion of patients with head and neck cancer at high risk of malnutrition (MUST Score of 2 or more) who are assessed by a specialist dietitian.	**90%**	2022-23	**-**	**86%** (12/14)	**85%** (46/54)	**77%** (27/35)	**81%** (86/106)
		2021-22	-	94%	94%	89%	91%
		2020-21					
QPI 6 (iii) – Nutritional Screening: Proportion of patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are assessed by a specialist dietitian.	**90%**	2022-23	**85%** (46/54)	**85%** (34/40)	**74%** (180/244)	**85%** (68/80)	**79%** (328/418)
		2021-22	85%	88%	79%	77%	81%
		2020-21					
QPI 7 -Specialist Speech and Language Therapist Access: Proportion of patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are seen by a Specialist SLT before treatment.	**90%**	2022-23	**77%** (40/52)	**86%** (31/36)	**52%** (125/241)	**91%** (71/78)	**66%** (267/407)
		2021-22	71%	33%	53%	91%	58%
		2020-21	85%	31%	82%	91%	79%

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	AA	FV	GGC	Lan	WoSCAN
***QPI 8 – Surgical Margins:** Proportion of patients with squamous cell carcinoma of the oral cavity, larynx or pharynx with final excision margins of less than 1mm after open surgical resection with curative intent.	**<10%**	2022-23	**13%** (1/8)	**-**	**7%** (11/169)	**10%** (3/29)	**7%** (15/207)
		2021-22	8%	0%	7%	7%	7%
		2020-21	6%	0%	9%	10%	9%
***QPI 11 – 30 Day Mortality – Surgery:** Proportion of patients with head and neck cancer who die within 30-days of curative surgical treatment.	**< 5%**	2022-23	**0%** (0/19)	**-**	**0%** (0/215)	**0%** (0/45)	**0%** (0/282)
		2021-22	0%	0%	1%	0%	1%
		2020-21	5%	0%	1%	0%	1%
***QPI 11 – 90 Day Mortality – Surgery:** Proportion of patients with head and neck cancer who die within 90-days of curative surgical treatment.	**< 5%**	2022-23	**0%** (0/19)	**-**	**1%** (1/215)	**2%** (1/45)	**1%** (2/282)
		2021-22	0%	11%	2%	2%	2%
		2020-21	4.8%	0.0%	2.4%	2.3%	2.6%
QPI 11 – 30 Day Mortality – Radical Radiotherapy: Proportion of patients with head and neck cancer who die within 30-days of radical radiotherapy.	**< 5%**	2022-23	**0%** (0/20)	**0%** (0/7)	**2%** (1/51)	**0%** (0/10)	**1%** (1/86)
		2021-22	0%	0%	0%	0%	0%
		2020-21	0.0%	11.1%	1.6%	0.0%	1.8%

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	AA	FV	GGC	Lan	WoSCAN
QPI 11 – 90 Day Mortality – Radical Radiotherapy: Proportion of patients with head and neck cancer who die within 90-days of radical radiotherapy.	**< 5%**	2022-23	**0%** (0/19)	**0%** (0/6)	**2%** (1/50)	**0%** (0/9)	**1%** (1/84)
		2021-22	0%	0%	0%	0%	0%
		2020-21	4.3%	12.5%	1.6%	0.0%	2.7%
QPI 11 – 30 Day Mortality – Chemoradiotherapy: Proportion of patients with head and neck cancer who die within 30-days of chemoradiotherapy.	**< 5%**	2022-23	**0%** (0/11)	**0%** (0/12)	**0%** (0/57)	**0%** (0/22)	**0%** (0/102)
		2021-22	-	0%	2%	0%	1%
		2020-21	0.0%	0.0%	1.9%	0.0%	1.1%
QPI 11 – 90 Day Mortality – Chemoradiotherapy: Proportion of patients with head and neck cancer who die within 90-days of chemoradiotherapy.	**< 5%**	2022-23	**0%** (0/11)	**0%** (0/10)	**2%** (1/53)	**0%** (0/20)	**1%** (1/94)
		2021-22	-	0%	2%	0%	1%
		2020-21	0.0%	0.0%	2.0%	0.0%	1.1%
QPI 14: Time from Surgery to Adjuvant Radiotherapy / Chemoradiotherapy: Proportion of patients with squamous cell carcinoma of the oral cavity, pharynx or larynx who undergo adjuvant radiotherapy or chemoradiotherapy and commence this within 7 weeks of definitive surgical resection.	**50%**	2022-23	**-**	**50%** (3/6)	**47%** (15/32)	**8%** (1/12)	**38%** (20/53)
		2021-22	-	20%	38%	33%	37%
		2020-21					

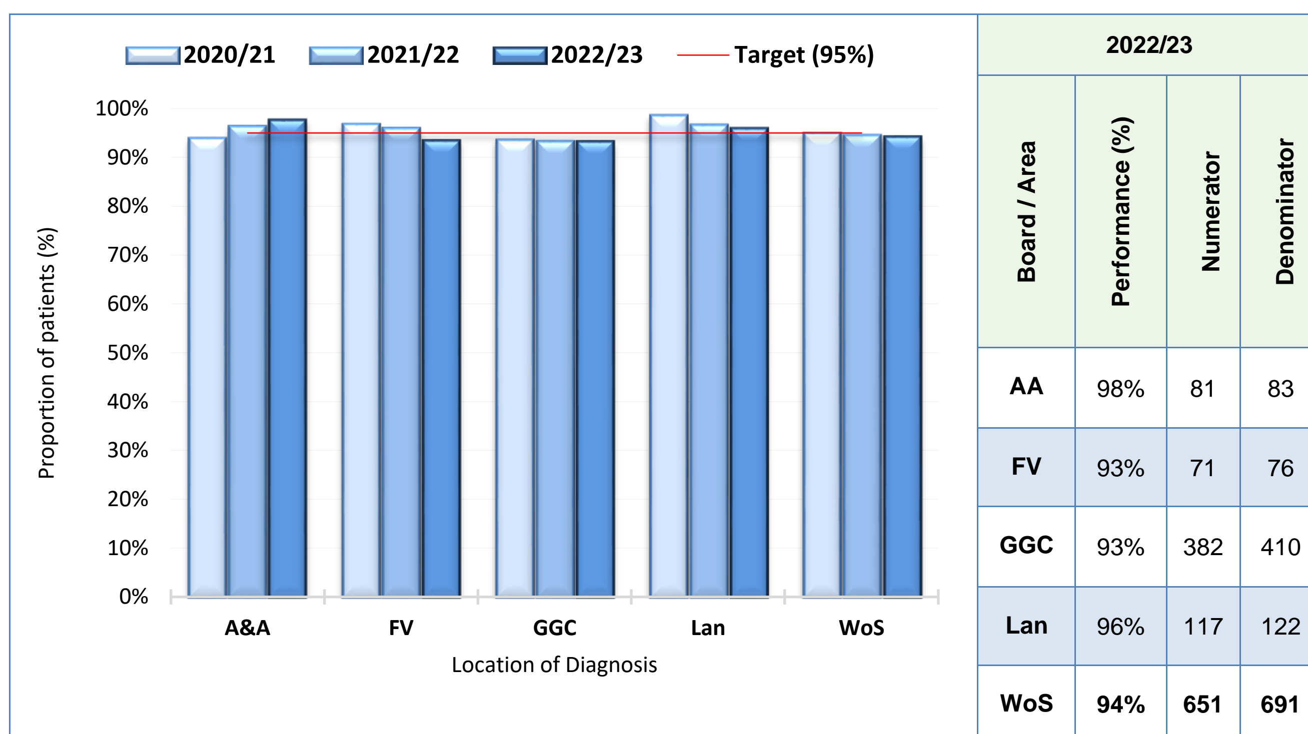
Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	AA	FV	GGC	Lan	WoSCAN
QPI 15: PD-L1 Combined Proportion Score (CPS) for Decision Making: Proportion of patients with squamous cell head and neck cancer undergoing first line palliative SACT for whom PD-L1 CPS is reported within 14 days of MDT request.	**75%**	2022-23	**60%** (3/5)	**-**	**81%** (26/32)	**100%** (3/3)	**77%** (33/43)
		2021-22	-	-	95%	-	88%
		2020-21					

(*) Analysed by Board/hospital of surgery.

