

**West of Scotland Cancer Network**

**Skin Cancer  
Managed Clinical Network**



# **Audit Report**

## **Cutaneous Melanoma Quality Performance Indicators**

**Clinical Audit Data: 1<sup>st</sup> July 2021 to 30<sup>th</sup> June 2022**

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# Cutaneous Melanoma QPI Overview

Patients diagnosed July 2021 - June 2022

Number of patients **673**

Median Age of Patients:

Male **70**

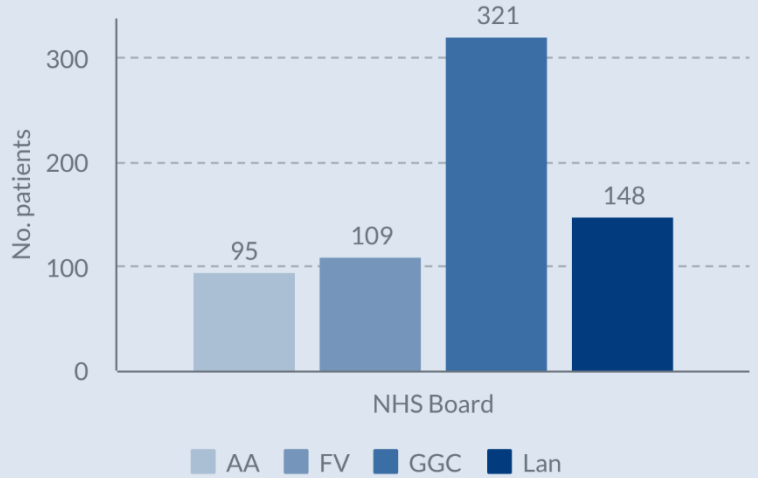
Female **63**

5 year survival<sup>5</sup>:

Male **92%**

Female **96%**

## Where are patients diagnosed



140

222

139

167

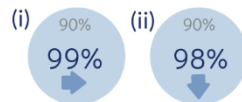
Head & Neck Trunk Arm/Hand Leg / Foot Other

## Site of Cutaneous Melanoma

## Performance (%)

Target Performance 2021-22  
Change from 2020-21

QPI 1: Diagnostic Biopsy



QPI 7: Time to Wide Local Excision



QPI 2: Pathology Reporting



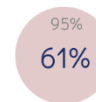
QPI 8: BRAF Status



QPI 3: MDT Meeting



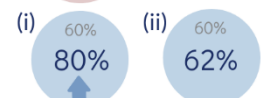
QPI 9: Imaging for Patients with Advanced Melanoma



QPI 4: Clinical Examination of Draining Lymph Node Basins



QPI 10: Systemic Therapy



QPI 5: Sentinel Node Biopsy Pathology



QPI 14: Sentinel Lymph Node Biopsy



QPI 6: Wide Local Excisions



### Key Achievements:

- 100% of patients with stage 1A disease being discussed at MDT (QPI 3i)
- Meeting the target of the new QPI on Sentinel Lymph Node Biopsies (QPI 14) across all Boards

### Areas for Improvement:

- Timely pathology reporting
- Streamlining patient pathway from diagnosis to WLE by collaboration between services and exploration of constraints
- Ensuring requests for imaging are made in a timely manner and with information to enable prioritisation

# Executive Summary

## Introduction

This report presents an assessment of the performance of West of Scotland (WoS) Skin Cancer Services using clinical audit data relating to patients diagnosed with cutaneous melanoma between 1<sup>st</sup> July 2021 and 30<sup>th</sup> June 2022.

In order to ensure the success of the Cancer QPIs in driving quality improvement in cancer care, QPIs will continue to be assessed for clinical effectiveness and relevance. Clinically led review aims to identify potential refinements to the current QPIs and involves key clinicians from each of the Regional Cancer Networks. The initial formal review of cutaneous melanoma QPIs took place in 2018 with a second cycle of review in 2021. Performance against these revised QPI definitions are reported for patients diagnosed in 2021-22 for the first time in this report.

## Results

A summary of the Cutaneous Melanoma QPI performance for the 2021/22 audit data is presented below, with a more detailed analysis of the results set out in the main report. Data are analysed by location of diagnosis and illustrate NHS Board performance against each target and overall regional performance for each performance indicator.

## Summary of QPI Performance

Key	
	Above Target Result
	Below Target Result
-	No comparable data for previous years

QPI	Target	Year	A&A**	FV	GGC	Lan	WoSCAN
<b>QPI 1(i): Diagnostic Biopsy</b>  Proportion of patients with cutaneous melanoma who have their initial diagnostic biopsy carried out by a skin cancer clinician – Patient with diagnostic excision biopsy as their initial procedure	90%	2021-22	99% (86/87)	100% (98/98)	99% (250/252)	100% (134/134)	99% (568/571)
		2020-21	99%	98%	100%	98%	99%
		2019-20	-	100%	99%	98%	99%
<b>QPI 1(ii): Diagnostic Biopsy*</b>  Proportion of patients with cutaneous melanoma who have their initial diagnostic biopsy carried out by a skin cancer clinician – Patients with diagnostic partial biopsy as their initial procedure	90%	2021-22	100% (5/5)	91% (10/11)	98% (60/61)	100% (9/9)	98% (84/86)
		2020-21	100%	83%	100%	100%	99%
		2019-20	-	100%	100%	100%	100%
<b>QPI 2: Pathology Reporting</b>  Proportion of patients with cutaneous melanoma who undergo diagnostic excision biopsy where the surgical pathology report contains a full set of data items (as defined by the current Royal College of Pathologists dataset)	90%	2021-22	99% (85/86)	92% (91/99)	99% (259/261)	96% (132/137)	97% (567/583)
		2020-21					
		2019-20					
<b>QPI 3(i): Multi-Disciplinary Team Meeting (MDT)</b>  Proportion of patients with stage IA cutaneous melanoma who are discussed at a MDT meeting	95%	2021-22	100% (37/37)	100% (47/47)	100% (122/122)	100% (57/57)	100% (263/263)
		2020-21					
		2019-20					
<b>QPI 3(ii): Multi-Disciplinary Team Meeting (MDT)</b>  Proportion of patients with stage IB and above cutaneous melanoma who are discussed at a MDT meeting before definitive treatment	95%	2021-22	87% (46/53)	95% (59/62)	95% (186/196)	91% (83/91)	93% (374/402)
		2020-21					
		2019-20					
<b>QPI 4: Clinical Examination of Draining Lymph Nodes</b>  Proportion of patients with cutaneous melanoma undergoing clinical examination of relevant draining lymph node basins as part of clinical staging.	95%	2021-22	100% (95/95)	80% (87/109)	93% (300/321)	91% (135/148)	92% (617/673)
		2020-21	92%	66%	88%	97%	88%
		2019-20	-	63%	90%	94%	87%

QPI	Target	Year	A&A**	FV	GGC	Lan	WoSCAN
<b>QPI 5: Sentinel Node Biopsy Pathology*</b>  Proportion of patients with cutaneous melanoma who undergo SNB where the SNB report contains a full set of data items (as defined by the current Royal College of Pathologists dataset).	90%	2021-22	94% (33/35)	100% (48/48)	100% (94/94)	95% (42/44)	98% (217/221)
		2020-21					
		2019-20					
<b>QPI 6: Wide Local Excisions</b>  Proportion of patients with cutaneous melanoma who undergo a wide local excision, following diagnostic excision or partial biopsy.	95%	2021-22	96% (80/83)	96% (105/109)	98% (301/308)	96% (134/139)	97% (620/639)
		2020-21					
		2019-20					
<b>QPI 7 (i): Time to Wide Local Excision</b>  Proportion of patients with cutaneous melanoma where diagnostic biopsy is reported within 21 days	90%	2021-22	23% (20/87)	55% (60/109)	81% (254/312)	83% (119/143)	70% (453/651)
		2020-21					
		2019-20					
<b>QPI 7 (ii): Time to Wide Local Excision</b>  Proportion of patients with cutaneous melanoma where wide local excision is undertaken within 63 days of diagnostic biopsy reporting	90%	2021-22	53% (44/83)	69% (71/103)	83% (253/303)	57% (76/134)	71% (444/623)
		2020-21					
		2019-20					
<b>QPI 8: BRAF Status*</b>  Proportion of patients with stage III or IV cutaneous melanoma who have their BRAF status checked	90%	2021-22	-	100% (12/12)	100% (37/37)	95% (19/20)	99% (68/69)
		2020-21					
		2019-20					
<b>QPI 9: Imaging for Patients with Advanced Melanoma</b>  Proportion of patients with pathologically confirmed stage IIC and above cutaneous melanoma who undergo CT or PET CT within 35 days of pathology report being issued	95%	2021-22	88% (7/8)	37% (7/19)	75% (43/57)	46% (16/35)	61% (73/119)
		2020-21					
		2019-20					
<b>QPI 10(i): Systemic Therapy*</b>  Proportion of patients with unresectable stage III or IV cutaneous melanoma undergoing SACT	60%	2021-22	-	-	-	-	80% (4/5)
		2020-21	-	-	-	75%	67%
		2019-20	-	-	-	60%	78%

