West of Scotland Cancer Network

Urological Cancer
Managed Clinical Network

Audit Report

Prostate Cancer
Quality Performance Indicators

Clinical Audit Data: 01 July 2024 to 30 June 2025

Dr Hilary Glen
MCN Clinical Lead

Karen Connor
MCN Manager

Kallely Soumine George
Information Officer

Prostate Quality Performance Indicators: Data Overview

Patients diagnosed Jul 2024 - Jun 2025

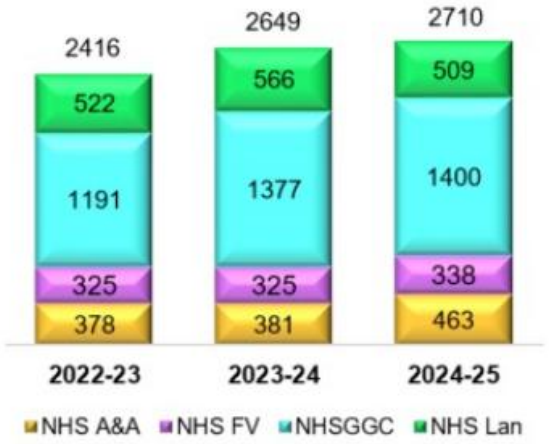
Number of patients	2710
Median Age of Patients:	71

Age Standardised Net Survival

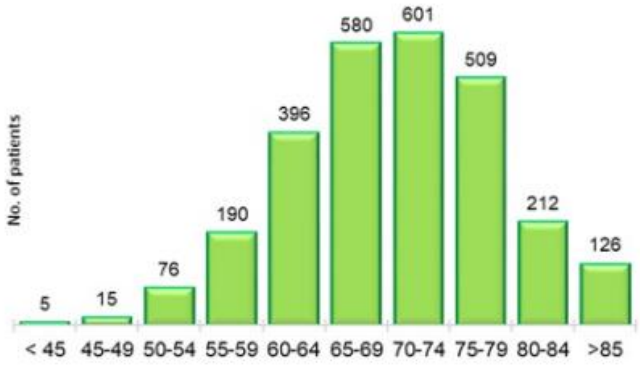
1 year Survival:	97%
5 Year Survival:	84%

*Patients diagnosed 2015-2019
www.publichealthscotland.scot/publications/cancer-survival-statistics/

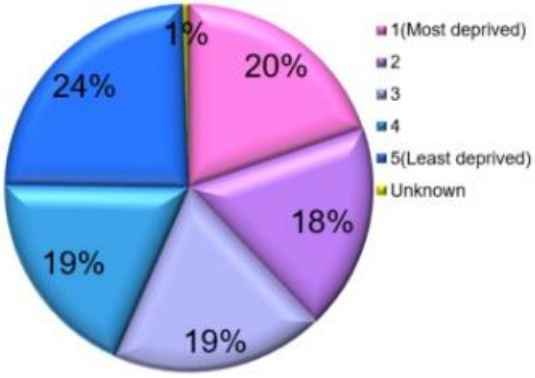
Number of Cases



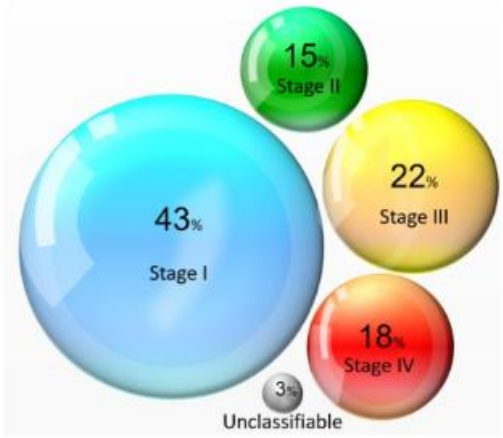
Age of Patients



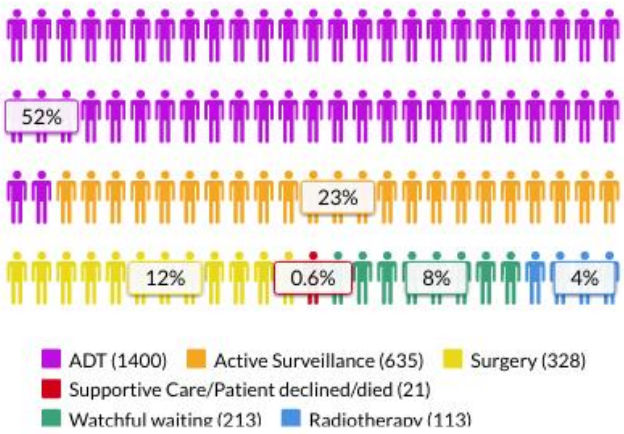
Deprivation Index of Patients



Stage at Diagnosis



First Treatment



Executive Summary

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 prostate cancer between 01 July 2024 and 30 June 2025.

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. With the development of QPIs, this has now become a national programme to drive continuous improvement and ensure equity of care for patients across Scotland.

Overall, West of Scotland results are reassuring and demonstrate a high standard of care for patients with prostate cancer. NHS Boards have found some of the QPI targets challenging to achieve. Encouragingly, improvements have been observed in a number of areas over the last year, including MDT discussion (QPIs 4i and 4ii), surgical margins (QPI 5), ADT with additional systemic therapy (QPI 7ii), management of active surveillance (QPI 11), diagnostic pre-biopsy MRI (QPI 14ii), and management of low-burden metastatic disease (QPI 15i).

Where QPI targets were not met, the 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.

QPI 4(i): multi-disciplinary team meeting, QPI 5: surgical margins, and QPI 14(i): diagnostic pre-biopsy MRI 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 QPI criteria.