QPI 1: Pathological Diagnosis

QPI 1 Title:	Patients with head and neck cancer should have a cytological or histological diagnosis before treatment.
Numerator:	Number of patients with head and neck cancer who have a cytological or histological diagnosis before treatment.
Denominator:	All patients with head and neck cancer.
Exclusions:	•Patients who died before treatment, • Patients who decline treatment.
Target:	**95%**

Fig 1: Proportion of patients who have a cytological or histological diagnosis before treatment.



2022/23			
Board / Area	**Performance (%)**	**Numerator**	**Denominator**
AA	98%	81	83
FV	93%	71	76
GGC	93%	382	410
Lan	96%	117	122
WoS	**94%**	**651**	**691**

Overall in the WoS 94% of patients had a histological or cytological diagnosis prior to treatment.

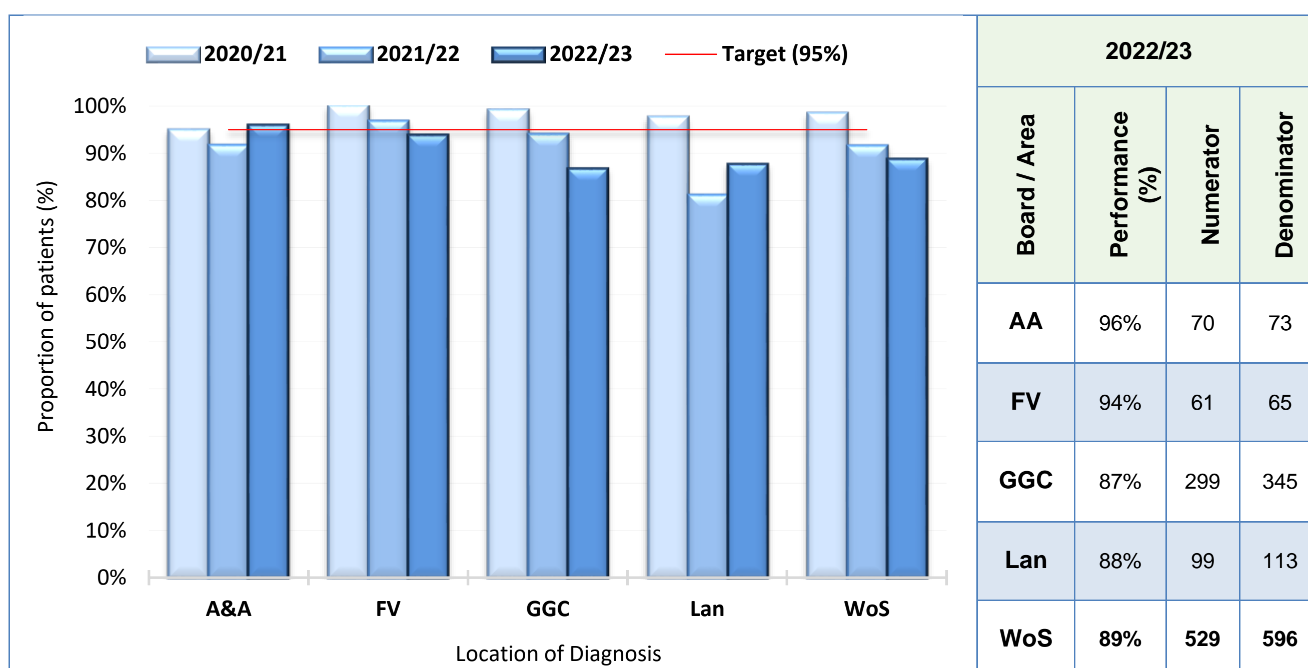
Boards commented that the majority of cases not meeting the target were for best supportive care, many had co-morbidities and were therefore deemed unfit for a biopsy.

A small number of patients within NHS GGC had excision biopsies carried out which were regarded as definitive treatment. The Board noted that consideration should be given as part of the Formal Review process to exclude these cases in addition to patients who are for best supportive care.

QPI 2: Imaging

QPI 2 Title:	Patients with head and neck cancer should undergo computerised tomography (CT) and/or magnetic resonance imaging (MRI) of the primary site and draining lymph nodes with CT of the chest to determine the extent of disease and guide treatment decision making
Specification (ii)	Patients with head and neck cancer who are evaluated with appropriate imaging before the initiation of treatment where the report is available within 2 weeks of the final imaging procedure.
Numerator (ii):	Number of patients with head and neck cancer who undergo CT and/or MRI of the primary site and draining lymph nodes with CT of the chest before the initiation of treatment where the report is available within 2 weeks of the final imaging procedure.
Denominator (ii):	All patients with head and neck cancer who undergo CT and/or MRI of the primary site and draining lymph nodes with CT of the chest before the initiation of treatment.
Exclusions:	• Patients who undergo diagnostic excision biopsy as the definitive surgery, • Patients who died before treatment, • Patients who decline treatment.
Target:	**95%**

Fig 2: Proportion of patients who undergo CT and/or MRI of the primary site and draining lymph nodes with CT of the chest before initiation of treatment where the report is available within 2 weeks of the final imaging procedure.



2022/23			
Board / Area	**Performance (%)**	**Numerator**	**Denominator**
AA	96%	70	73
FV	94%	61	65
GGC	87%	299	345
Lan	88%	99	113
WoS	**89%**	**529**	**596**

The overall performance for the WoS was 89% against the 95% target. All Boards with the exception of NHS Ayrshire & Arran, missed the target for radiology reports being available within 2 weeks of the final imaging procedure.

NHS Forth Valley commented that 3 patients missed the two week reporting target by a single day and one patient missed by 3 days. The Board noted that consultant shortages at FVRH led to outsourced reporting, however improvement is anticipated going forward.

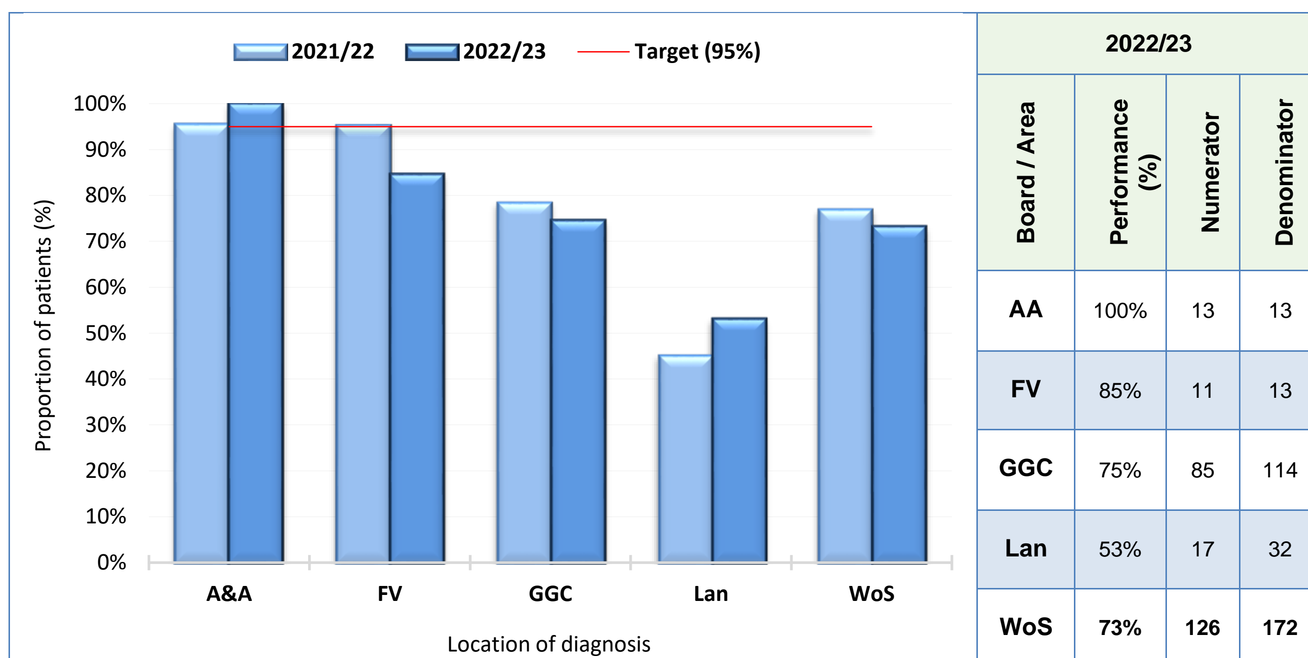
NHS GGC acknowledged ongoing radiology reporting delays in Glasgow, extending beyond head and neck cancer services. The Board noted that radiology services have increased reporting capacity by utilising external companies.