QPI	Target	Year	A&A**	FV	GGC	Lan	WoSCAN
<b>QPI 10(ii): Systemic Therapy*</b>  Proportion of patients with resected stage III or IV cutaneous melanoma undergoing adjuvant SACT	60%	2021-22	-	33% (4/12)	75% (24/32)	59% (10/17)	62% (38/61)
		2020-21					
		2019-20					
<b>QPI 14: Sentinel Lymph Node Biopsy</b>  Proportion of patients with stage pT1b (with either a mitotic rate of $\geq 2/\text{mm}^2$ or lymphovascular invasion) and stage pT2 and above cutaneous melanoma that undergo SLNB	45%	2021-22	70% (30/43)	70% (38/54)	51% (87/172)	54% (43/80)	57% (198/349)
		2020-21					
		2019-20					

*\*Small numbers in some Boards - percentage comparisons over a single year should be viewed with caution.*

*\*\* Ayrshire & Arran Results excluded from Board and Regional performance for 2019-20 as audit incomplete*

## Conclusions

Cancer audit data underpins much of the 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. The Skin Cancer MCN remains committed to improve the quality and completeness of clinical audit data to ensure continued robust performance assessment and the identification of areas for service improvement.

The Skin Cancer MCN is encouraged by the results presented in this report which demonstrate that patients with cutaneous melanoma in the WoS continued to receive a high standard of care in spite of the pressures due to the COVID-19 pandemic.

The results presented within this report continue to illustrate that some of the QPI targets set have remained challenging for NHS Boards to achieve and there remains room for further service improvement. These continue to be around documentation of the examination of lymph node basins, time to wide local excision and time to CT/PET CT. However it is encouraging that targets relating to diagnostic biopsy, BRAF status and systemic therapy for unresectable patients were consistently met by all Boards in this reporting period. Reflecting the changing management of melanoma, QPI 14 was introduced for the first time this year looking at sentinel lymph node biopsies and all NHS Boards have met the target.

Some variance in performance does exist across the regions and, as per the agreed Regional governance process, each NHS Board was asked to complete a Performance Summary Report, providing a documented response where performance was below the QPI target. NHS Boards have provided detailed comments indicating valid clinical reasons or that, in some cases, patient choice or co-morbidities have influenced patient management. Amendments to the QPI definitions have now been agreed following the second Formal Review of Cutaneous Melanoma QPIs and these revised definitions will be reported from the next reporting period.

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 Appendix 3.

### Action Required:

- **MCN to propose that QPI 3ii is amended at the next Formal Review to take into account patients where diagnostic biopsy is also definitive treatment.**
- **NHS Forth Valley, NHSGGC and NHS Lanarkshire to provide an update on actions taken to encourage clinicians to record clinical examination of draining lymph node basins to the MCN.**
- **All Boards to review all aspects of the clinical pathway pertaining to pathology, including adequate clinical information, triage of samples and availability of pathology resource, in order to improve turnaround times and optimise the quality of pathology reporting.**
- **NHS Ayrshire & Arran to report to the MCN on the outcome of the shared review of pathway between plastic surgery and dermatology services.**
- **NHS Lanarkshire to review current practice regarding access to theatres for patients requiring surgery for melanoma, identifying any barriers that are resulting in delays and actions required to resolve these.**
- **NHSGGC to feed back to MCN results of plastic surgery team reviews of clinical capacity for new melanoma diagnoses and theatre allocations for melanoma patients.**
- **NHSGGC to report to MCN on discussions on collaboration between dermatology services and plastic surgery on patient pathways.**



- **MCN to coordinate regional discussion with radiology services on the patient pathway for CT imaging in light of performance against QPI 9, the recent publication of the national follow-up guideline and the approval of new adjuvant regimens.**

NHS Boards are asked to develop local Action/Improvement Plans in response to the findings presented in the report. **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 (RCOG).

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

## Introduction

This report contains an assessment of the performance of West of Scotland (WoS) Skin Cancer Services using clinical audit data relating to patients diagnosed with cutaneous melanoma between 1<sup>st</sup> July 2021 and 30<sup>th</sup> June 2022. These audit data underpin much of the regional development/service improvement work of the Managed Clinical Network (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.

Twelve months of data were measured against the Cutaneous Melanoma Quality Performance Indicators (QPIs)<sup>1</sup> for the eighth consecutive year following the initial Healthcare Improvement Scotland (HIS) publication of cutaneous melanoma QPIs in 2014.

In order to ensure the success of the Cancer QPIs in driving quality improvement in cancer care, QPIs will continue to be assessed for clinical effectiveness and relevance. Formal reviews of cutaneous melanoma QPIs took place in 2018 and 2021; QPIs are reported within this report using the revised definitions from the 2<sup>nd</sup> formal review for the first time.

## 1. Background

Four NHS Boards serve the 2.5 million population of the WoS<sup>2</sup>. In 2021-22, 673 cases of cutaneous melanoma were reported through audit as diagnosed in the region. The multi-disciplinary team (MDT) configuration for services in the region is detailed below.

MDT	Constituent Hospital(s)
Ayrshire & Arran	University Hospital Crosshouse, University Hospital Ayr
Clyde	Royal Alexandra Hospital, Inverclyde Royal Hospital
WACH	West Glasgow Ambulatory Care Hospital, Vale of Leven Hospital
North-South Glasgow	Glasgow Royal Infirmary, Stobhill Hospital, Queen Elizabeth University Hospital, New Victoria Hospital
Forth Valley	Forth Valley Royal Hospital
Lanarkshire	University Hospital Wishaw, University Hospital Monklands
Beatson West of Scotland Cancer Centre (Regional MDT)	Takes referrals from all units in the West of Scotland

The regional skin cancer MDT is co-ordinated from the Beatson West of Scotland Cancer Centre (BWoS<sup>3</sup>CC). It receives referrals from all units in the WoS; it discusses all stage III or IV cutaneous melanomas and other patients considered for adjuvant therapy as well as complex non-melanoma skin cancers.

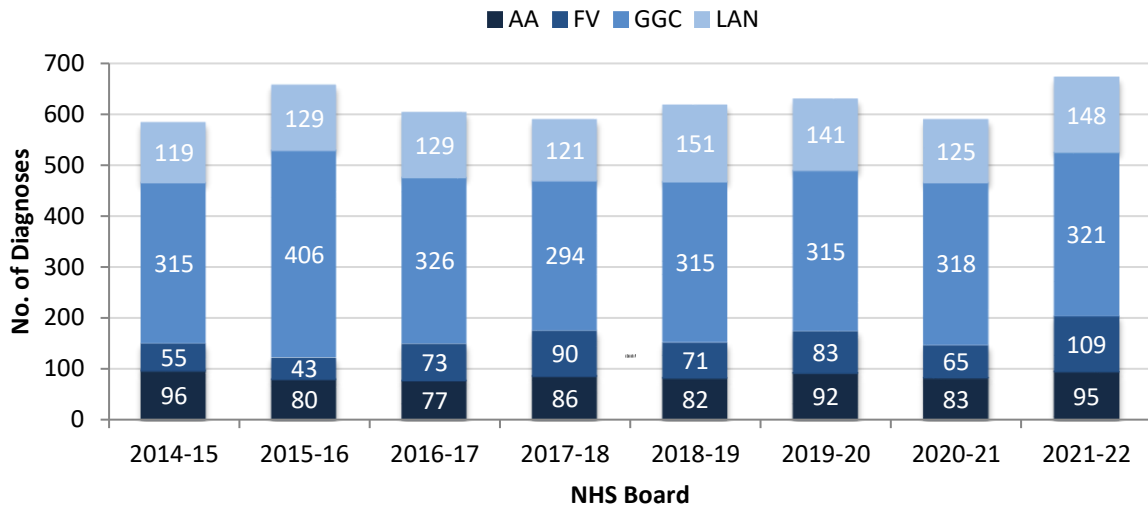
### 1.1 National Context

In the ten years from 2010 to 2020, the incidence of malignant melanoma of the skin has increased by 5.2% in all persons<sup>3</sup>. This reflects an increase incidence of 8.8% in males and of 1.2% in females<sup>3</sup>. Overall, malignant melanoma was the sixth most common cancer in Scotland in 2020 with 1,180 new cases diagnosed in this year<sup>3</sup>. This increase is, in the main, attributed to increased exposure to sunlight, both natural and artificial, with the trend in increased sun bed use and more people tending to holiday abroad<sup>4</sup>.