QPI 4(ii): Multi-Disciplinary Team (MDT) Meeting

- NHSGGC to remind clinicians of QPI requirements and promote timely investigations, recognising that co-morbidity may limit achievement of target timeframes in some cases.

QPI 6: Volume of Cases per Surgeon

- MCN to continue monitoring prostatectomy case volumes across Boards.

QPI 8(i): Assessment of Post-Treatment Patient Reported Outcome Measures (PROMs)

- Cancer Services Managers in NHS Ayrshire & Arran and NHS Lanarkshire to ensure full implementation and compliance with the REDCap PROMs registration process to support consistent PROMs capture.
- NHSGGC to ensure a regional PROMs data capture process is in place for radiotherapy and brachytherapy in advance of reporting.
- MCN to ensure Boards implement PROMs collection via REDCap as required.

QPI 11: Management of Active Surveillance

- MCN to continue monitoring QPI performance across Boards.

QPI 14 (ii): Diagnostic Pre-biopsy MRI

- The MCN to continue monitoring QPI performance within NHS Lanarkshire.

QPI 15 (ii): Low Burden Metastatic Disease

- MCN to continue monitoring QPI performance across Boards. Should current trends or variation in performance persist in future reporting periods, further analysis will be undertaken to determine the underlying causes.

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 facilitate further scrutiny at a regional level and to allow co-ordinated regional action where appropriate.

WoSCAN Performance Summary Report

Key	
	Above Target Result
	Below Target Result
-	Indicates data based on less than 5 patients
*	Indicates denominator is zero
	Indicates no comparable measure for previous years

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	A&A	FV	GGC	LAN	WoSCAN
QPI 4(i): Multi-Disciplinary Team Meeting (MDT) - Proportion of patients with non-metastatic prostate cancer (TanyNanyM0) discussed at the MDT before definitive treatment.	**95%**	2024 - 25	98% (373/382)	99% (274/278)	98% (1151/1170)	99.5% (427/429)	99% (2225/2259)
		2023 - 24	97%	99.6%	98%	99%	98%
		2022 - 23	96%	97%	97%	97%	97%
QPI 4(ii): Multi-Disciplinary Team Meeting (MDT) - Proportion of patients with metastatic prostate cancer (TanyNanyM1) discussed at the MDT within 6 weeks of commencing treatment.	**95%**	2024 - 25	96% (65/68)	98% (48/49)	90% (197/219)	100% (73/73)	94% (383/409)
		2023 - 24	92%	98%	91%	95%	93%
		2022 - 23	89%	91%	93%	96%	93%
QPI 5: Surgical Margins^ – Proportion of patients with pathologically confirmed, organ confirmed (stage pT2) prostate cancer who undergo radical prostatectomy in which tumour is present at the margin, i.e. positive surgical margin.	**< 20%**	2024 - 25	6% (1/16)	*	10% (17/164)	11% (2/19)	10% (20/199)
		2023 - 24	-	*	18%	-	17%
		2022 - 23			13%		13%
QPI 6: Volume of Cases per Surgeon^ – Number of radical prostatectomy procedures performed by a surgeon over a one year period.	**50 minimum**	2024 - 25	1 Met	*	3 Met 1 Not Met	2 Not Met	4 Met 3 Not Met
		2023 - 24	1 Not Met	*	4 Met	1 Not Met	4 Met 2 Not Met
		2022 - 23			3 Met 1 Not Met		3 Met 1 Not Met

