

**West of Scotland Cancer Network**

**Urological Cancer  
Managed Clinical Network**



# **Audit Report**

## **Renal Pelvis and Ureter Cancers Key Outcome Measures**

**Clinical Audit Data 2017**

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## Introduction

This report contains an assessment of the performance of West of Scotland (WoS) urological cancer services using clinical audit data relating to patients diagnosed with renal pelvis and ureter (RPU) cancers in Year 6. In 2011, a core review group initiated by the West of Scotland Cancer Network (WoSCAN) developed key outcome measures (KOMs) for patients diagnosed with RPU cancer and five years of data from 2013 to 2017 (Years 2 – 6) are presented within this report.

## Methodology

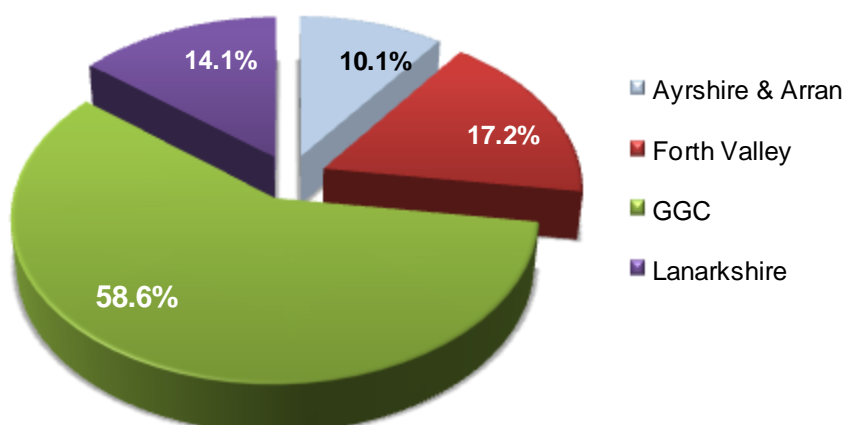
The clinical audit data presented in this report was collected by clinical audit staff in each NHS Board in accordance with an agreed dataset and definitions. The data was entered locally into the electronic Cancer Audit Support Environment (eCASE): a secure centralised web-based database. Data relating to patients diagnosed between 1<sup>st</sup> January 2017 and 31<sup>st</sup> December 2017 was downloaded from eCASE on 14<sup>th</sup> November 2018.

Analysis was performed centrally by the WoSCAN Information Team and the timescales agreed took into account the patient pathway to ensure that a complete treatment record was available for each case. Initial results of the analysis were provided to local Boards to check for inaccuracies or obvious gaps before final analysis was carried out. Final results were disseminated for NHS Board verification in line with the regional audit governance process, to ensure that the data was an accurate representation of service in each area.

## Background

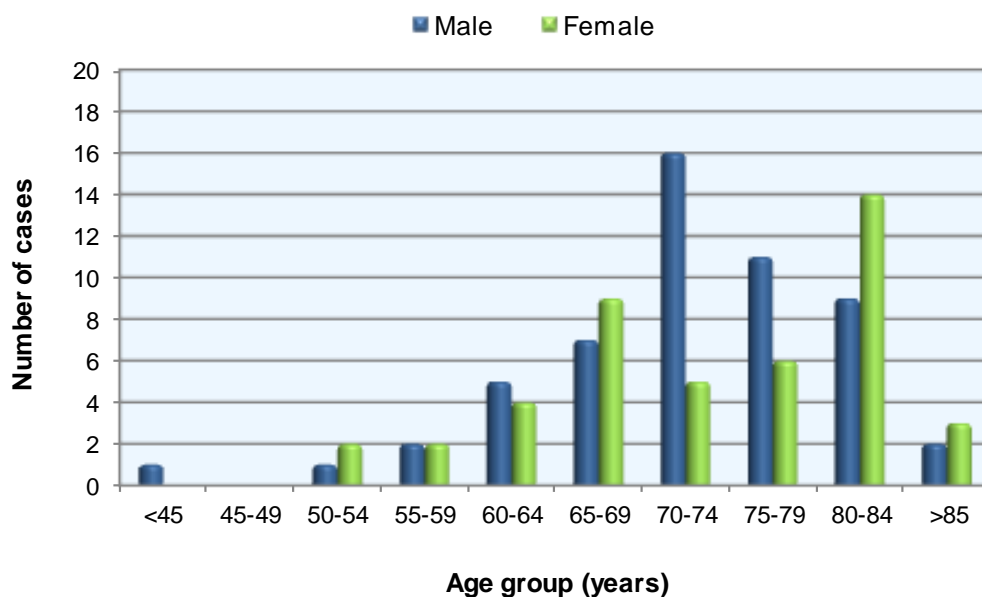
There were 99 new diagnoses of RPU cancer captured by audit in the WoS in Year 6. Distribution by location of diagnosis is shown below in Figure 1. The ratio of male to female cases is 1.2:1 with 54 men and 45 women diagnosed with RPU cancer in 2017. The age distribution differs between the sexes, as illustrated in Figure 2; however the greatest frequency of new diagnoses occurs between the ages of 70 to 74 years for men and between 80 to 84 years for women.