NHS Lanarkshire commented that despite some improvements since the previous reporting period, the Board did not meet the target due to ongoing staffing issues. The Board has taken action to address the issue, increasing staff levels have been observed and therefore improvement is anticipated in the next reporting cycle.

QPI 4: Smoking Cessation

QPI 4 Title:	Patients with head and neck cancer who smoke should be offered referral to smoking cessation before first treatment.
Numerator:	Number of patients with head and neck cancer who smoke who are offered referral to smoking cessation before first treatment.
Denominator:	All patients with head and neck cancer who smoke.
Exclusions:	• Patients undergoing supportive care only.
Target:	**95%**

Fig 3: Proportion of patients who smoke who are offered referral to smoking cessation before first treatment.



2022/23			
Board / Area	**Performance (%)**	**Numerator**	**Denominator**
AA	100%	13	13
FV	85%	11	13
GGC	75%	85	114
Lan	53%	17	32
WoS	**73%**	**126**	**172**

Overall in the WoS, 73% of head and neck cancer patients who smoke were offered referral to smoking cessation before their first treatment, which is below the QPI target of 95%.

All Boards acknowledged ongoing documentation issues in relation to the offer of referral to smoking cessation services, recognising that the QPI results do not accurately reflect clinical practice. NHS Forth Valley also noted that patient demise, treatment refusal or refusal to engage with cancer services can also impact upon results.

All consultants in NHS Lanarkshire have been prompted by the Lead Clinician to document referral to smoking cessation and the CNS has fully implemented a clinic checklist for efficient referral capture. Additionally, audit staff collaborate with smoking cessation services to flag patients before definitive treatment.

NHS GGC reported that to address documentation issues, a field has been integrated into the new MDT system to record smoking cessation offers.

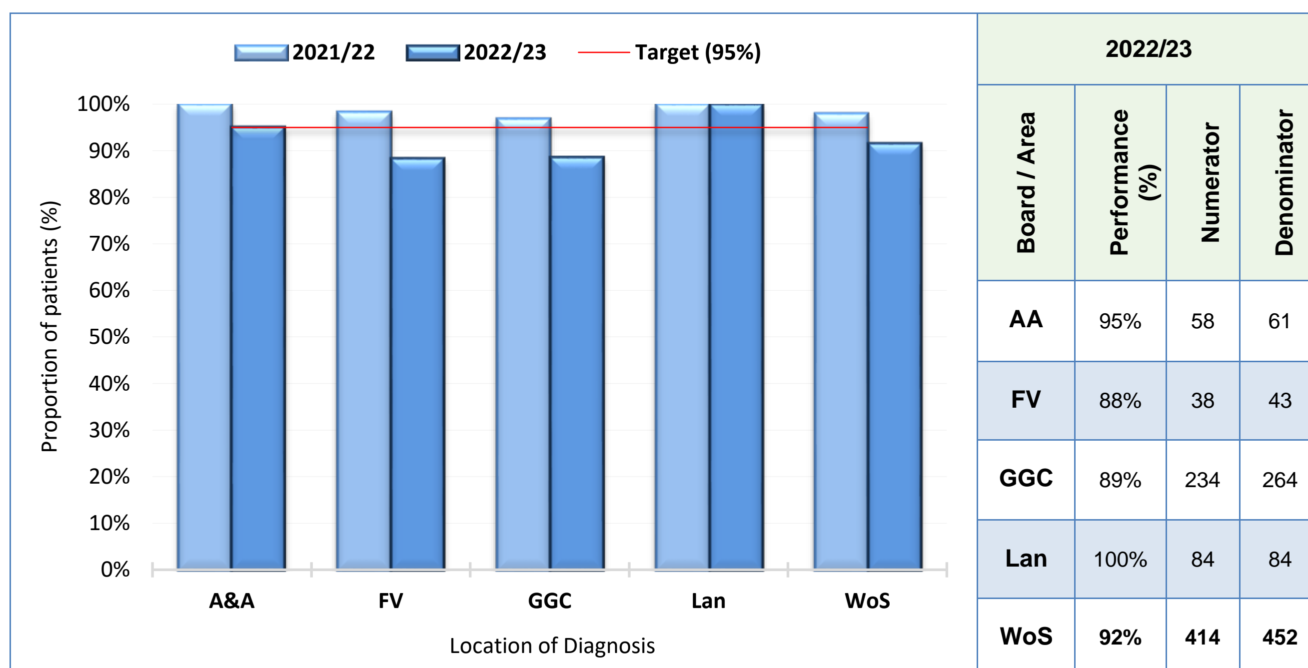
The MCN has highlighted the limited value of this QPI as an indicator of quality due to ongoing documentation issues, and this will be considered at the forthcoming Formal Review.

QPI 5: Oral Assessment

QPI 5 Title:	Patients whose head and neck cancer treatment may affect oral and dental appearance and function should have an assessment co-ordinated by a Consultant in Restorative Dentistry before initiation of treatment.
Specification (i)	Patients in whom the decision for requiring pre-treatment assessment has been made jointly by Consultants in Restorative Dentistry and the MDT.
Numerator (i):	Number of patients with head and neck cancer undergoing treatment with curative intent whom the decision for requiring pre-treatment assessment has been made jointly by Consultants in Restorative Dentistry and the MDT.
Denominator (i):	All patients with head and neck cancer undergoing treatment with curative intent.
Exclusions:	• No exclusions.
Target:	**95%**

At formal review (2021) the denominator for specification (i) changed from all those undergoing active treatment to all those undergoing treatment with curative intent. The exclusion of patients with T1/T2/N0 larynx cancer has been removed from both specifications following formal review, resulting in data availability for two years.

Fig 4: Proportion of patients undergoing active treatment in whom the decision for requiring pre-treatment assessment has been made jointly by Consultants in Restorative Dentistry and the MDT.



2022/23			
Board / Area	**Performance (%)**	**Numerator**	**Denominator**
AA	95%	58	61
FV	88%	38	43
GGC	89%	234	264
Lan	100%	84	84
WoS	**92%**	**414**	**452**

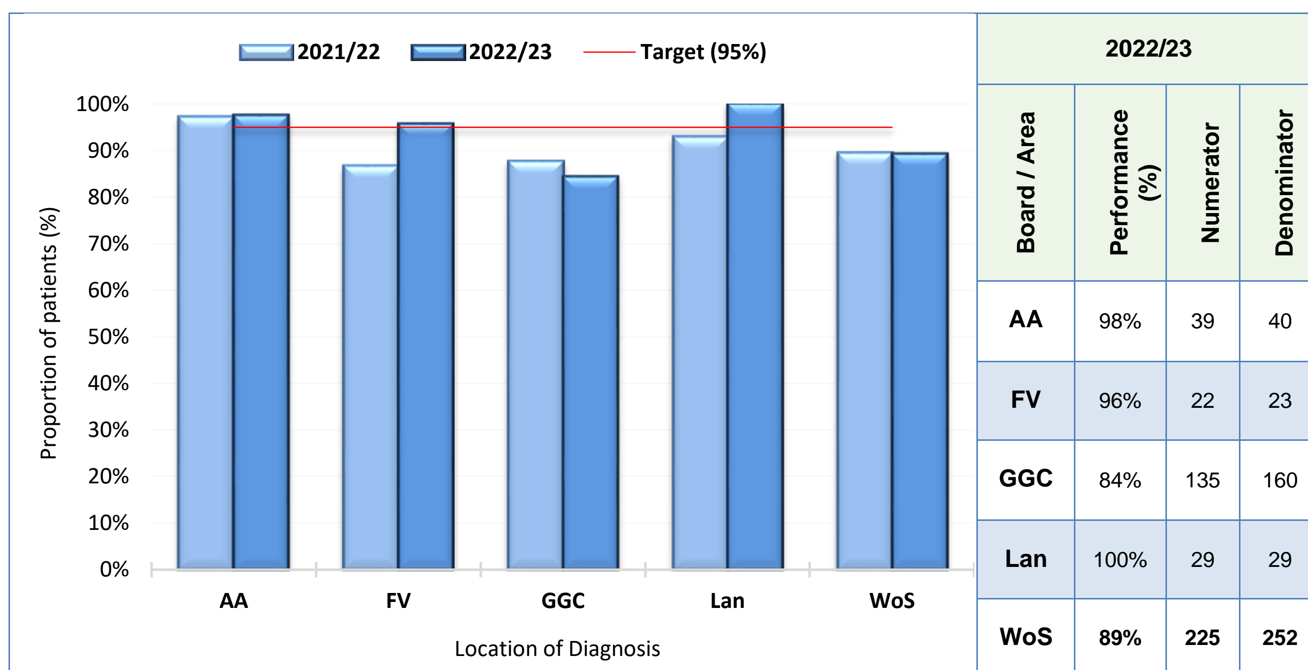
NHS Lanarkshire achieved 100% for this QPI and NHS Ayrshire & Arran met the 95% target. However, performance across the region for joint decision making in relation to pre-treatment dental assessment was slightly below the 95% QPI target at 92%.