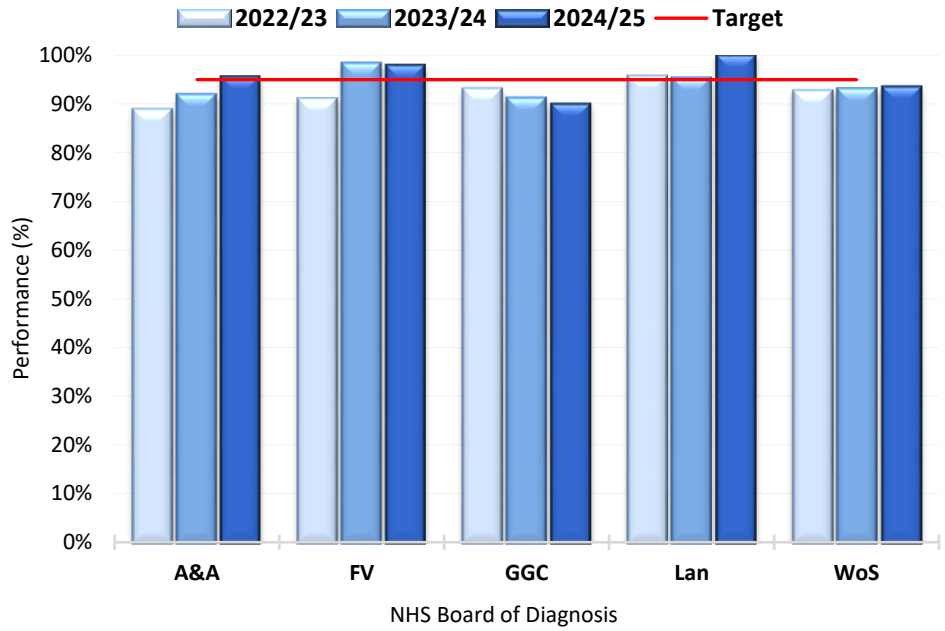
Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	A&A	FV	GGC	LAN	WoSCAN
QPI 7(i): Androgen Deprivation Therapy (ADT) with Additional Systemic Therapy – Proportion of patients with metastatic prostate cancer (TanyNanyM1) who undergo immediate management with ADT.	**95%**	2024 - 25	99% (67/68)	86% (42/49)	89% (192/215)	100% (72/72)	92% (373/404)
		2023 - 24	100%	95%	94%	94%	95%
		2022 - 23	96%	86%	91%	97%	93%
QPI 7(ii): Androgen Deprivation Therapy (ADT) with Additional Systemic Therapy – Proportion of patients with metastatic prostate cancer (TanyNanyM1) who undergo immediate management with ADT, plus additional systemic therapy.	**60%**	2024 - 25	58% (37/64)	49% (22/45)	51% (107/210)	39% (27/69)	50% (193/388)
		2023 - 24	50%	54%	48%	32%	46%
		2022 - 23	36%	34%	48%	11%	36%
QPI 8: Assessment of Post-Treatment Patient Reported Outcome Measures (PROMs)^/ -** Proportion of patients with prostate cancer who undergo radical treatment that have returned a PROMs tool both pre and post treatment for assessment of quality of life issues (i) Radical prostatectomy	**50%**	2023 - 24	-	*	52% (178/343)	-	51% (178/347)
		2022 - 23			62%		62%
		2021 - 22			65%		65%
QPI 11: Management of Active Surveillance -** Proportion of men with prostate cancer under active surveillance who undergo MRI (biparametric (bpMRI) or multiparametric (mpMRI)) or prostate biopsy within 18 months of diagnosis.	**95%**	2023 - 24	73% (22/30)	88% (49/56)	88% (214/243)	65% (55/85)	82% (340/414)
		2022 - 23	75%	91%	83%	52%	74%
		2021 - 22	72%	82%	80%	60%	77%
QPI 14(i): Diagnostic Pre-biopsy MRI - Proportion of patients with prostate cancer who undergo biopsy that have a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation.	**95%**	2024 - 25	97% (255/264)	100% (192/192)	99.9% (740/741)	99.7% (308/309)	99% (1495/1506)
		2023 - 24	96%	99%	100%	99%	99%
		2022 - 23	95%	99%	99.5%	98%	98%
QPI 14(ii): Diagnostic Pre-biopsy MRI - Proportion of patients with prostate cancer who undergo biopsy that have a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation with imaging reported using a PI-RADS/ Likert system of grading.	**95%**	2024 - 25	100% (344/344)	99% (273/277)	99% (1166/1176)	89% (361/405)	97% (2144/2202)
		2023 - 24	100%	97%	98%	84%	95%
		2022 - 23	100%	96%	95%	87%	94%

Quality Performance Indicator (QPI)	Performance by NHS Board of diagnosis						
	QPI target	Year	AA	FV	GGC	LAN	WoSCAN
QPI 15(i): Low Burden Metastatic Disease - Proportion of patients with metastatic prostate cancer in whom burden of disease is assessed.	**95%**	2024 - 25	100% (68/68)	96% (47/49)	89% (196/221)	96% (71/74)	93% (382/412)
		2023 - 24	100%	100%	84%	100%	92%
		2022 - 23	100%	100%	77%	96%	88%
QPI 15(ii): Low Burden Metastatic Disease - Proportion of patients with metastatic prostate cancer who have a low metastatic burden that receive radiotherapy.	**60%**	2024 - 25	71% (15/21)	42% (5/12)	54% (46/85)	44% (14/32)	53% (80/150)
		2023 - 24	56%	60%	68%	50%	61%
		2022 - 23	38%	60%	69%	46%	60%

(^) QPI Reported by Board of Surgery
(**) QPI Reported one year in arrears

QPI 4: Multi-Disciplinary Team (MDT) Meeting

QPI 4 Title:	Patients should be discussed by a multidisciplinary team prior to definitive treatment.
Specification (ii):	Metastatic prostate cancer (TanyNanyM1)
Numerator (ii):	Number of patients with metastatic prostate cancer (TanyNanyM1) discussed at the MDT within 6 weeks of commencing treatment.
Denominator (ii):	All patients with metastatic prostate cancer (TanyNanyM1).
Exclusions:	• Patients who died before first treatment.
Target:	**95%**



	2024/25		
Board / Area	Performance (%)	Numerator	Denominator
A&A	96%	65	68
FV	98%	48	49
GGC	90%	197	219
Lan	100%	73	73
WoS	**94%**	**383**	**409**

The region narrowly missed the target, achieving 94%. NHS Ayrshire & Arran, NHS Forth Valley and NHS Lanarkshire met the target, while NHSGGC showed a slight decline over the past three years and consistently failed to meet the target.

NHSGGC reported that a small number of cases were not discussed at MDT due to death following referral, or had delayed MDT review following initiation of ADT, mainly due to the time required for staging investigations. In a minority of cases, delays exceeded expected investigation timeframes due to co-morbidity or patient-related factors, with occasional delay in MDT referral.

Action:

- **NHSGGC to remind clinicians of QPI requirements and promote timely investigations, recognising that co-morbidity may limit achievement of target timeframes in some cases.**

QPI 6: Volume of Cases per Surgeon

QPI 6 Title:	Surgery should be performed by surgeons who perform the procedure routinely.
Specifications:	Number of radical prostatectomies performed by each surgeon in a given year.
Exclusions:	None
Target:	**Minimum of 50 procedures per surgeon in a 1 year period.**

The number of radical prostatectomies performed per surgeon 2024/25.