Whilst the incidence of malignant melanoma is increasing, survival from the disease is also improving with an increase in the five-year age-standardised relative survival for malignant melanoma from 80.3% in 1993-97 to 91.8% in 2013-17 in males, and 88.9% to 95.5% in females for the same period<sup>5</sup>.

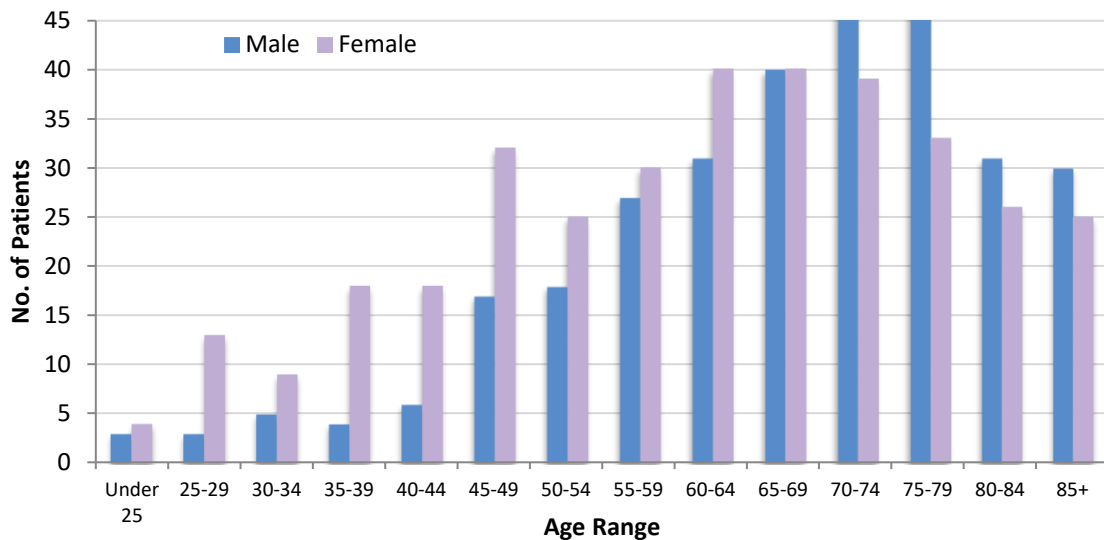
### 1.2 West of Scotland Context

In the WoS, a total of 673 new cases of cutaneous melanoma were recorded through audit between 1<sup>st</sup> July 2021 and 30<sup>th</sup> June 2022. The number of patients diagnosed within each NHS Board is presented below. As the largest WoS Board, approximately half of all new cases of cutaneous melanoma were diagnosed in NHS Greater Glasgow and Clyde (NHSGGC) which is in line with population estimates for this Board.



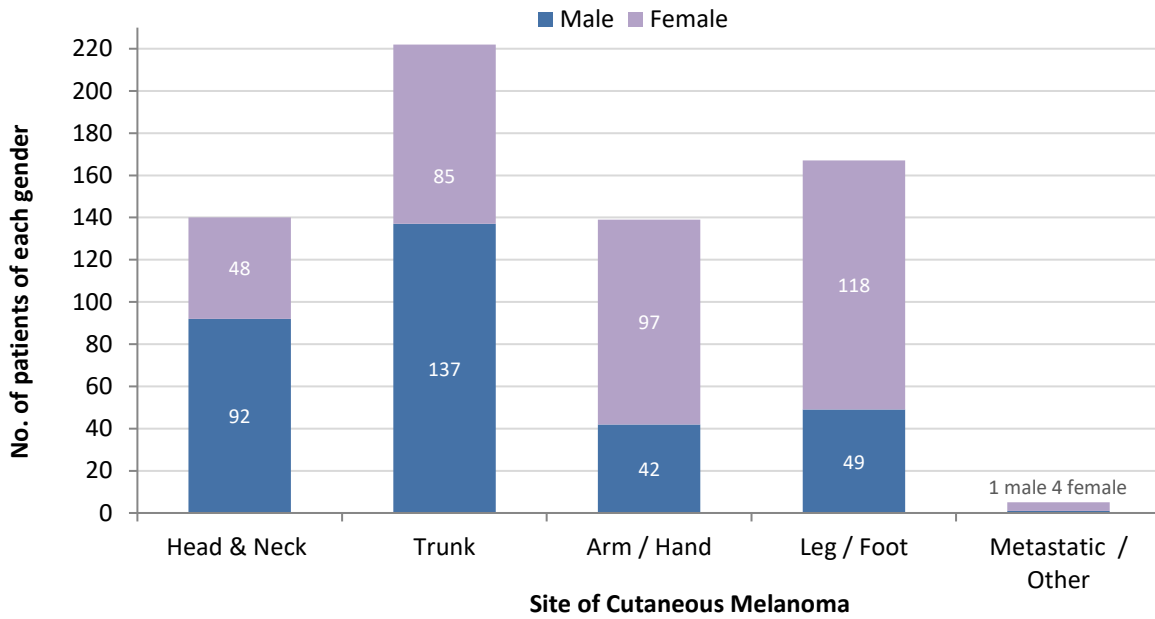
### Age and Gender

The number of patients diagnosed in 2021-22 is shown below by age and gender. Of the 673 patients diagnosed with cutaneous melanoma, 48% of patients were male and 52% female. Incidence of cutaneous melanoma was higher in males for those over the age of 70, whereas the incidence was higher in females in patients below 65 years of age.



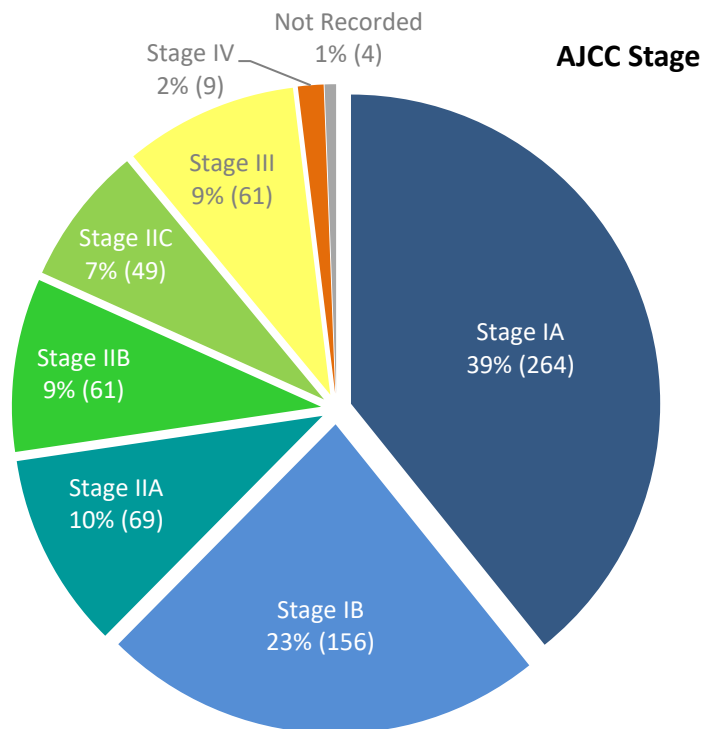
### Site of Cutaneous Melanoma

The clinical site of melanomas diagnosed in the WoS in 2021-22 is presented by gender in the figure below. Differences in gender can be seen with males more likely to have melanomas located on the head & neck and trunk, whereas females are more likely to have melanomas located on the upper and lower limbs.