NHS Forth Valley noted that in a small number of cases the restorative dentistry section in the MDT form had been left blank as final treatment was still to be decided by the patient. The majority of these patients subsequently sought dental treatment. The Board anticipates improvement going forward as the new MDT system mandates completion before finalising outcomes.

NHS GGC review of cases concluded that some patients had not required restorative dentistry input, however this wasn't explicitly recorded in the MDT outcome. The new MDT system will help to ensure that restorative dentistry requirements are explicitly indicated within the MDT record going forward.

QPI 5 Title:	Patients whose head and neck cancer treatment may affect oral and dental appearance and function should have an assessment co-ordinated by a Consultant in Restorative Dentistry before initiation of treatment.
Specification (ii)	Patients who require pre-treatment assessment that have this carried out before initiation of treatment.
Numerator (ii):	Number of patients with head and neck cancer undergoing treatment with curative intent who are identified by the Restorative Consultant and the MDT as requiring pre-treatment assessment that have assessment carried out before initiation of treatment.
Denominator (ii):	All patients with head and neck cancer undergoing treatment with curative intent who are identified by the Restorative Consultant and the MDT as requiring pre-treatment assessment.
Exclusions:	• No exclusions.
Target:	**95%**

Fig 5: Proportion of patients who require pre-treatment assessment that have assessment carried out before initiation of treatment.



2022/23			
Board / Area	**Performance (%)**	**Numerator**	**Denominator**
AA	98%	39	40
FV	96%	22	23
GGC	84%	135	160
Lan	100%	29	29
WoS	**89%**	**225**	**252**

Of the 252 patients identified as requiring pre-treatment assessment, 89% (225) had the assessment carried out before initiation of treatment. All Boards with the exception of NHS GGC achieved the 95% target.

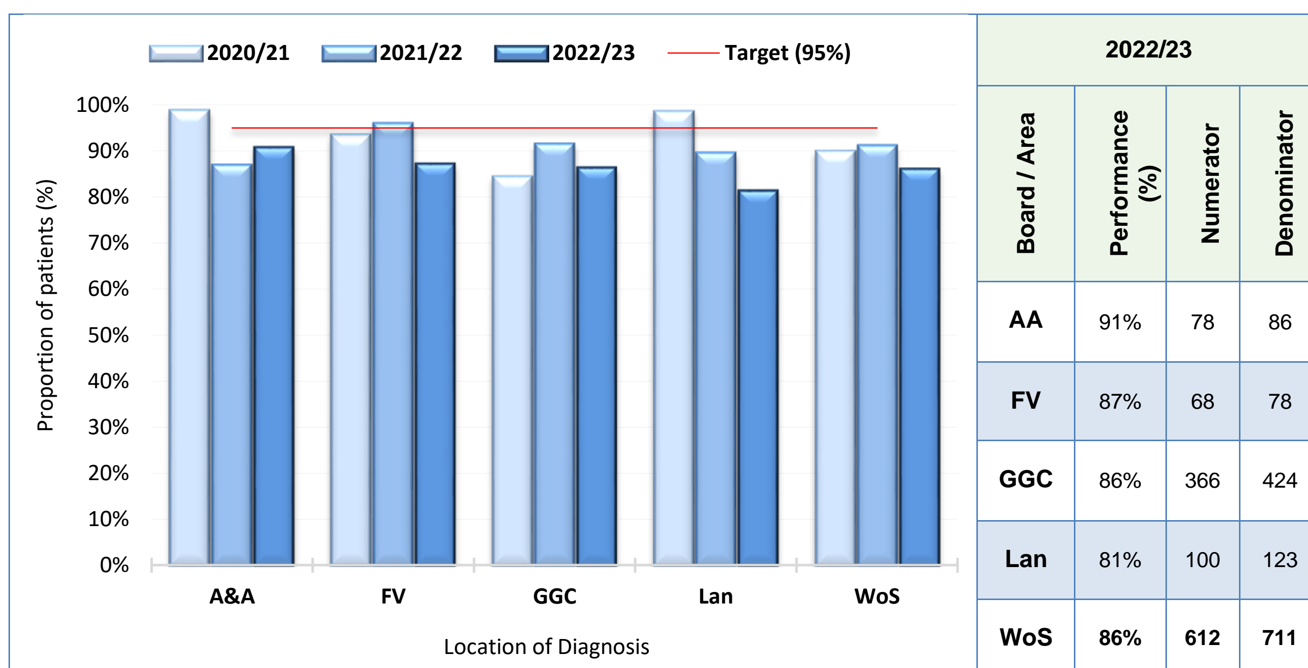
NHS GGC commented that in some cases, patients undergo treatment before MDT discussion due to the specific nature of the treatment. With the introduction of TORS in the regions, some patients will not undergo adjuvant treatment until the pathology results from the resection become available. Whilst this does not impact on the quality of treatment received, it may have implications for the measurability of the QPI. This will be considered as part of the Formal Review process.

QPI 6: Nutritional Screening

This QPI was separated into three parts at 2021 formal review; (i) to capture patients with head and neck cancer who undergo nutritional screening with the Malnutrition Universal Screening Tool (MUST) before first treatment, (ii) to capture assessment of those patients at risk of malnutrition (MUST score of 2 or more), (iii) to capture assessment of further patients that are likely to be at risk of malnutrition following treatment with curative intent.

QPI 6 Title:	Patients with head and neck cancer should undergo nutritional screening prior to first treatment and those at risk of malnutrition should be assessed by a specialist dietitian to optimise nutritional status.
Specification (i):	Patients with head and neck cancer who undergo nutritional screening with the Malnutrition Universal Screening Tool (MUST) before first treatment
Numerator (i):	Number of patients with head and neck cancer who undergo nutritional screening with the Malnutrition Universal Screening Tool (MUST) before first treatment.
Denominator (i):	All patients with head and neck cancer.
Exclusions:	• No exclusions.
Target:	**95%**

Fig 6: Proportion of patients who undergo nutritional screening using MUST before first treatment.



2022/23			
Board / Area	**Performance (%)**	**Numerator**	**Denominator**
AA	91%	78	86
FV	87%	68	78
GGC	86%	366	424
Lan	81%	100	123
WoS	**86%**	**612**	**711**

In WoS, 86% of head and neck cancer patients had MUST nutritional screening before their first treatment, falling short of the 95% QPI target.

NHS Ayrshire & Arran reviewed cases not meeting the QPI and commented that for cases where the tumour was completely excised at biopsy MUST scores were recorded after treatment. In the remaining cases there was no record of MUST score and it was unclear from local systems whether the assessment had been carried out.

NHS Forth Valley noted that the lack of recording of MUST scores had impacted upon performance. A small number of cases failed to meet the QPI criteria as MUST was recorded after definitive treatment, including some cases undergoing wide local excisions for histology, which incidentally resulted in curative definitive treatment. The Board specified that going forward MUST and smoking

cessation referral will be documented on eForms at the new head and neck cancer OMFS patient clinics, allowing the data analyst access to relevant information for more accurate data recording.