	No. of Operating Surgeons	No. of Procedures*	No. of Surgeons Meeting Target
NHS A&A	1	67	1
NHS FV	-	-	-
NHSGGC	4	268	3
NHS Lan	2	42	0
WoS	**7**	**377**	**4**

**Data source: eCASE*

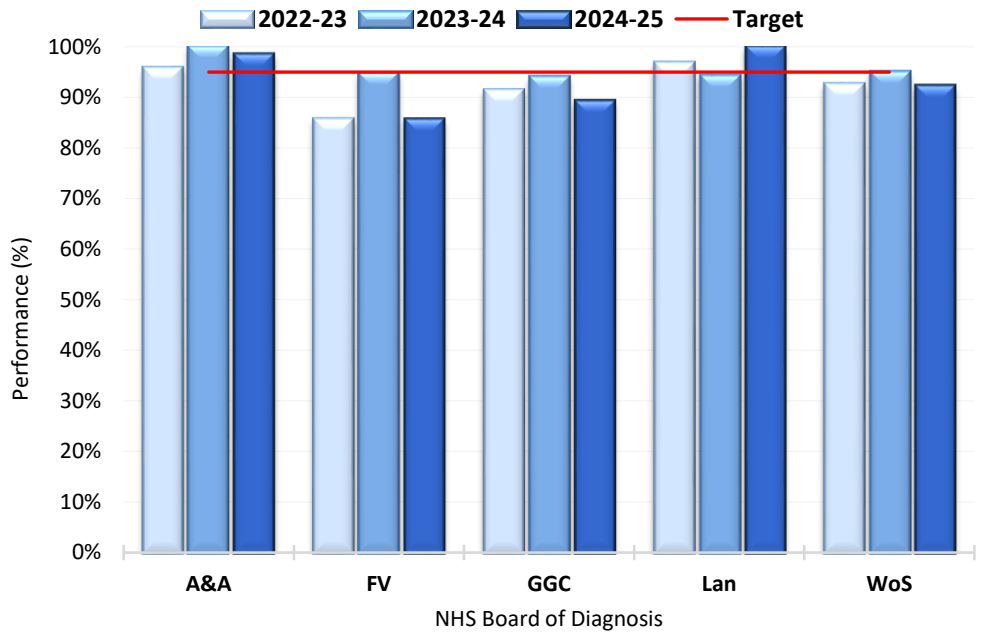
Robotic prostatectomy cases for NHS Ayrshire & Arran and NHS Lanarkshire were repatriated from NHSGGC in 2024. Within NHSGGC, one surgeon narrowly missed the target, undertaking 48 procedures during the audit period. The Board noted that, when procedures undertaken in non NHSGGC institutions are included, the surgeon's overall procedural volume exceeded the annual threshold. In NHS Lanarkshire, approximately 90 procedures were undertaken following repatriation; however, neither consultant surgeon individually achieved the target of 50 procedures during the audit period.

Action:

- **MCN to continue monitoring prostatectomy case volumes across Boards.**

QPI 7: Androgen Deprivation Therapy (ADT) with Additional Systemic Therapy

QPI 7 Title:	Patients with metastatic prostate cancer should undergo immediate androgen deprivation therapy (ADT), with additional systemic therapy where appropriate.
Specification (i):	Immediate ADT
Numerator (i):	Number of patients presenting with metastatic prostate cancer (TanyNanyM1) treated with immediate ADT.
Denominator (i):	All patients presenting with metastatic prostate cancer (TanyNanyM1).
Exclusions:	• Patients documented to have declined immediate ADT • Patients enrolled in clinical trials
Target:	**95%**

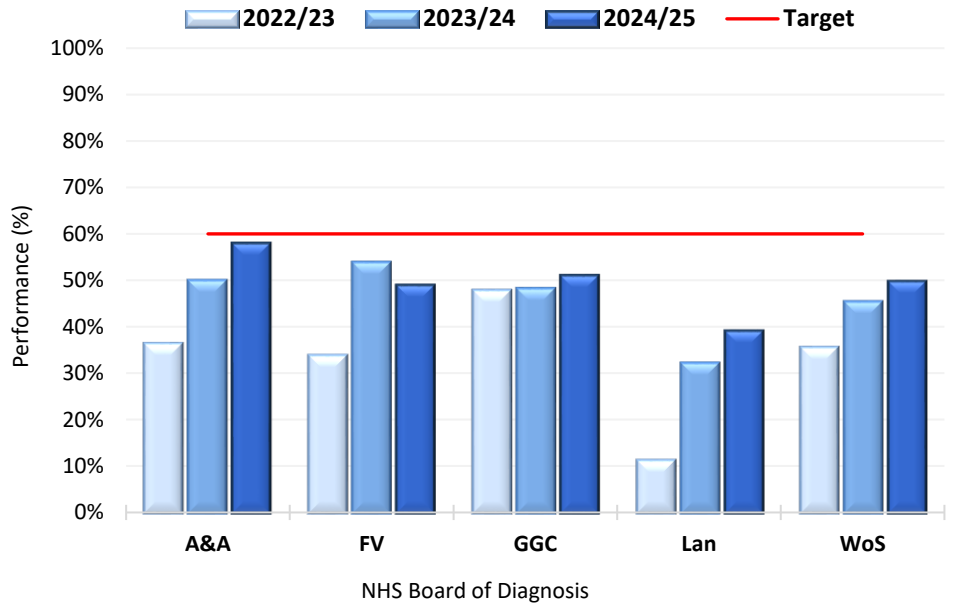


2024/25			
Board / Area	**Performance (%)**	**Numerator**	**Denominator**
A&A	99%	67	68
FV	86%	42	49
GGC	89%	192	215
Lan	100%	72	72
WoS	**92%**	**373**	**404**

Overall compliance was 92%, falling short of the target. NHS Ayrshire & Arran and NHS Lanarkshire met the target, with NHS Lanarkshire achieving full compliance (100%).