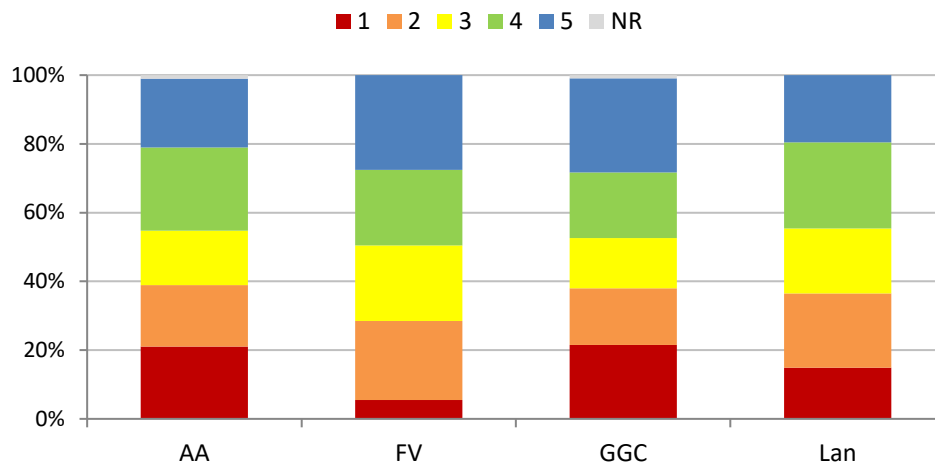
### Stage

The AJCC stage of patients diagnosed in the WoS in 2021-22 is presented below, indicating that the majority of patients (62%) present with Stage I disease and numbers with advanced disease were relatively small. Stage was not recorded for 4 patients (1%).



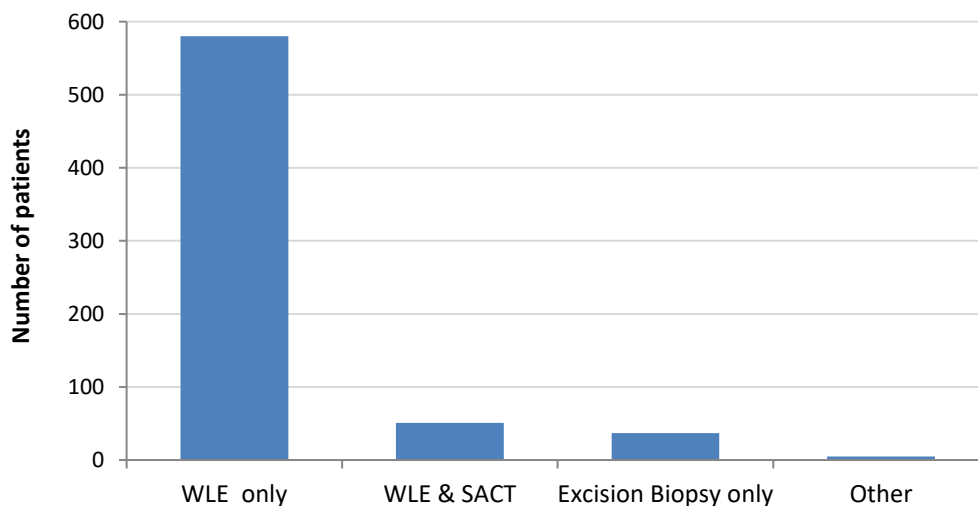
### Deprivation Index

The Scottish Index of Multiple Deprivation (SIMD) 2020 quintiles for patients diagnosed with cutaneous melanoma during 2021-22 are shown below; with 1 equating to the most deprived postcodes and 5 equating to the least deprived.



### Treatment

The figure below shows the treatment received by patients diagnosed in the WoS in 2021-22. Wide local excision (WLE) without Systemic Anti Cancer Therapy (SACT) was the most common treatment (86% of patients). Much smaller numbers of patients had a WLE with SACT or only had an excision biopsy with no WLE.



## 2. Methodology

Further detail on the audit and analysis methodology and data quality is available in the meta data within appendix 1.

## 3. Results and Action Required

Results of the analysis of Cutaneous Melanoma QPIs are set out in the following sections. Data are presented by location of diagnosis and illustrate NHS Board performance against each target and overall regional performance for each performance indicator.

Where the number of cases meeting the denominator criteria for any indicator is between one and four, the percentage calculation has not been shown on any associated charts or tables. This is to avoid any unwarranted variation associated with small numbers and to minimise the risk of disclosure. Any charts or tables impacted by this restricted data are denoted with a dash (-). An asterisk (\*) is used to specify a denominator of zero. Any commentary provided by NHS Boards relating to the impacted indicators will however be included as a record of continuous improvement.

Specific regional and NHS Board actions have been identified to address issues highlighted through the data analysis.

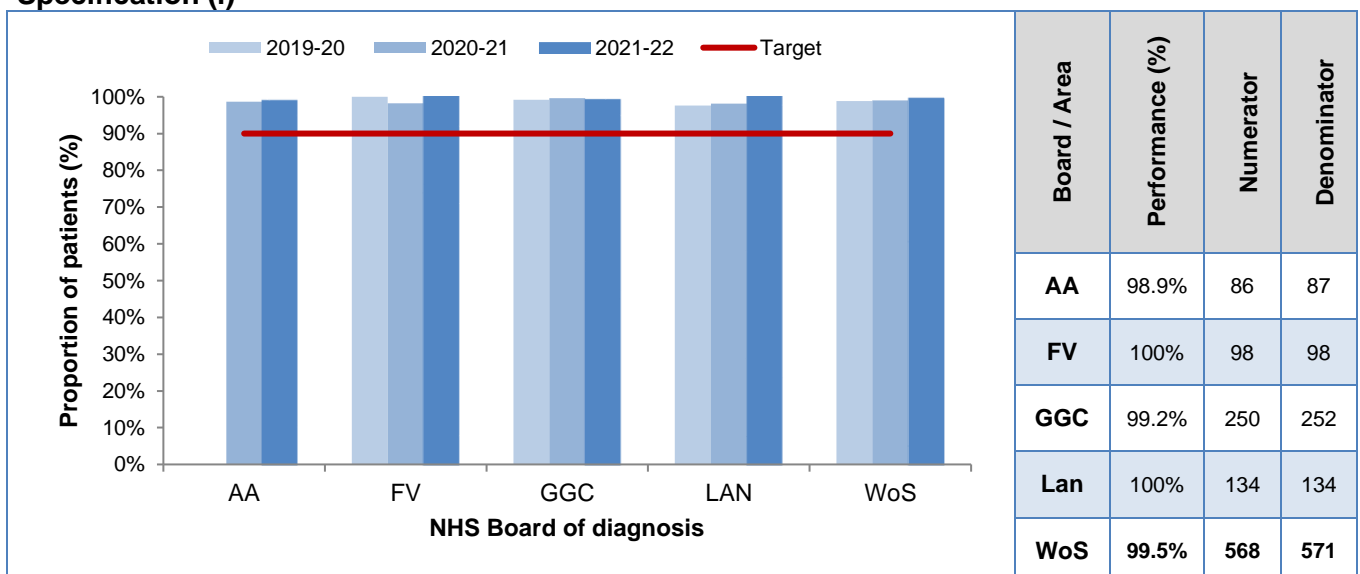
## QPI 1: Excision Biopsy

The initial biopsy is important for both diagnosis and pathological staging. Evidence has shown an excision biopsy to be the most appropriate procedure as it allows accurate evaluation of tumour thickness and other prognostic factors<sup>1</sup>.

If melanoma is suspected, an excision biopsy should be carried out to ensure the melanoma is completely removed, except in rare circumstances where an incision or shave biopsy may be a more appropriate initial procedure due to location or size of lesion. Patients suspected of having melanoma should be referred to secondary care to have their excision biopsy carried out by someone with specialist experience in melanoma<sup>1</sup>.