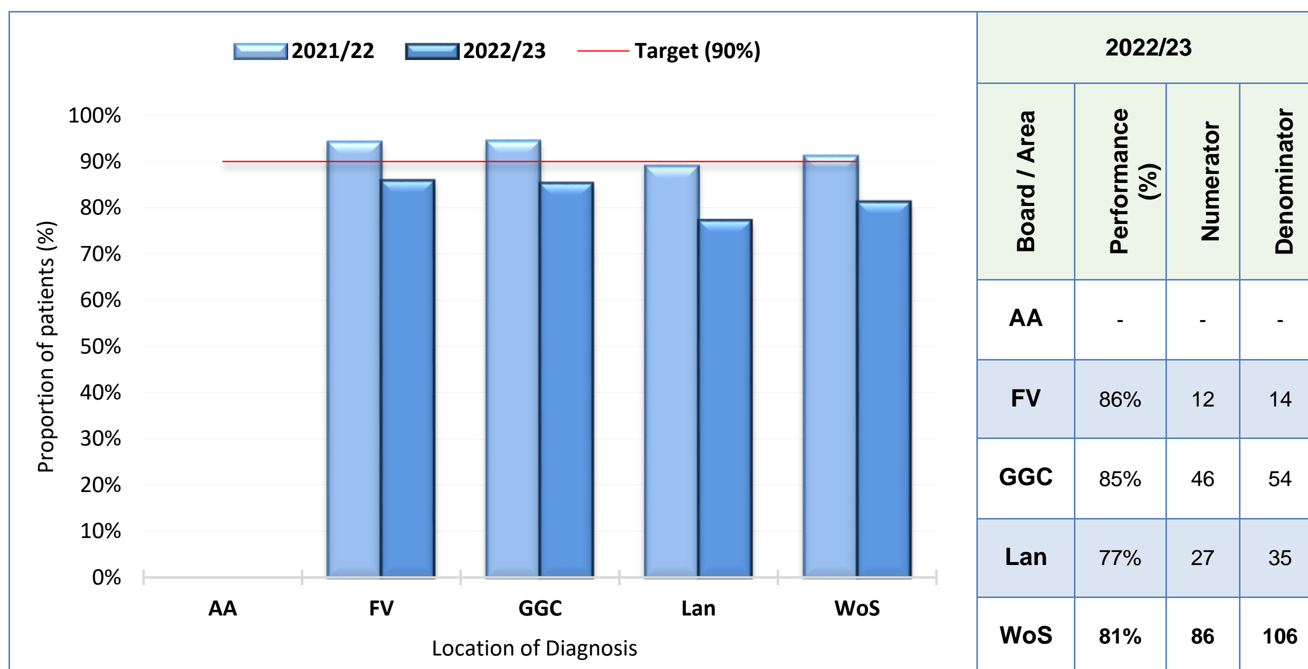
NHS GGC highlighted that staff shortages, lack of documentation and potentially a lack of dietetic input in OMFS clinics had impacted upon performance. The Board intends to explore the issues around dietetic involvement in relevant clinics in more detail.

NHS Lanarkshire fell short of the QPI target for the first time. The Board identified issues in relation to lack of documentation of MUST for OMFS patients referred to GGC for treatment. Improvement is anticipated going forward, as the new MDT system mandates completion of the MUST score field on the MDT outcome form.

QPI 6 Title:	Patients with head and neck cancer should undergo nutritional screening prior to first treatment and those at risk of malnutrition should be assessed by a specialist dietitian to optimise nutritional status.
Specification (ii):	Patients at high risk of malnutrition (MUST Score of 2 or more) who are assessed by a specialist dietitian.
Numerator (ii):	Number of patients with head and neck cancer at high risk of malnutrition (MUST Score or 2 or more) who are assessed by a specialist dietitian
Denominator (ii):	All patients with head and neck cancer at high risk of malnutrition (MUST Score of 2 or more).
Exclusions:	• No exclusions.
Target:	**90%**

As this QPI has two new parts, 2 years' data are available for specifications (ii) Proportion of patients with head and neck cancer at high risk of malnutrition (MUST Score of 2 or more) who are assessed by a specialist dietitian and (iii) Proportion of patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are assessed by a specialist dietitian.

Fig 7: Proportion of patients with head and neck cancer at high risk of malnutrition (MUST score of 2 or more) who are assessed by a specialist dietitian.



2022/23			
Board / Area	**Performance (%)**	**Numerator**	**Denominator**
AA	-	-	-
FV	86%	12	14
GGC	85%	46	54
Lan	77%	27	35
WoS	**81%**	**86**	**106**

(-) Data is not shown; Denominator less than 5.

Across the region, 86 out of 106 high-risk head and neck cancer patients were assessed by a specialist dietitian, achieving 81% against the 90% target.

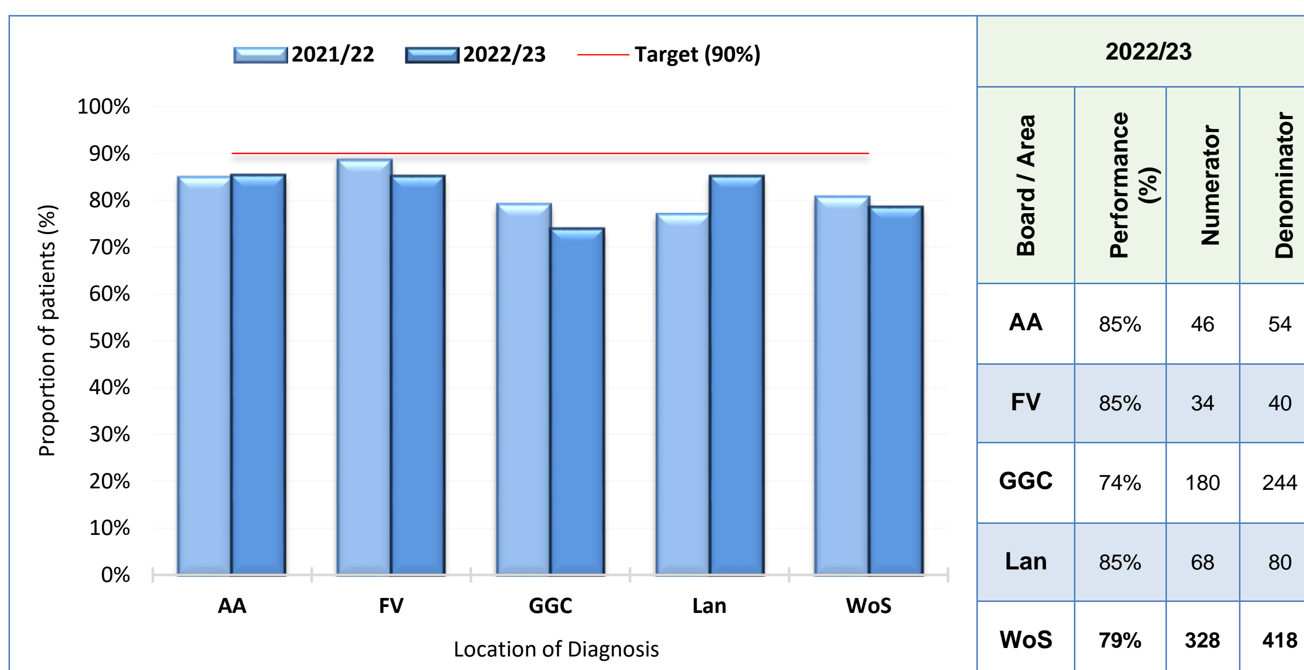
NHS Ayrshire & Arran and NHS Forth Valley reviewed cases not meeting the QPI criteria. Feedback indicated that a small number of cases were managed by community dietetic teams, or outwith their home Board and therefore data was not easily accessible. The remaining cases were for palliative care or opted out of community dietetic care. NHS Forth Valley highlighted that a member of the dietetics team and the Forth Valley CNS routinely attend the MDT to ensure appropriate referral and assessment of patients.

NHS Lanarkshire acknowledged local resource challenges however has been reviewing dietetic processes in other Boards to identify good practice which could be implemented within Lanarkshire to improve the local service.

Similarly, NHS GGC highlighted ongoing resource and capacity problems in the SLT/dietetics service impacting on QPI performance. This matter has been escalated within the Board for attention.

QPI 6 Title:	Patients with head and neck cancer should undergo nutritional screening prior to first treatment and those at risk of malnutrition should be assessed by a specialist dietitian to optimise nutritional status.
Specification (iii):	Patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are assessed by a specialist dietitian.
Numerator (iii):	Number of patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are assessed by a specialist dietitian.
Denominator (iii):	All patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent.
Exclusions:	• No exclusions.
Target:	**90%**

Fig 8: Proportion of patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are assessed by a specialist dietitian.



2022/23			
Board / Area	**Performance (%)**	**Numerator**	**Denominator**
AA	85%	46	54
FV	85%	34	40
GGC	74%	180	244
Lan	85%	68	80
WoS	**79%**	**328**	**418**

Overall in the WoS, 79% of the oral, pharyngeal or laryngeal cancer patients undergoing treatment with curative intent were assessed by a specialist dietitian, which is below the QPI target of 90%.

NHS Ayrshire & Arran acknowledged that 6 patients were not seen. The remaining 2 patients had an excision biopsy as their main treatment and were therefore seen after treatment.

NHS Forth Valley commented that 6 patients did not meet the QPI of which 5 were documented at MDT as not needing dietetic referral, while one patient declined dietetic engagement. The Board noted that the routine attendance of the dietetics team and the CNS at the MDT helps to ensure appropriate referral and assessment of patients.