NHS Forth Valley and NHSGGC reviewed cases not meeting the ADT target and commented that a small number of patients did not commence ADT within target times or did not receive ADT, most commonly due to lack of fitness for treatment, palliative/supportive care decisions, or death prior to treatment initiation. Where treatment was delayed, this was primarily due to the need for additional staging investigations or clarification of diagnosis and management, with a smaller number of cases affected by co-morbidity, patient-related delay, or complex clinical decision making requirements. Overall, delays were largely attributable to appropriate clinical reasons and case complexity.

QPI 7 Title:	Patients with metastatic prostate cancer should undergo immediate androgen deprivation therapy (ADT), with additional systemic therapy where appropriate.
Specification (ii):	Immediate ADT plus additional systemic therapy
Numerator (ii):	Number of patients presenting with metastatic prostate cancer (TanyNanyM1) treated with immediate ADT plus additional systemic therapy.
Denominator (ii):	All patients presenting with metastatic prostate cancer (TanyNanyM1).
Exclusions:	• Patients documented to have declined immediate ADT • Patients documented to have declined systemic therapy • Patients enrolled in clinical trials
Target:	**60%**



	2024/25		
Board / Area	Performance (%)	Numerator	Denominator
A&A	58%	37	64
FV	49%	22	45
GGC	51%	107	210
Lan	39%	27	69
WoS	**50%**	**193**	**388**

Regional performance for QPI 7(ii) continues to show year-on-year improvement, reaching 50% in the current reporting period and approaching the target threshold.

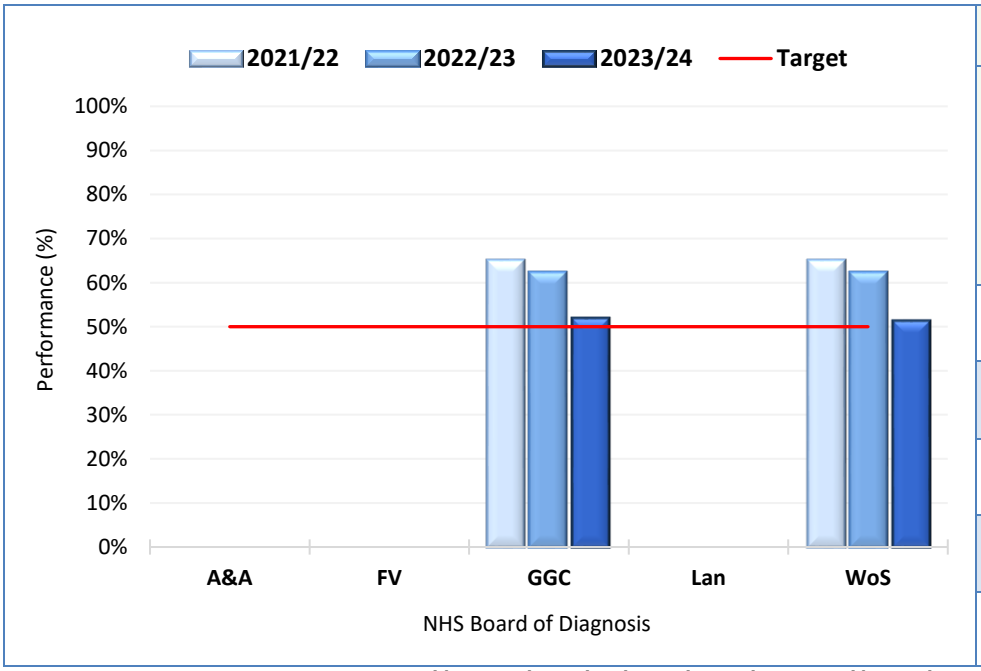
This QPI relates to newly diagnosed hormone sensitive prostate cancer patients; however, unclear wording of the QPI may have led to inclusion of castrate resistant patients in the denominator, potentially affecting reported results. The measurement of this indicator is complex, requiring multiple time parameters and treatment conditions to be met in order to achieve the QPI target. Additional analysis of QPI 7ii categorised patients by treatment combination and assessed compliance with the required treatment timeframe. This identified that 65% of patients received the appropriate treatment combinations, regardless of whether the treatment was delivered within the target timeframe.

Although the performance remains below the 60% target, results are comparable with data reported by the National Prostate Cancer Audit (NPCA) for patients diagnosed with prostate cancer in NHS hospitals in England and Wales. The MCN acknowledged the continued improvement in performance and will maintain ongoing regional monitoring of this QPI.

Boards reviewed cases that failed to meet the target. Non-achievement of QPI 7(ii) was mainly associated with patient fitness, frailty, co-morbidities, and treatment suitability. Other contributing factors included delays relating to further investigations, patient choice, treatment capacity issues, and uro-oncology workforce pressures. NHSGGC reported ongoing actions to support the timely initiation of additional systemic therapy through improved monitoring of treatment pathways, while NHS Lanarkshire reported ongoing work to address uro-oncology workforce and capacity pressures.

QPI 8: Assessment of Post-Treatment Patient Reported Outcome Measures (PROMs)

QPI 8 Title:	Post-treatment outcomes for patients with prostate cancer should be assessed using a validated PROMs (Patient Reported Outcome Measures) tool.
Specification (i):	Radical prostatectomy
Numerator (i):	Number of patients with prostate cancer undergoing radical prostatectomy that have returned a PROMs tool both pre and posttreatment for assessment of quality of life issues (urinary, bowel, sexual and hormonal function).
Denominator (i):	All patients with prostate cancer undergoing radical prostatectomy.
Exclusions:	• Patients who undergo salvage prostatectomy. • Patients who receive adjuvant radiotherapy within 12 months of surgery. • Patients who die within 12 months of surgical treatment.
Target:	**50%**



2023/24			
Board / Area	Performance (%)	Numerator	Denominator
A&A	%	-	-
FV	%	*	*
GGC	52%	178	343
Lan	%	-	-
WoS	**51%**	**178**	**347**

(*) Data where the denominator is zero, (-) Data is not shown; denominator less than 5.