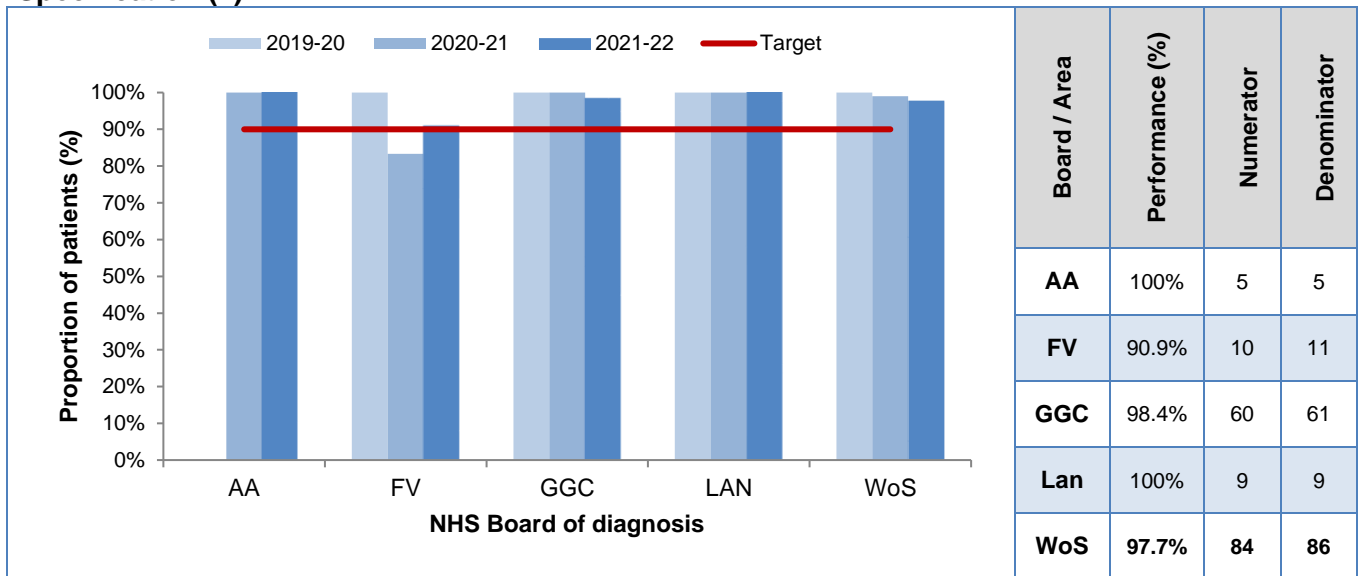
<b>Description:</b>	Proportion of patients with cutaneous melanoma who have their initial diagnostic biopsy carried out by a skin cancer clinician*.	
<b>Numerator:</b>	(i)	Number of patients with cutaneous melanoma undergoing diagnostic excision biopsy as their initial procedure who had this carried out by a skin cancer clinician*.
	(ii)	Number of patients with cutaneous melanoma undergoing diagnostic partial biopsy as their initial procedure who had this carried out by a skin cancer clinician*.
<b>Denominator:</b>	(i)	All patients with cutaneous melanoma undergoing diagnostic excision biopsy as their initial procedure.
	(ii)	All patients with cutaneous melanoma undergoing diagnostic partial biopsy as their initial procedure.
<b>Exclusions:</b>	No exclusions.	
<b>Target:</b>	<b>90%</b>	
<b>*Please note: a skin cancer clinician can be defined as a:</b>	<ul style="list-style-type: none"> <li>• Dermatologist;</li> <li>• Plastic Surgeon;</li> <li>• Oral and Maxillofacial Surgeon, or</li> <li>• A locally designated clinician with a special interest in skin cancer, who is also a member (or under the supervision of a member) of the melanoma MDT.</li> </ul>	

### Specification (i)



For specification (i) the QPI target of 90% has been comfortably met by all NHS Boards over the last three years. The overall regional performance for the WoS was 99.5%.

### Specification (ii)

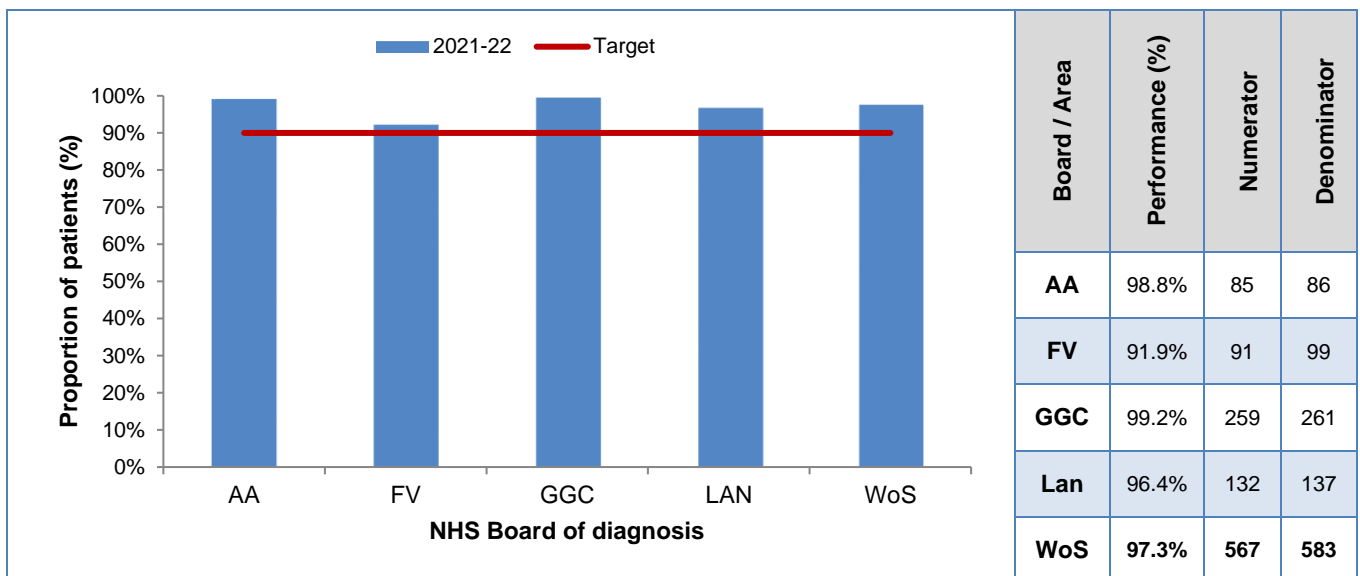


For specification (ii) the QPI target of 90% has also been met by all NHS Boards in 2020-21, with an overall regional performance for WoSCAN of 97.7%.

## QPI 2: Pathology Reporting

To allow treatment planning to take place for patients diagnosed with cutaneous melanoma, prognostic information from the primary excision biopsy is needed. The use of datasets improves the completeness of data in pathology reports<sup>1</sup>.

<b>Description:</b>	Proportion of patients with cutaneous melanoma who undergo diagnostic excision biopsy where the surgical pathology report contains a full set of data items (as defined by the current Royal College of Pathologists dataset).
<b>Numerator:</b>	Number of patients with cutaneous melanoma undergoing diagnostic excision biopsy where the surgical pathology report contains a full set of data items (as defined by the current Royal College of Pathologists dataset).
<b>Denominator:</b>	All patients with cutaneous melanoma undergoing diagnostic excision biopsy.
<b>Exclusions:</b>	No exclusions.
<b>Target:</b>	<b>90%</b>



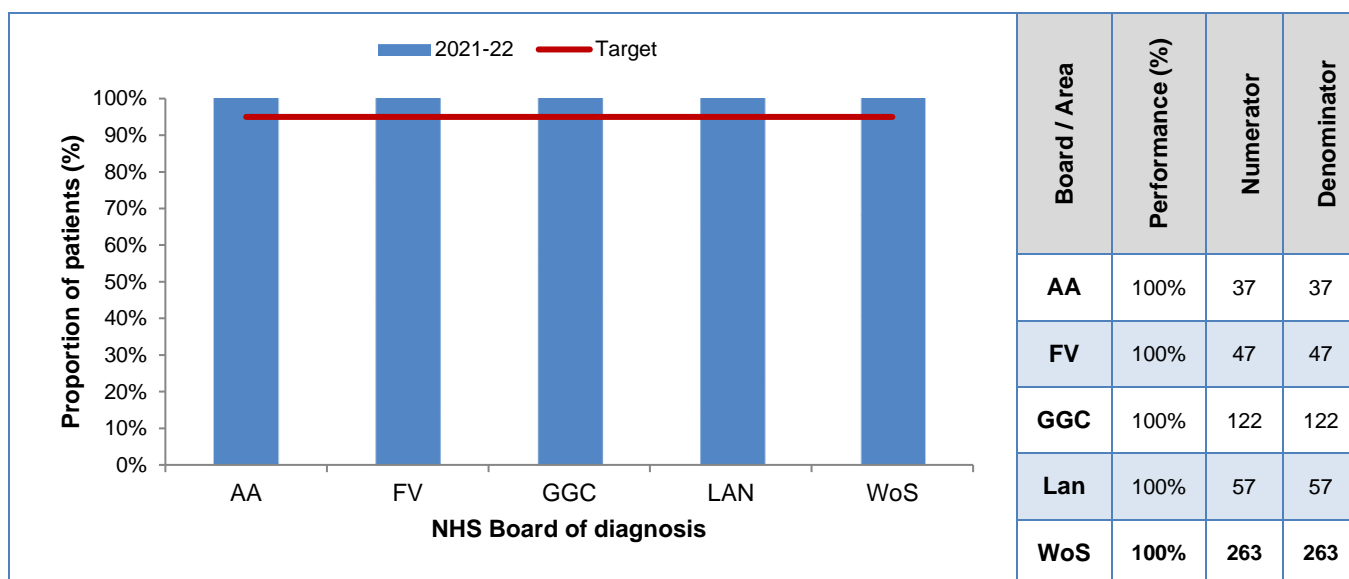
Results for 2021-22 are not compared with that from previous years due to updates in the definition of whether the surgical pathology report contains a full set of data items, in line with updates to the Royal College of Pathologists dataset. The QPI target of 90% was met by all NHS Boards and at a regional level with performance of 97.3%.