NHS GGC highlighted that substantial manpower issues have notably impacted the ongoing outcomes for this QPI.

Actions:

QPI 6 (i):

- NHS Forth Valley to document MUST score and smoking cessation referral on eForms at the new head and neck cancer OMFS patient clinics, ensuring data analyst access to relevant information for more accurate data recording.
- NHS GGC to carry out an assessment of the level of dietetic input at head and neck clinic, and take action to ensure sufficient input where required.

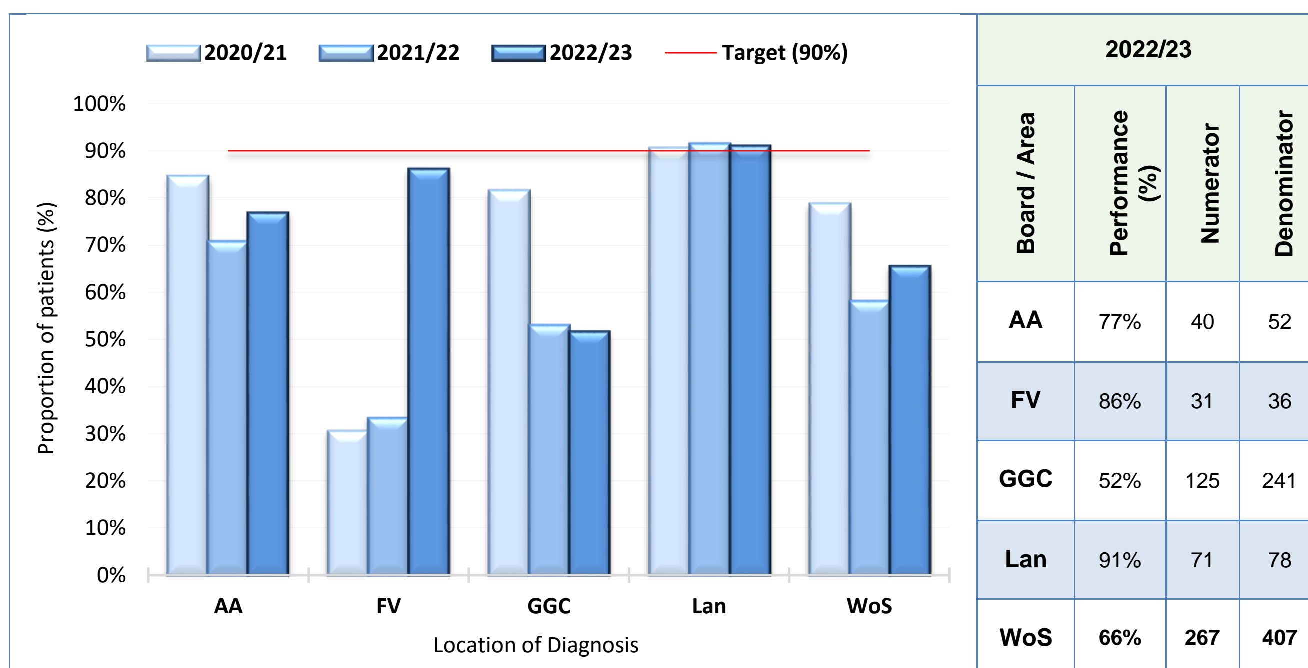
QPI 6 (ii):

- NHS GGC to provide an update to the MCN on the outcome of the escalation process and provide information on planned action to address resourcing issues.
- NHS Lanarkshire to provide feedback to the MCN on planned action to address local resource challenges.

QPI 7: Specialist Speech and Language Therapist Access

QPI 7 Title:	Patients with oral, pharyngeal or laryngeal cancer should be seen by a Specialist Speech and Language Therapist (SLT) before treatment to assess voice, speech and swallowing.
Numerator:	Number of patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are seen by a Specialist SLT before treatment.
Denominator:	All patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent.
Exclusions:	• Patients who refuse assessment.
Target:	**90%**

Fig 9: Proportion of patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent who are seen by a specialist SLT before first treatment.



2022/23			
Board / Area	**Performance (%)**	**Numerator**	**Denominator**
AA	77%	40	52
FV	86%	31	36
GGC	52%	125	241
Lan	91%	71	78
WoS	**66%**	**267**	**407**

Overall in the WoS, 66% of patients with oral, pharyngeal or laryngeal cancer undergoing treatment with curative intent were reviewed by a Speech and Language Therapist (SLT) before treatment – significantly lower than the target of 90%.

NHS Ayrshire & Arran reviewed cases and noted that 5 patients were seen by SLT however this was after treatment started, while 7 patients were not seen. The Board noted that it was unclear whether these patients received appointments but did not respond, or were not referred for SLT review.

Significant improvement was observed within NHS Forth Valley in this reporting period following action to improve local processes. The Board noted that with the presence of a head and neck cancer SLT at MDT, alongside the CNS, the likelihood of missing patients is now reduced, as patients can be identified at the diagnosis stage rather than being referred later. The Board review concluded that the majority of those failing to meet the QPI were seen by SLT however this was after surgery or after starting chemoradiotherapy.

NHS GGC noted declining SLT resources in the head and neck pathway impacting upon clinic attendance. The SLT support issue has been escalated within the Board.

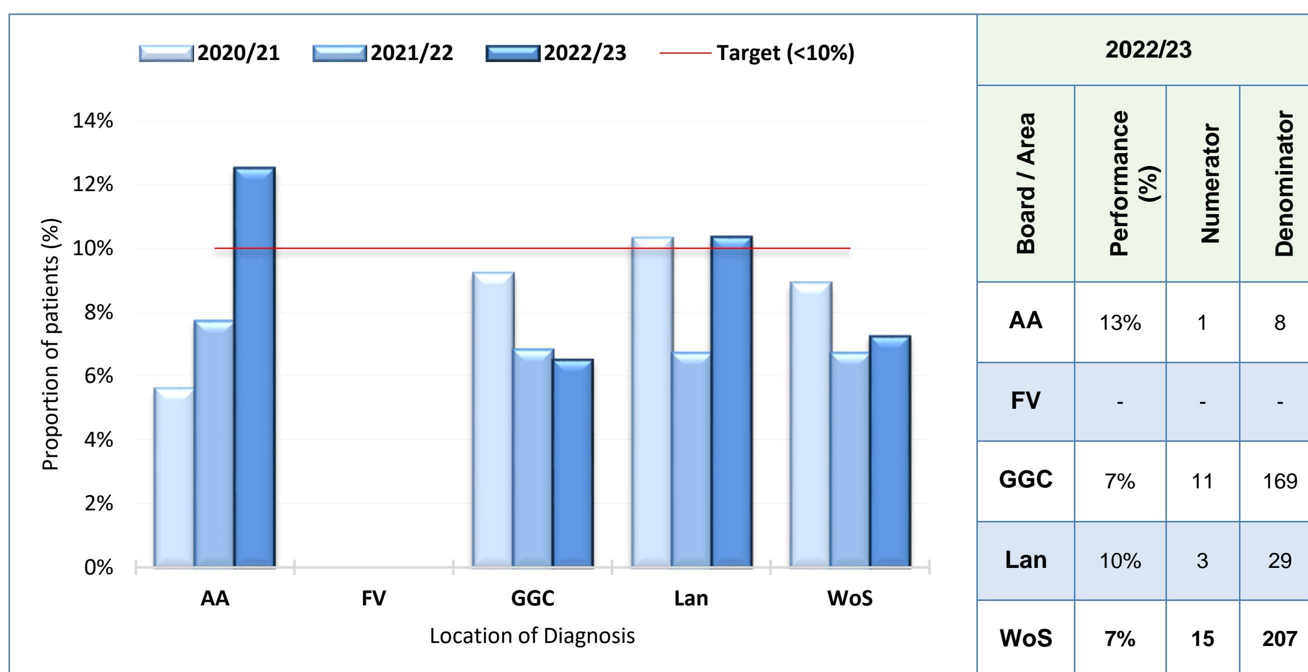
Action:

- NHS GGC to provide feedback to the MCN on the outcome of the escalation process and provide information on planned local action to improve timely access to SLT.