Although performance declined compared with previous years, overall performance was 51%, meeting the target. This QPI is reported one year in arrears; therefore, the data presented relate to patients diagnosed in 2023–24, reflecting the 10–18-month post-treatment assessment window.

Following repatriation and disaggregation of the prostatectomy service, individual NHS Boards are responsible for surgical delivery and PROMs data capture. The process for PROMs enrolment within NHSGGC remains unchanged although QPI performance has declined in this reporting period. PROMs returns remain low across Lanarkshire and Ayrshire & Arran, primarily due to incomplete implementation of the REDCap PROMs registration process, limiting consistent data capture. As PROMs collection is a requirement of the distributed prostatectomy service, this reflects a compliance issue requiring further improvement.

NHS Ayrshire & Arran and NHS Lanarkshire report ongoing difficulties with EPIC-26 PROM capture, with questionnaires issued pre- and post-operatively but not consistently completed or returned. Boards note reduced completion rates are associated with patient burden in the peri-operative period and reliance on manual processes. Local work is ongoing to improve PROM collection and system compliance following service repatriation.

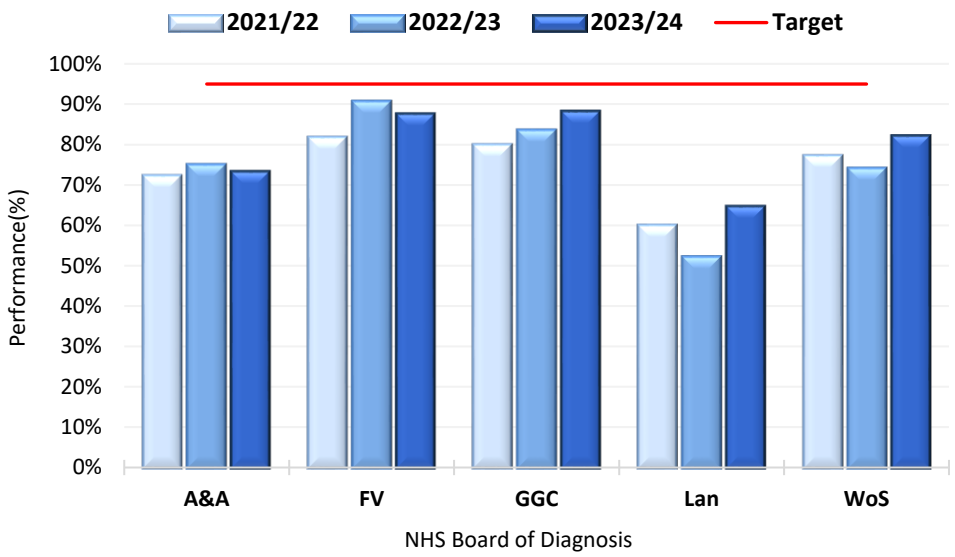
The MCN noted the need for appropriate systems to be in place for radiotherapy and brachytherapy PROMs collection in advance of reporting.

Actions:

- **Cancer Services Managers in NHS Ayrshire & Arran and NHS Lanarkshire to ensure full implementation and compliance with the REDCap PROMs registration process to support consistent PROMs capture.**
- **NHSGGC to ensure a regional PROMs data capture process is in place for radiotherapy and brachytherapy in advance of reporting.**
- **MCN to ensure Boards implement PROMs collection via REDCap as required.**

QPI 11: Management of Active Surveillance

QPI 11 Title:	Men under active surveillance for prostate cancer should undergo MRI or prostate biopsy within 18 months of diagnosis.
Numerator:	Number of patients with prostate cancer under active surveillance who undergo MRI (bpMRI or mpMRI) or prostate biopsy within 18 months of diagnosis.
Denominator:	All patients with prostate cancer under active surveillance.
Exclusions:	• Patients unable to undergo an MRI scan: Pacemaker or other MRI incompatible implanted device, Cerebral aneurysm clip, Metal in eye, Claustrophobia, Unable to fit bore of scanner, Too heavy for MRI table • Patients who decline MRI • Patients who undergo radical treatment within 12 months
Target:	**95%**



	2023/24		
Board / Area	Performance (%)	Numerator	Denominator
A&A	73%	22	30
FV	88%	49	56
GGC	88%	214	243
Lan	65%	55	85
WoS	**82%**	**340**	**414**

This QPI is reported one year in arrears; therefore, the data presented relate to patients diagnosed in 2023–24. Despite improvement compared with previous years, the region failed to meet the target, with compliance of 82%.

Performance against QPI 11 is affected by surveillance MRI or biopsy undertaken prior to the defined 335–547 day window; however, clinical review confirms these investigations were undertaken for appropriate clinical indications, with no concerns identified. The median interval between surveillance imaging and date of diagnosis remains within QPI parameters, indicating that non-compliant cases are predominantly associated with clinically justified early imaging.