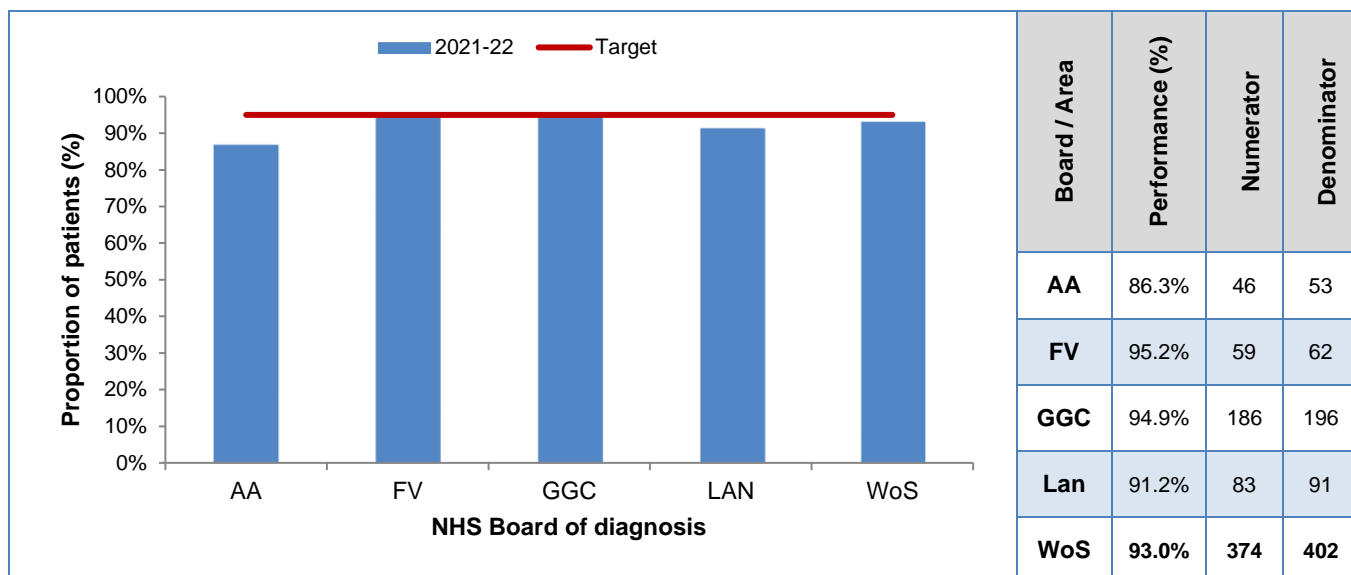
### QPI 3: Multi-Disciplinary Team Meeting (MDT)

Evidence suggests that patients with cancer managed by a multi-disciplinary team have a better outcome. There is also evidence that the multi-disciplinary management of patients increases their overall satisfaction with their care. Discussion prior to definitive treatment decisions provides reassurances that patients are being managed appropriately<sup>1</sup>.

<b>Description:</b>	Proportion of patients with cutaneous melanoma who are discussed at MDT meeting before definitive treatment.  The specifications of this QPI are separated to ensure clear measurement of both: <ul style="list-style-type: none"> <li>(i) Patients with stage IA cutaneous melanoma who are discussed at a MDT meeting; and</li> <li>(ii) Patients with stage IB and above cutaneous melanoma who are discussed at a MDT meeting before definitive treatment.</li> </ul>
<b>Numerator:</b>	<ul style="list-style-type: none"> <li>(i) Number of patients with stage IA cutaneous melanoma discussed at the MDT meeting.</li> <li>(ii) Number of patients with stage IB and above cutaneous melanoma who are discussed at the MDT meeting before definitive treatment (wide local excision, chemotherapy/SACT, supportive care and radiotherapy)</li> </ul>
<b>Denominator:</b>	<ul style="list-style-type: none"> <li>(i) All patients with stage IA cutaneous melanoma.</li> <li>(ii) All patients with stage IB and above cutaneous melanoma.</li> </ul>
<b>Exclusions:</b>	<ul style="list-style-type: none"> <li>(i) No exclusions</li> <li>(ii) Patients who died before first treatment.</li> </ul>
<b>Target:</b>	<b>95%</b>



This QPI has been amended so that patients with stage IA disease are now reported separately and do not require MDT discussion before treatment. Due to the QPI definition amendments, results are not comparable to those from previous years. For specification (i), all patients diagnosed with Stage IA cutaneous melanoma in WoSCAN in 2021-22 were discussed at an MDT meeting, resulting in a QPI performance of 100% at a regional level and for all Boards, meeting the 95% target.



For specification (ii), 374 of the 402 patients with stage IB cutaneous melanoma and above were discussed at the MDT meeting before definitive treatment; at 93.0% of patients this is below the target of 95%. NHS Forth Valley, met the target, as did NHSGGC when performance is rounded up.

Boards have reviewed cases where patients were not discussed before definitive treatment; only one patient was not discussed at MDT while the vast majority were discussed at MDT after definitive treatment. Those that had definitive treatment prior to MDT discussion fell into two groups, those patients that did not progress to WLE due to patient choice or clinical factors, and therefore their diagnostic biopsy was also their definitive treatment, and those that had further treatment following their diagnostic biopsy (such as WLE) prior to MDT discussion. In NHSGGC, some patients may have had WLE prior to MDT discussion due to a recent change in service configuration and practice; further discussion is required to ensure that patients are discussed appropriately at MDT within the Board.

As the vast majority of patients were discussed at MDT and treatment decisions were considered appropriate on review, then no specific actions are required other than to be cognisant of this QPI and try to ensure that patients are discussed at MDT before treatment wherever possible. In addition the MDT process is currently under review across the region.

Currently patients will not meet this QPI where diagnostic biopsy is considered to be definitive treatment; therefore it may be appropriate to consider how these patient are reported at the next Formal Review.

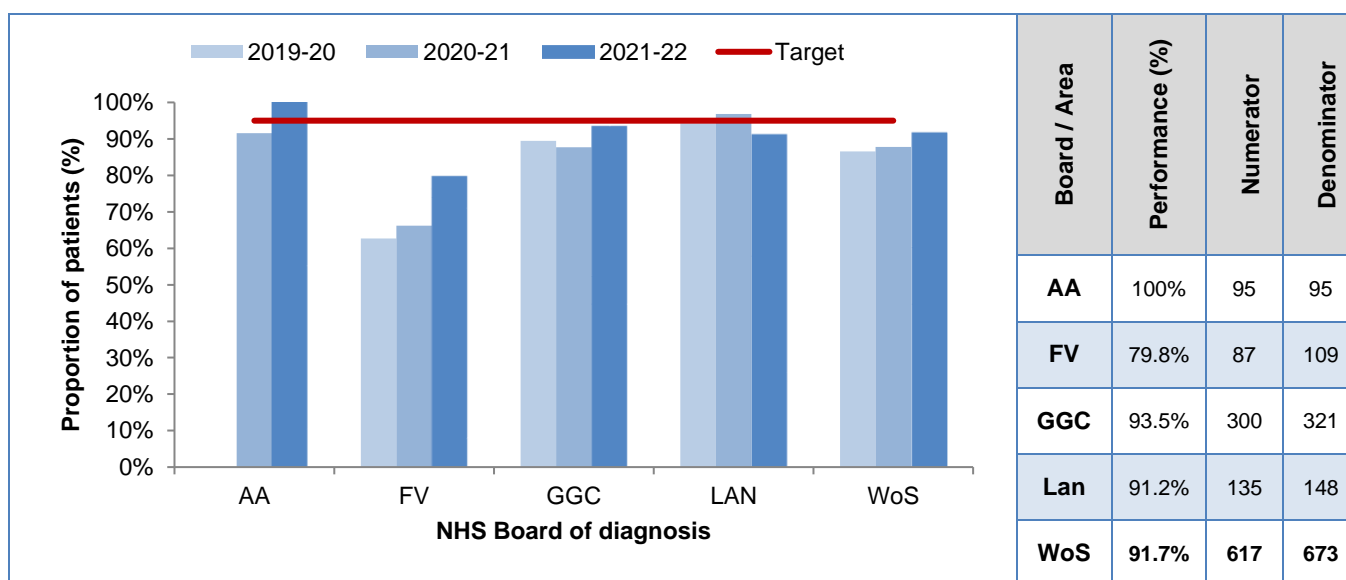
**Action Required:**

- **MCN to propose that QPI 3ii is amended at the next Formal Review to take into account patients where diagnostic biopsy is also definitive treatment.**

## QPI 4: Clinical Examination of Draining Lymph Node Basins

Scottish Intercollegiate Guidelines Network reports the examination of regional lymph node basins as an important aspect of the clinical evaluation of patients with cutaneous melanoma as the presence of nodal metastasis is an important predictor of outcome and prognosis<sup>1</sup>.