QPI 8: Surgical Margins

QPI 8 Title:	Patients with head and neck cancer undergoing open surgical resection with curative intent should have their tumour adequately excised.
Numerator:	Number of patients with squamous cell carcinoma of the oral cavity, larynx or pharynx who undergo open surgical resection with curative intent with final excision margins of less than 1mm (on pathology report).
Denominator:	All patients with squamous cell carcinoma of the oral cavity, larynx or pharynx who undergo open surgical resection with curative intent.
Exclusions:	• Patients with naso-pharyngeal cancer, • Patients with posterior pharyngeal wall cancer.
Target:	**<10%**

Fig 10: Proportion of patients with final excision margins of less than 1mm after open surgical resection with curative intent.



2022/23			
Board / Area	**Performance (%)**	**Numerator**	**Denominator**
AA	13%	1	8
FV	-	-	-
GGC	7%	11	169
Lan	10%	3	29
WoS	**7%**	**15**	**207**

(-) Data is not shown; Denominator less than 5.

Overall in the WoS the <10% target for QPI 8 was met, with 7% of cases having final excision margins of less than 1mm (on pathology report).

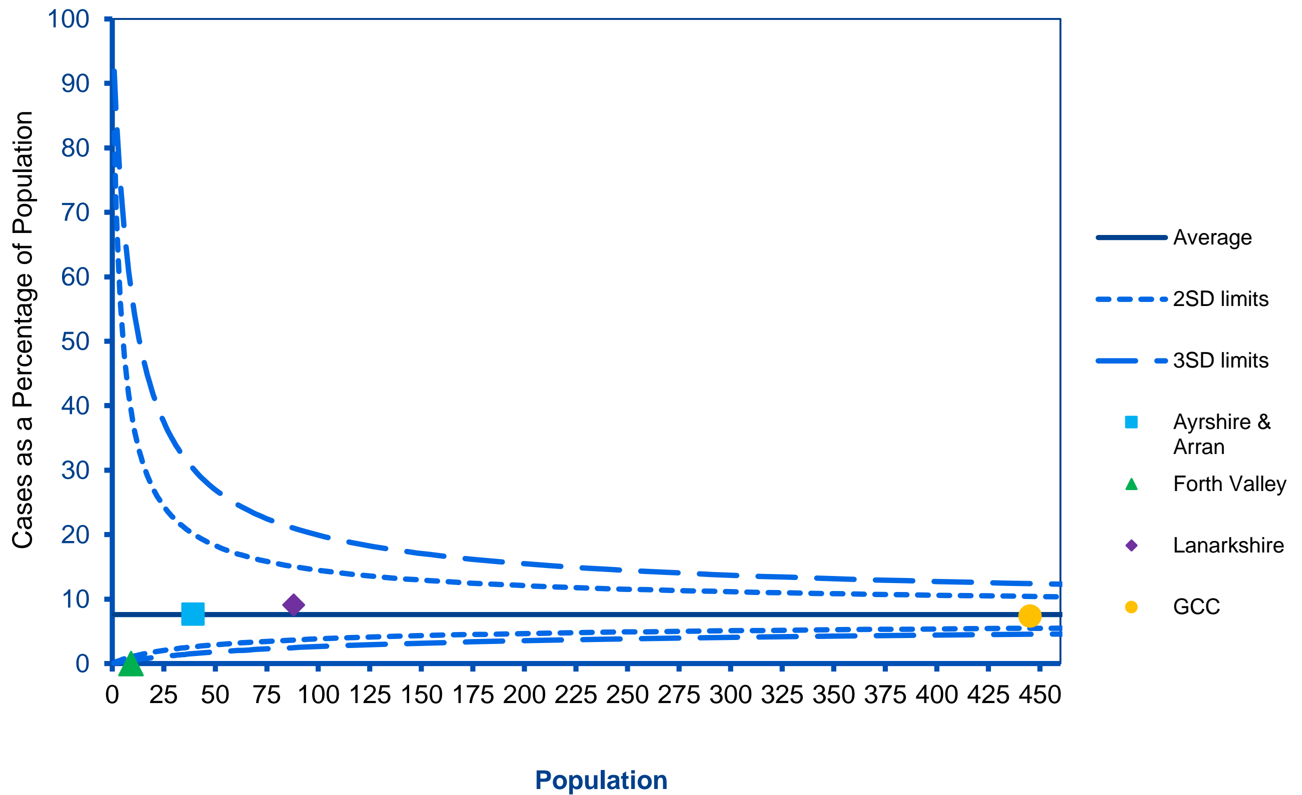
All Boards reviewed cases with positive surgical margins and provided feedback. NHS Lanarkshire review concluded that all cases underwent MDT discussion and received appropriate treatment.

Following detailed clinical review within NHS GGC the Board updated a number of cases that had initially been incorrectly recorded on the audit system as positive surgical margins, however were subsequently found not to be true margins (e.g. fresh air margin, bone, endoscopic laser resection, margin between main resection and neck dissection). The Board corrected results are displayed in Figure 10. NHS GGC noted that the remaining positive margins were primarily due to the presence of advanced stage tumours.

The small denominator in NHS Ayrshire & Arran has impacted upon results, and therefore percentage performance for a single year should be viewed with caution. A funnel plot 9 (Fig: 11)

was used to explore potential variance in performance over three years (2020-2023). All Boards were within the control limits and therefore there was no evidence of unwarranted variation.

Figure 11: QPI 8: Funnel plot of 2020-2023 data

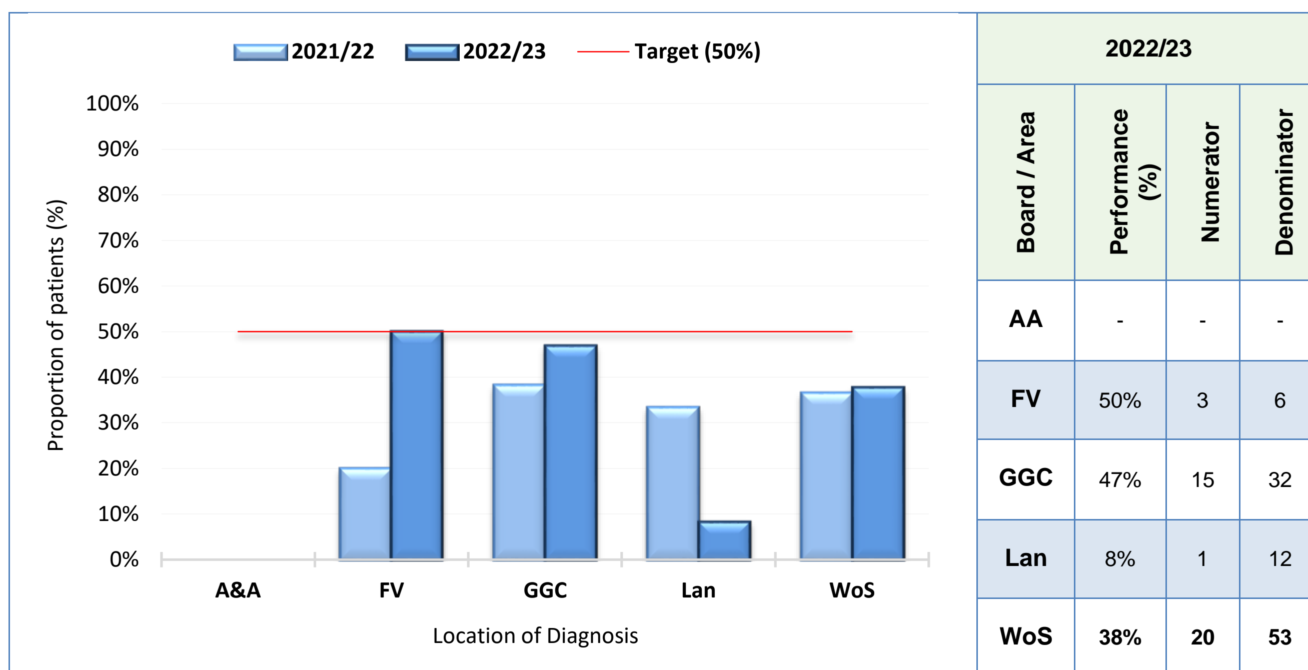


The aggregated results shown in Figure 11 illustrate that all the Boards are within the control limit.