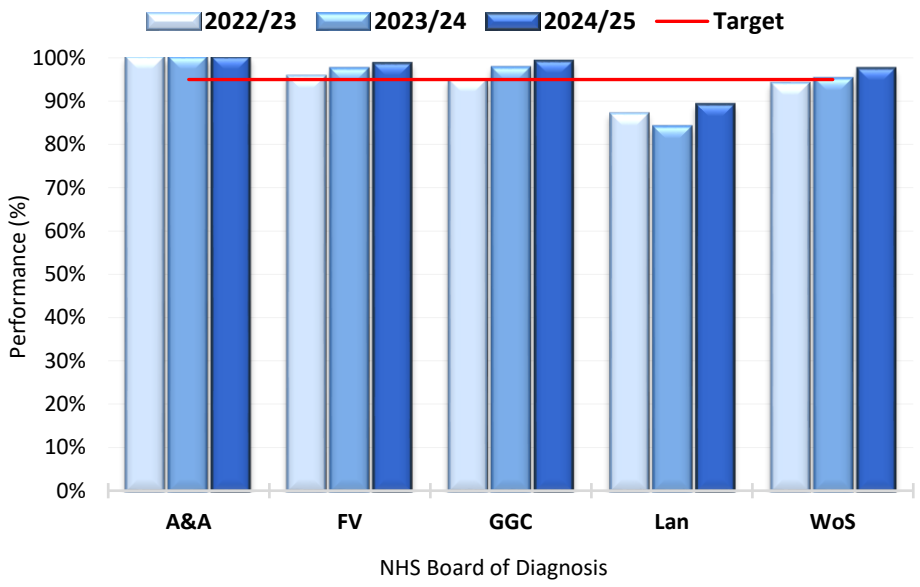
Boards reviewed cases that failed to meet the target, with most relating to surveillance MRI being undertaken earlier than the specified timeframe due to rising PSA levels, clinical concern, or patient anxiety. Additional contributory factors included patient delay, booking errors, loss to follow-up, and non-standard pathways. NHSGGC reported ongoing review of active surveillance pathways with emphasis on adherence to QPI timing requirements and appropriate clinical justification for early imaging where applicable. NHS Lanarkshire reported implementation of a revised process to schedule repeat MRIs at 12 months for patients on active surveillance, with quarterly monitoring indicating early improvement in compliance. MCN noted that the measurement of QPI 11 will be reviewed at the next QPI review cycle, and has proposed that consideration is given to excluding, or making allowance for cases where MRI scans were performed earlier than planned for appropriate clinical reasons.

Action:

- **MCN to continue monitoring QPI 11 performance across Boards.**

QPI 14: Diagnostic Pre-biopsy MRI

QPI 14 Title:	Patients with prostate cancer who undergo biopsy should be evaluated initially with a pre-biopsy biparametric MRI (bpMRI) or multiparametric MRI (mpMRI) and reported using a PI-RADS/Likert system of grading.
Specification (ii):	Patients with prostate cancer who undergo biopsy that have a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation with imaging reported using a PI-RADS/ Likert system of grading.
Numerator (ii):	Number of patients with prostate cancer who undergo biopsy that have a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation with imaging reported using a PI-RADS/Likert system of grading.
Denominator (ii):	All patients with prostate cancer who undergo biopsy that have a pre-biopsy bpMRI or mpMRI as their first line diagnostic investigation.
Exclusions:	No Exclusions.
Target:	**95%**



	2024/25		
Board / Area	Performance (%)	Numerator	Denominator
A&A	100%	344	344
FV	99%	273	277
GGC	99%	1166	1176
Lan	89%	361	405
WoS	**97%**	**2144**	**2202**

Regional performance exceeded the 95% target, achieving 97%. Although NHS Lanarkshire remained below the target threshold, performance has shown improvement compared with previous years.

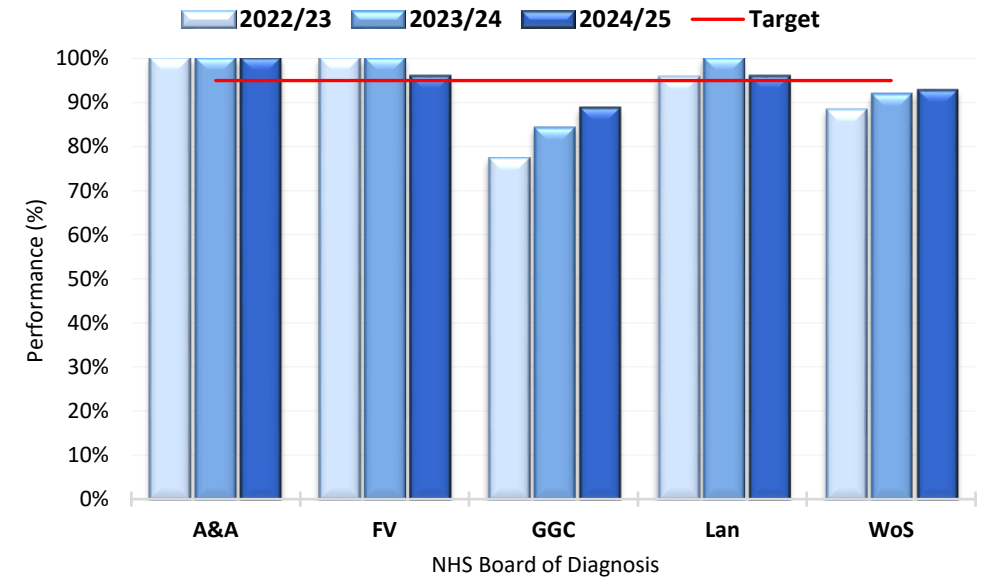
NHS Lanarkshire reported 44 cases without a documented PI-RADS score, mainly due to absence of targetable lesions, with a small number presenting with locally advanced or metastatic disease. Action has been taken to highlight missing PI-RADS documentation to reporting radiologists through quarterly reporting, resulting in improved compliance, with Q1 data for the next reporting period showing 100%. The MCN acknowledged the improving trend and will continue to monitor performance within the Board.