**Figure 1: Proportion of patients in WoS diagnosed with RPU cancer by NHS Board of diagnosis in 2017.**



	AA	FV	GGC	Lan	WoS
N	10	17	58	14	99
%	10.1%	17.2%	58.6%	14.1%	-

Figure 2: Number of patients diagnosed with RPU cancer in 2017 in WoS by age group and sex.



	<45	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	>85
Male	1	0	1	2	5	7	16	11	9	2
Female	0	0	2	2	4	9	5	6	14	3

The majority of people diagnosed with RPU cancers are in the older age groups with two thirds of cases (66/99, 66.7%) in 2017 occurring in people aged 70 years and over at the time of diagnosis. The median age at diagnosis was 73 years for men and 76 years for women.

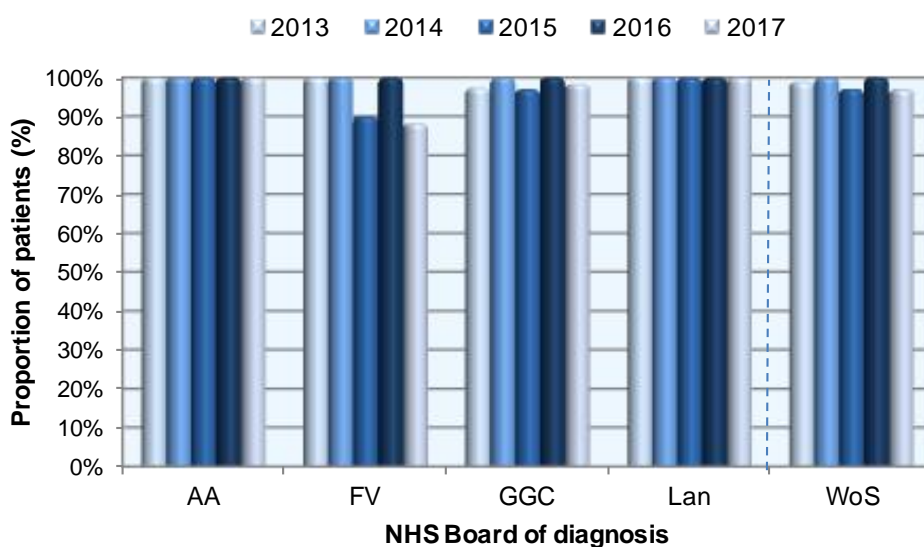
## Key Outcome Measures

### Patients Discussed at Multidisciplinary Team (MDT) Meeting

As with all other urological cancers, patients diagnosed with RPU cancers are discussed and managed by multidisciplinary teams (MDTs). The configuration of urological cancer MDTs in the region is set out below and each MDT convenes on a weekly basis.

MDT	Constituent Hospitals
Ayrshire & Arran (AA)	Crosshouse Hospital, Ayr Hospital
Pan Glasgow	(i) Glasgow Royal Infirmary, Stobhill Hospital
	(ii) Queen Elizabeth University Hospital, Victoria Infirmary, Gartnavel General Hospital
Clyde	Royal Alexandria Hospital, Inverclyde Royal Hospital, Vale of Leven
Forth Valley (FV)	Forth Valley Royal Hospital
Lanarkshire (Lan)	Monklands District General, Wishaw General Hospital, Hairmyres Hospital

Figure 3: Proportion of patients diagnosed with RPU cancer discussed at MDT by NHS Board, 2013 - 2017.



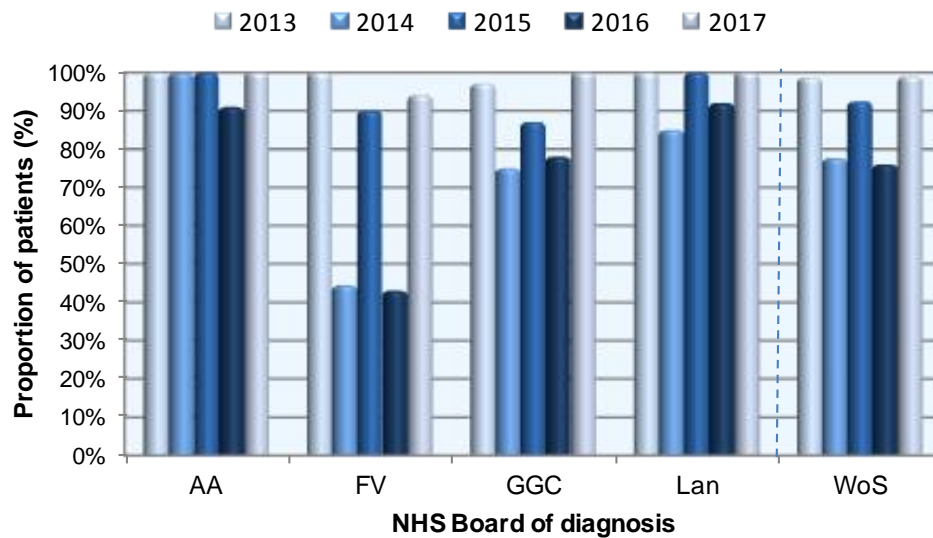
	Performance (%)	Numerator	Denominator
AA	100.0%	10	10
FV	88.2%	15	17
GGC	98.3%	57	58
Lan	100.0%	14	14
WoSCAN	97.0%	96	99