QPI 14: Time from Surgery to Adjuvant Radiotherapy / Chemoradiotherapy

QPI 14 Title:	Patients with squamous cell carcinoma of the oral cavity, pharynx or larynx who undergo adjuvant treatment should commence this within 7 weeks of surgical resection.
Numerator:	Number of patients with squamous cell carcinoma of the oral cavity, pharynx or larynx who undergo adjuvant radiotherapy or chemoradiotherapy who commence this within 7 weeks of definitive surgical resection.
Denominator:	All patients with squamous cell carcinoma of the oral cavity, pharynx or larynx who undergo definitive surgical resection followed by adjuvant radiotherapy or chemoradiotherapy.
Exclusions:	• No exclusions.
Target:	**50%**

Fig 12: Proportion of patients with squamous cell carcinoma of the oral cavity, pharynx or larynx who undergo adjuvant radiotherapy or chemoradiotherapy and commence this within 7 weeks of definitive surgical resection.



2022/23			
Board / Area	**Performance (%)**	**Numerator**	**Denominator**
AA	-	-	-
FV	50%	3	6
GGC	47%	15	32
Lan	8%	1	12
WoS	**38%**	**20**	**53**

(-) Data is not shown; denominator less than 5.

Overall in the WoS, 38% of patients with squamous cell carcinoma of the oral cavity, pharynx or larynx who underwent adjuvant treatment commenced this within 7 weeks of definitive surgical resection, which is below the 50% QPI target.

Small denominator numbers were observed in NHS Ayrshire & Arran and NHS Forth Valley, with Forth Valley noting that no apparent reasons for delays were recorded. NHS Lanarkshire's review indicated complex post-operative recoveries as a common factor, with five patients narrowly missing the target receiving adjuvant treatment 7 to 8 weeks post-operation.

NHSGGC identified surgical complications, patient fitness issues, and delays in receiving pathology reports or MDT discussions as primary factors for cases not meeting the QPI. In addition, the Board highlighted that OMFS numbers requiring major resection and reconstruction have increased, with no corresponding increase in surgical sessions. This has impacted on waiting times for surgery, which in turn makes the tumour more complex to resect and can result in complications and

increased recovery time. Work is ongoing within NHS GGC to assess the OMFS service changes required to accommodate the increase in cancer caseload coming to NHS GGC from NHS Lanarkshire.

Further interrogation of regional data from 2021-2023 indicates a longer timeline between surgery and start of adjuvant treatment for hypopharyngeal cases. This may be connected to patients requiring reconstructive procedures and therefore longer post-surgical recovery. Whilst none of the hypopharynx patients started treatment within 7 weeks of surgery, 24% of larynx, 54% of oral cavity and 38% of oropharynx cases started adjuvant treatment within the 7 week timeframe. The MCN will initiate further work to explore pathway delays that may impact on performance against this measure.

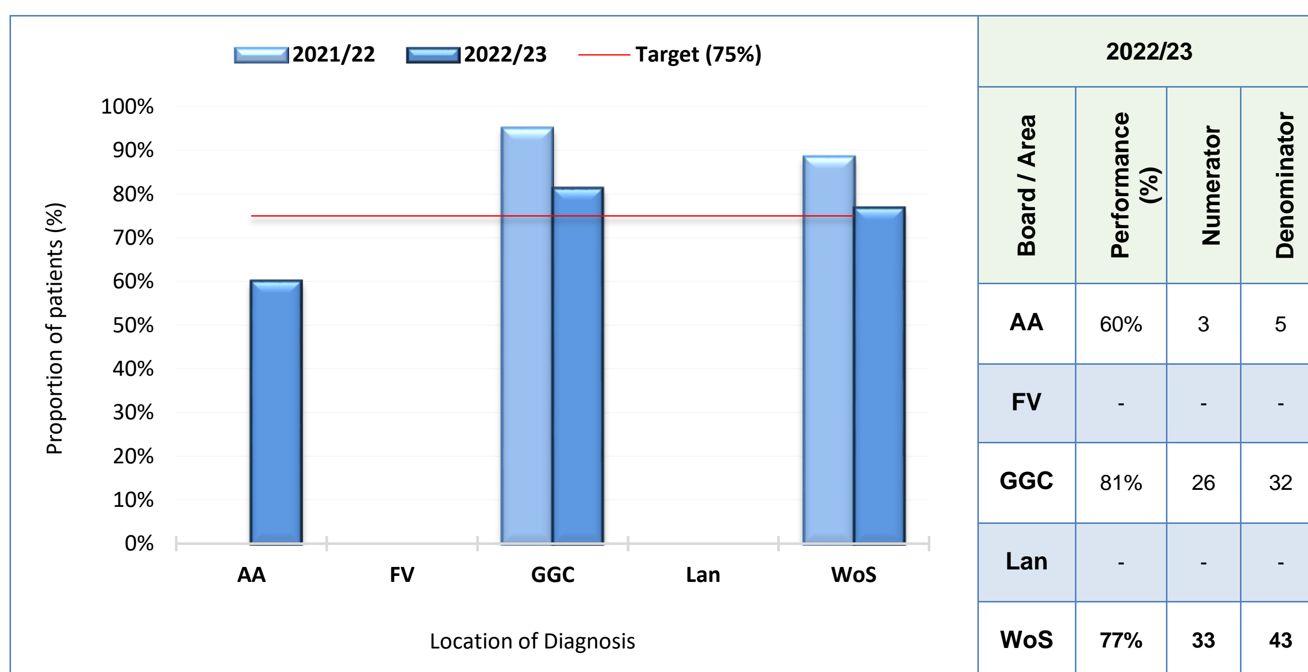
Actions:

- NHS GGC to provide feedback to the MCN on the outcome of the request to increase surgical sessions to accommodate the increase in activity from NHS Lanarkshire.
- MCN to initiate work to explore potential delays in the head and neck pathway impacting upon timely adjuvant treatment.

QPI 15: PD-L1 Combined Proportion Score (CPS) for Decision Making

QPI 15 Title:	PD-L1 Combined Proportion Score (CPS) should be available to inform treatment decisions in patients with incurable head and neck cancer.
Numerator:	Number of patients with squamous cell head and neck cancer undergoing first line palliative SACT for whom PD-L1 CPS is reported within 14 days of MDT request.
Denominator:	All patients with squamous cell head and neck cancer undergoing first line palliative SACT.
Exclusions:	•Patients with nasopharyngeal cancer.
Target:	**75%**

Fig 13: Proportion of patients with squamous cell head and neck cancer undergoing first line palliative SACT for whom PD-L1 CPS is reported within 14 days of MDT request.



2022/23			
Board / Area	**Performance (%)**	**Numerator**	**Denominator**
AA	60%	3	5
FV	-	-	-
GGC	81%	26	32
Lan	-	-	-
WoS	**77%**	**33**	**43**

(-) Data is not shown; denominator less than 5.

Overall in the WoS, 77% of patients with squamous cell head and neck cancer undergoing first line palliative SACT had PD-L1 CPS reported within 14 days of MDT request, meeting the 75% target. NHSGGC and NHS Lanarkshire achieved the target.

NHS Ayrshire & Arran reviewed the small number of cases not meeting the QPI criteria, and noted that PDL1 testing felt not appropriate and would not have altered treatment plan.

NHS Forth Valley reviewed the non-compliant cases, observing that PD-L1 was reported, however not within the 14 day timescale, or the PD-L1 report request date was not recorded during MDT. The Board noted that the new regional MDT system allows the direct recording and collection of this information from the MDT outcome and therefore improvement is anticipated going forward.

Appendix 1: Metadata

<table>
<tr><td>Report Title</td><td>Cancer Audit Report: Head and Neck Cancer Quality Performance Indicators</td></tr>
<tr><td>Time Period</td><td>Patients diagnosed between 1st April 2022 - 31st March 2023</td></tr>
<tr><td>Data Source</td><td>Cancer Audit Support Environment (eCASE). A secure centralised web-based database which holds cancer audit information in Scotland.</td></tr>
<tr><td>QPI Version</td><td>Head and Neck Cancer QPIs v4.0 (November 21) Cancer Quality Performance Indicators (QPIs) (healthcareimprovementscotland.org)</td></tr>
<tr><td>Data extraction date</td><td>09/10/2023</td></tr>
<tr><td>Data Quality</td><td>
<table>
<tr><th></th><th>Ayrshire & Arran</th><th>Forth Valley</th><th>GGC</th><th>Lanarkshire</th><th>WoS</th></tr>
<tr><td>2022/23 Audit</td><td>86</td><td>78</td><td>424</td><td>123</td><td>711</td></tr>
<tr><td>Cancer Reg 2017-21*</td><td>100</td><td>74</td><td>389</td><td>150</td><td>712</td></tr>
<tr><td>Case Ascertainment</td><td>86.0%</td><td>105.4%</td><td>109.0%</td><td>82.0%</td><td>99.9%</td></tr>
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