Action:

- **The MCN to continue monitoring QPI performance within NHS Lanarkshire.**

QPI 15: Low Burden Metastatic Disease

QPI 15 Title:	Patients presenting with metastatic prostate cancer should have their burden of disease assessed, and undergo radiotherapy where appropriate.
Specification (i):	Patients presenting with metastatic prostate cancer in whom burden of disease is assessed.
Numerator (i):	Number of patients presenting with metastatic prostate cancer in whom burden of disease is assessed.
Denominator (i):	All patients presenting with metastatic prostate cancer.
Exclusions:	No Exclusions
Target:	**95%**

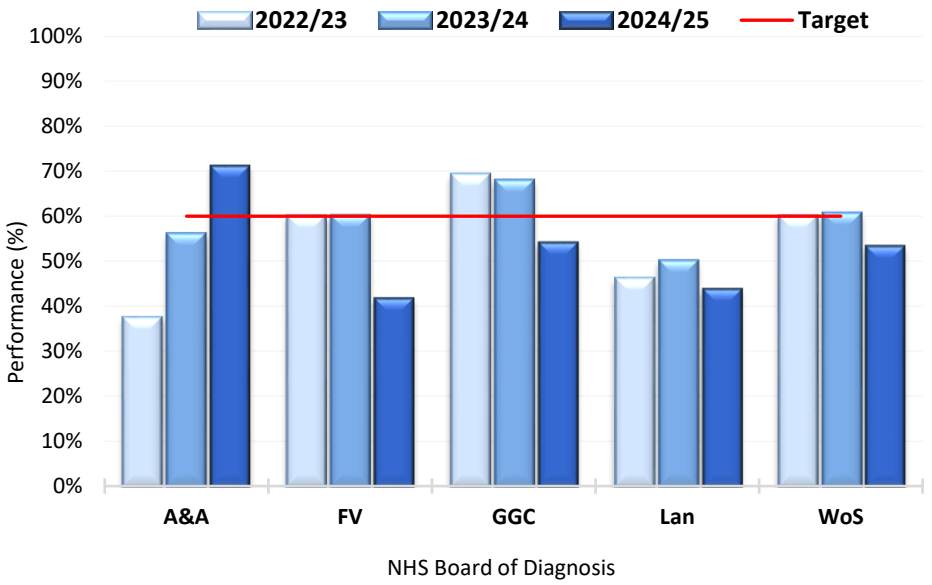


2024/25			
Board / Area	Performance (%)	Numerator	Denominator
A&A	100%	68	68
FV	96%	47	49
GGC	89%	196	221
Lan	96%	71	74
WoS	**93%**	**382**	**412**

Performance across the West of Scotland shows modest improvement compared with previous years but continues to fall short of the target. Although three Boards achieved the target, NHSGGC remained below target despite year-on-year improvement. Recording of disease burden within NHSGGC has improved; however, the variance in performance is primarily related to incomplete documentation of low versus high burden disease, with 25 cases lacking documented disease burden.

The implementation of the new MDT system is expected to support more consistent recording and improve performance going forward.

QPI 15 Title:	Patients presenting with metastatic prostate cancer should have their burden of disease assessed, and undergo radiotherapy where appropriate.
Specification (ii):	Patients presenting with metastatic prostate cancer who have a low metastatic burden that receive radiotherapy.
Numerator (ii):	Number of patients presenting with metastatic prostate cancer who have a low metastatic burden that receive radiotherapy
Denominator (ii):	All patients with metastatic prostate cancer who have a low metastatic burden.
Exclusions:	• Patients documented to have declined radiotherapy treatment.
Target:	**60%**



	2024/25		
Board / Area	Performance (%)	Numerator	Denominator
A&A	71%	15	21
FV	42%	5	12
GGC	54%	46	85
Lan	44%	14	32
WoS	**53%**	**80**	**150**

Regional performance declined compared with previous years to 53%, falling short of the target. NHS Ayrshire & Arran showed notable improvement meeting the target, while the other Boards' performance declined. However, variability in small denominators across some Boards limits meaningful comparison of performance.

Following case reviews, Boards reported that failure to meet the radiotherapy target was predominantly due to appropriate clinical decision-making, with treatment withheld in cases of frailty, co-morbidities, poor performance status, or where risks outweighed benefits. Other reasons for non-compliance included contraindications, advanced disease characteristics, patient death prior to treatment, or patients remaining under review or awaiting treatment decisions. NHS Lanarkshire noted that ongoing clinical review and documentation of non-treatment decisions is in place, with continued liaison between oncology teams to ensure appropriate justification.

The MCN noted significant variation in treatment proportions across Boards, unlikely to be explained solely by patient factors, and highlighted that sustained change would warrant further analysis and external review.

Action:

- **MCN to continue monitoring QPI performance across Boards. Should current trends or variation in performance persist in future reporting periods, further analysis will be undertaken to determine the underlying causes.**

Appendix 1: Meta Data

<table>
<tr><td>Report Title</td><td>Cancer Audit Report: Prostate Cancer Quality Performance Indicators</td></tr>
<tr><td>Time Period</td><td>Patients diagnosed between 01 July 2024 to 30 June 2025</td></tr>
<tr><td>QPI Version</td><td>Prostate Cancer QPIs V5.0 (April 2023) : Prostate cancer clinical quality performance indicators: April 2023 – Healthcare Improvement Scotland</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>Data extraction date</td><td>31 March 2026 (Cancer audit is a dynamic process with patient data continually being revised and updated as more information becomes available. This means that apparently comparable reports for the same time period and cancer site may produce different figures if extracted at different times.)</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>Cases from Audit 2024-25</td><td>463</td><td>338</td><td>1400</td><td>509</td><td>2710</td></tr>
<tr><td>Cases from Cancer registry (2020-24)</td><td>345</td><td>278</td><td>1139</td><td>455</td><td>2217</td></tr>
<tr><td>Case ascertainment</td><td>134.2%</td><td>121.6%</td><td>122.9%</td><td>111.9%</td><td>122.2%</td></tr>
</table>
</td></tr>
</table>