Of the 99 cases of RPU cancer in the WoS in 2017, 96 were discussed at MDT giving a performance of 97.0%. Board performance ranged from 88.2% for NHS Forth Valley to 100.0% for NHS Ayrshire and Arran and NHS Lanarkshire. The performance is slightly down compared to last year although performances have remained consistent over the 5 years shown.

## Clinical TNM

Staging of patients at diagnosis aids treatment decision making and can be an indicator of prognosis.

Figure 4: Proportion of patients diagnosed with RPU cancer with TNM recorded by NHS Board, 2013 - 2017.



	Performance (%)	Numerator	Denominator
<b>AA</b>	100.0%	10	10
<b>FV</b>	94.1%	16	17
<b>GGC</b>	100.0%	58	58
<b>Lan</b>	100.0%	14	14
<b>WoSCAN</b>	99.0%	98	99

The overall performance for the WoS was 99.0% in 2017 which shows significant improvement compared to 2016 (76.0%). In 2017, all Boards showed improvement on Year 5 performance.

## Surgeons Performing Nephroureterectomy

There is a relationship between improved surgical outcomes and volume of cases performed. The number of nephroureterectomies performed by surgeons in the WoS is shown below. This includes all patients who had a nephroureterectomy in 2017 and not just those diagnosed in that year.

Figure 5 shows the number of procedures performed by each NHS Board within the WoS. 45.5% of nephroureterectomies were performed within NHS Greater Glasgow and Clyde.

**Figure 5: Proportion of nephroureterectomies performed in the WoS, by NHS Board 2015 - 2017.**

	2015		2016		2017	
	N	%	N	%	N	%
Ayrshire and Arran	1	3.3%	8	21.1%	4	9.1%
Forth Valley	4	13.3%	6	15.8%	7	15.9%
Greater Glasgow and Clyde	13	43.3%	17	44.7%	20	45.5%
Lanarkshire	12	40.0%	7	18.4%	8	18.2%
WoS	30	-	38	-	44	-

Figure 6 shows the number of procedures performed by individual surgeons within each NHS Board in the WoS.

**Figure 6: Number of nephroureterectomies performed by surgeons in the WoS, by NHS Board in 2017.**

Ayrshire and Arran		Forth Valley	Greater Glasgow and Clyde				Lanarkshire		Not Recorded	WoS
A	B	C	D	E	F	G	H	I	-	Total
3	1	7	1	3	6	10	7	1	5	44

### Action:

- NHS Ayrshire and Arran, NHS Greater Glasgow and Clyde and NHS Lanarkshire to provide feedback where a surgeon has performed a single surgical case.

## Thirty-day mortality following nephroureterectomy

Treatment related mortality is a marker of the quality and safety of the whole service provided by the Multi Disciplinary Team (MDT). This KOM is intended to ensure treatment is given appropriately.

There were 46 nephroureterectomy procedures carried out across WoS NHS Boards for patients diagnosed in 2017. 46.5% (46/99) of patients diagnosed with RPU cancer in 2017 had a nephroureterectomy performed. There was one death (2.2%) within 30 days of nephroureterectomy in the WoS. The highest WoS mortality rate was 3.7% in 2015.

	2015			2016			2017		
	N	D	%	N	D	%	N	D	%
AA	-	-	-	0	7	0.0%	0	5	0.0%
FV	-	-	-	0	6	0.0%	0	6	0.0%
GGC	0	13	0.0%	0	16	0.0%	1	27	3.7%
Lan	1	7	14.3%	0	6	0.0%	0	8	0.0%
WoS	1	27	3.7%	0	35	0.0%	1	46	2.2%

## **Conclusion**

Cancer audit data underpins much of the regional development and service improvement work of the MCN and regular reporting of activity and performance is a fundamental requirement of an MCN to assure the quality of care delivered across the region.