<b>Description:</b>	Proportion of patients with cutaneous melanoma undergoing clinical examination of relevant draining lymph node basins as part of clinical staging.
<b>Numerator:</b>	Number of patients with cutaneous melanoma who undergo clinical examination of relevant draining lymph node basins as part of clinical staging.
<b>Denominator:</b>	All patients with cutaneous melanoma.
<b>Exclusions:</b>	No exclusions.
<b>Target:</b>	<b>95%</b>



NHS Ayrshire & Arran was the only NHS Board to meet the 95% target for 2021/22 with regional performance of 91.7%. As in previous years, performance in NHS Forth Valley was lower than in other NHS Boards, although performance in this Board has improved over recent years.

Examination of regional lymph nodes is universally agreed to be a key part of the assessment of patients with melanoma. Review of cases where clinical examination of lymph nodes was not recorded indicates that examinations are likely being undertaken before WLE but not recorded. All NHS Boards not meeting this QPI have previously taken steps to increase awareness of the need for recording lymph node examinations among clinicians, which has likely resulted in the improvements seen to date. Boards continue to encourage recording:

- Within NHS Forth Valley posters have now been placed in all consulting rooms to remind clinicians to examine nodes in patients with suspected melanoma and individual clinicians are also being reminded to record these data.
- Within NHSGGC clinicians who have not been recording lymph node examinations will be reminded of the need to record these. The need for the examination of lymph nodes to be recorded will also be highlighted at audit and governance meetings with both Dermatology and Plastic Surgery teams.
- NHS Lanarkshire has reviewed patients not meeting the QPI and identified that results are not due to the actions of a single clinician. The Board has reminded all clinicians of the importance of documenting lymph node examinations.

It is anticipated that continued reminders about recording of lymph node examination at a national, regional and Board level will result in continued improvement in performance against this QPI. In addition a new data item for the examination of lymph node basins will be added into the skin cancer MDT dataset which is currently being developed as part of a regional MDT improvement programme. This should further improve performance against this QPI across the region. NHS Forth Valley, NHSGGC and NHS Lanarkshire should provide an update on actions undertaken to encourage clinicians to record clinical examination of lymph nodes to the MCN; this will allow the MCN to consider regional roll-out of the most effective measures to improve recording.

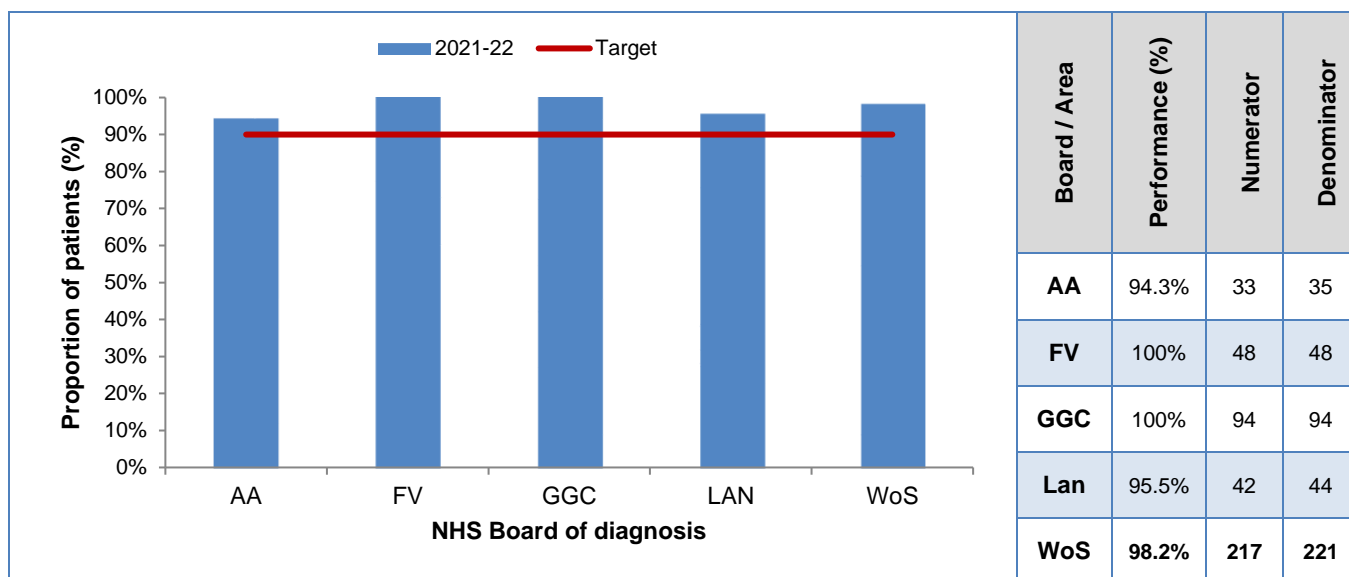
**Action Required:**

- **NHS Forth Valley, NHSGGC and NHS Lanarkshire to provide an update on actions taken to encourage clinicians to record clinical examination of draining lymph node basins to the MCN.**

## QPI 5: Sentinel Node Biopsy Pathology

Evidence suggests Sentinel Node Biopsy (SNB) reports should be carried out in a standardised way so that findings between centres are comparable. The importance of meticulous diagnosis and reporting has been outlined by Royal College of Pathologists; histological parameters play a major role in defining patient treatment<sup>1</sup>.

<b>Description:</b>	Proportion of patients with cutaneous melanoma who undergo SNB where the SNB report contains a full set of data items (as defined by the current Royal College of Pathologists dataset).
<b>Numerator:</b>	Number of patients with cutaneous melanoma undergoing SNB, where the SNB report contains a full set of data items (as defined by the current Royal College of Pathologists dataset).
<b>Denominator:</b>	All patients with cutaneous melanoma undergoing SNB.
<b>Exclusions:</b>	No exclusions.
<b>Target:</b>	<b>90%</b>



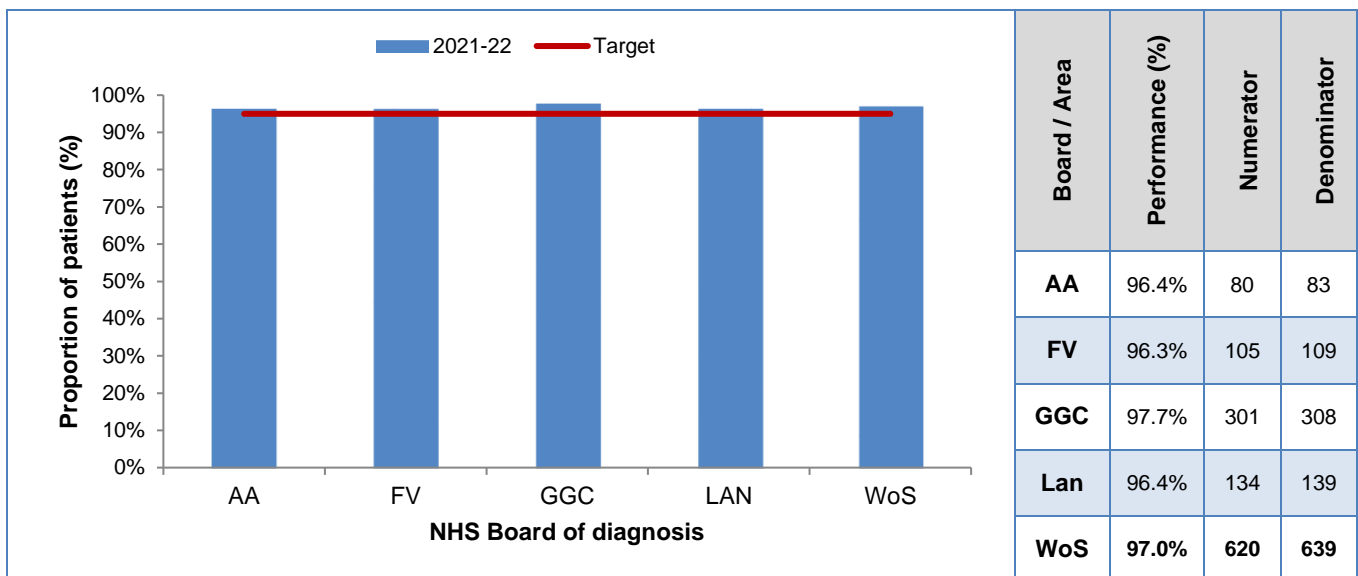
Results for 2021-22 are not compared with that from previous years due to updates in the definition of whether the surgical pathology report contains a full set of data items, in line with updates to the Royal College of Pathologists dataset. For QPI, 5 the target of 90% was met by all NHS Boards in 2021-22 with an overall regional performance of 98.2%.