The recording of TNM data is fundamental in aiding treatment decision making for patients diagnosed with RPU cancers and significant improvements have been noted for all Boards in Year 6. Performance with regards to MDT discussion and 30-day mortality following nephroureterectomy is of a high standard.

The MCN will actively take forward regional actions identified and NHS Boards are asked to develop local Action/Improvement Plans in response to the findings presented in the report. A summary of actions for each NHS Board has been included within the Action Plan templates in the Appendix.

### **Actions required:**

#### **Surgeons Performing Nephroureterectomy**

- NHS Ayrshire and Arran, NHS Greater Glasgow and Clyde and NHS Lanarkshire to provide feedback where a surgeon has performed a single surgical case.

### **Completed Action Plans should be returned to WoSCAN within two months of publication of this report.**

Progress against these plans will be monitored by the MCN Steering Group and any service or clinical issue which the Steering Group considers not to have been adequately addressed will be escalated to the NHS Board Territorial Lead Cancer Clinician and Regional Lead Cancer Clinician.

Additionally, progress will be reported to the Regional Cancer Advisory Group (RCAG) annually by NHS Board Territorial Lead Cancer Clinicians and MCN Clinical Leads, as part of the regional audit governance process to enable RCAG to review and monitor regional improvement.

## **Acknowledgement**

This report has been prepared using clinical audit data provided by the following NHS Boards in the WoSCAN area:

NHS Ayrshire & Arran  
NHS Forth Valley  
NHS Greater Glasgow and Clyde  
NHS Lanarkshire

We would like to thank all members and active participants in the cancer network for their continued support of the MCN, and the many hospitals that are committed to making the audit succeed. We also acknowledge the efforts of the clinical effectiveness staff, nurses, and other service users for their work in ensuring the data are available to enable analysis to take place each year. Without their considerable efforts this level of progress would not be possible.



## Abbreviations

<b>AA</b>	NHS Ayrshire & Arran
<b>e-CASE</b>	Electronic Cancer Audit Support Environment
<b>FV</b>	Forth Valley
<b>GGC</b>	NHS Greater Glasgow and Clyde
<b>KOM(s)</b>	Key Outcome Measure(s)
<b>Lan</b>	Lanarkshire
<b>MCN</b>	Managed Clinical Network
<b>MDT</b>	Multidisciplinary Team
<b>NHSGGC</b>	NHS Greater Glasgow and Clyde
<b>RCAG</b>	Regional Cancer Advisory Group
<b>RPU</b>	Renal pelvis & ureter
<b>TNM</b>	Tumour, Nodes, Metastases (staging system)
<b>WoS</b>	West of Scotland
<b>WoSCAN</b>	West of Scotland Cancer Network

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## Appendix: NHS Board Action Plans RPU KOMs

A summary of actions for each NHS Board has been included within the following Action Plan templates. Completed Action Plans should be returned to WoSCAN within two months of publication of this report.

### RPU Action / Improvement Plan

<b>Area:</b>	NHS Ayrshire and Arran
<b>Action Plan Lead:</b>	
<b>Date:</b>	

KEY (Status)	
<b>1</b>	Action fully implemented
<b>2</b>	Action agreed but not yet implemented
<b>3</b>	No action taken (please state reason)

KOM	Action Required	Health Board Action Taken	Timescales		Lead	Progress/Action Status	Status (see Key)
			Start	End			
	<i>Ensure actions mirror those detailed in Audit Report.</i>	<i>Detail specific actions that will be taken by the NHS Board.</i>	<i>Insert date</i>	<i>Insert date</i>	<i>Insert name of responsible lead for each specific action.</i>	<i>Provide detail of action in progress, change in practices, problems encountered or reasons why no action taken.</i>	<i>Insert No. from key above.</i>
<b>Surgeons Performing Nephroureterectomy</b>	Provide feedback where a surgeon has performed a single surgical case.						

## RPU Action / Improvement Plan

<b>Area:</b>	NHS Greater Glasgow and Clyde
<b>Action Plan Lead:</b>	
<b>Date:</b>	

KEY (Status)	
<b>1</b>	Action fully implemented
<b>2</b>	Action agreed but not yet implemented
<b>3</b>	No action taken (please state reason)

KOM	Action Required	Health Board Action Taken	Timescales		Lead	Progress/Action Status	Status (see Key)
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<b>Surgeons Performing Nephroureterectomy</b>	Provide feedback where a surgeon has performed a single surgical case.						

## RPU Action / Improvement Plan

<b>Area:</b>	NHS Lanarkshire
<b>Action Plan Lead:</b>	
<b>Date:</b>	

KEY (Status)	
<b>1</b>	Action fully implemented
<b>2</b>	Action agreed but not yet implemented
<b>3</b>	No action taken (please state reason)

KOM	Action Required	Health Board Action Taken	Timescales		Lead	Progress/Action Status	Status (see Key)
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