## QPI 6: Wide Local Excisions

Surgical excision is an effective cure for primary cutaneous melanoma. The lesion is initially removed for histological diagnosis and assessment of tumour depth. A further excision is carried out to minimise the risk of local recurrence. Studies have shown the importance of removing the tumour and a margin of healthy skin<sup>1</sup>.

The standard treatment for primary cutaneous melanoma is wide local excision of the skin and subcutaneous tissues around the melanoma. Treatment for melanoma aims to achieve histological free margins with low likelihood of local recurrence or persistent disease<sup>1</sup>.

<b>Description:</b>	Proportion of patients with cutaneous melanoma who undergo a wide local excision, following diagnostic excision or partial biopsy.
<b>Numerator:</b>	Number of patients with cutaneous melanoma undergoing diagnostic excision or partial biopsy who undergo a wide local excision.
<b>Denominator:</b>	All patients with cutaneous melanoma undergoing diagnostic excision or partial biopsy.
<b>Exclusions:</b>	Patients who require no wide local excision as agreed by MDT.
<b>Target:</b>	95%



QPI 6 was amended at the formal review to exclude patients where the MDT agreed that no WLE was required; consequently results for 2021-22 are not comparable to those from previous years. The 95% target for this QPI was met by all NHS Boards in the WoS with an overall performance of 97.0%.

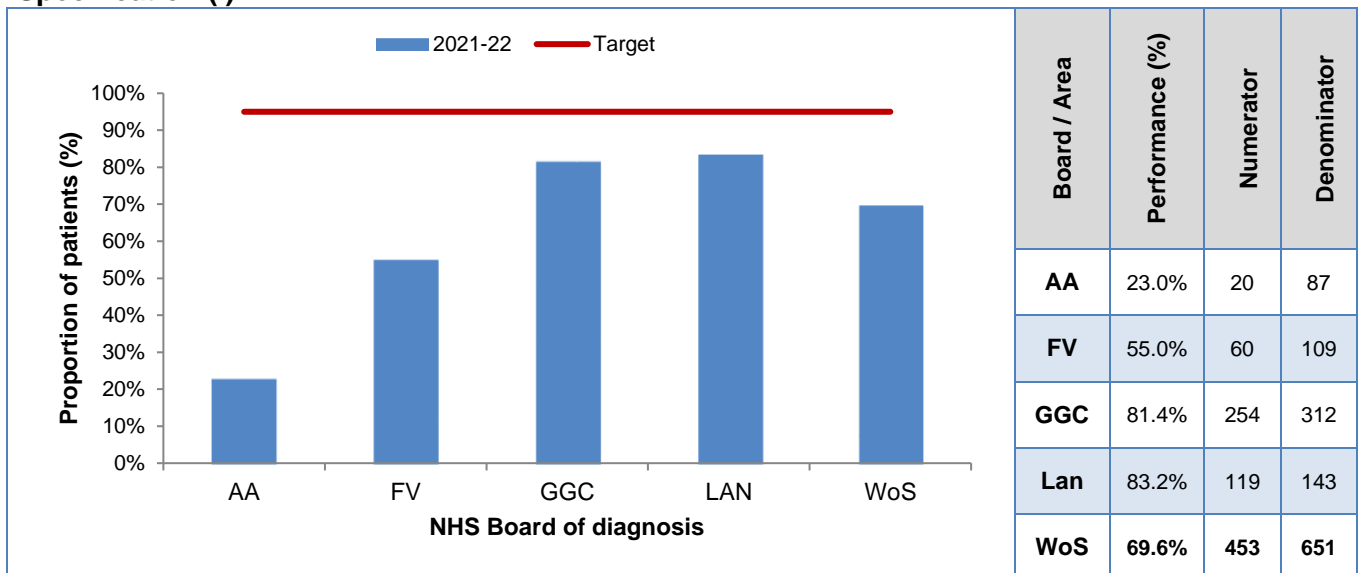
Additional analysis indicated that 11 patients were excluded from this QPI as the MDT agreed that no WLE was required, with no notable variation in the proportion of patients excluded across the 4 WoSCAN Boards.

## QPI 7: Time to Wide Local Excision

It is important that patients with cutaneous melanoma undergo surgical excision as soon as possible. There is no clear consensus from clinical literature on the most appropriate timeframe for wide local excision however studies have found that delays in receiving definitive treatment can have an unfavourable impact within a number of cancer types. The Cutaneous Melanoma QPI review group has agreed that 21 days is the most appropriate timeframe in which to report diagnostic biopsy with a further 63 days to undertake wide local excision. This is based on clinical consensus and current best practice<sup>1</sup>.

<b>Description:</b>	Proportion of patients with cutaneous melanoma who undergo their wide local excision within 84 days of their diagnostic biopsy.  Please note: Rather than an overall timeframe, this QPI measures two distinct elements of the pathway: (i) Diagnostic biopsy reported within 21 days; and (ii) Wide local excision undertaken within 63 days of diagnostic biopsy reporting.
<b>Numerator:</b>	(i) Number of patients with cutaneous melanoma undergoing diagnostic biopsy where this is reported within 21 days. (ii) Number of patients with cutaneous melanoma undergoing diagnostic biopsy where wide local excision is undertaken within 63 days of diagnostic biopsy reporting.
<b>Denominator:</b>	(i) All patients with cutaneous melanoma undergoing diagnostic excision or partial biopsy. (ii) All patients with cutaneous melanoma undergoing diagnostic excision or partial biopsy who proceed to wide local excision.
<b>Exclusions:</b>	No exclusions.
<b>Target:</b>	<b>90%</b>

### Specification (i)



This QPI was revised at the Formal Review and therefore results are not comparable to those from previous years. For specification (i), no Board in the WoS met the 95% target. The overall performance for the WoS was 69.6%. Results from this revised QPI identify issues with the timeliness of pathology reporting across WoSCAN, with particular challenges apparent within NHS Ayrshire & Arran.

Within NHS Ayrshire and Arran, delays in pathology reporting have been raised and placed on the risk register for both diagnostic and cancer services. In addition, further investigation will be undertaken for patients having significant delays in pathology reporting to ascertain whether information provided to pathology was adequate to enable specimens to be appropriately prioritised.

Within NHS Forth Valley, review of QPI performance highlighted that service pressure was the largest contributor to delays in pathology reporting, exacerbated in the audit period by sick leave and consultant pathology vacancies. It was noted that pathology was referred for specialist opinion outwith the Board for a small number of patients not meeting the QPI, making a 21 day target even more challenging. A small numbers of patients were triaged as non-urgent as melanoma was not suspected.

Similarly within NHSGGC, dermatopathology has a significant shortfall in staffing. As in NHS Forth Valley, small numbers of patients required a second opinion which caused delays that could be considered clinically justified. A number of cases were clinically prioritised as routine where melanoma was not suspected, and service pressures have had a particular impact on routine pathology reporting which resulted in lengthier waits for these patients. Pathology services are aware of the staffing shortfall and are currently trying to recruit. Clinical staff will be asked to ensure priority and clinical history are made clear within the pathology request form to aid triage within pathology.

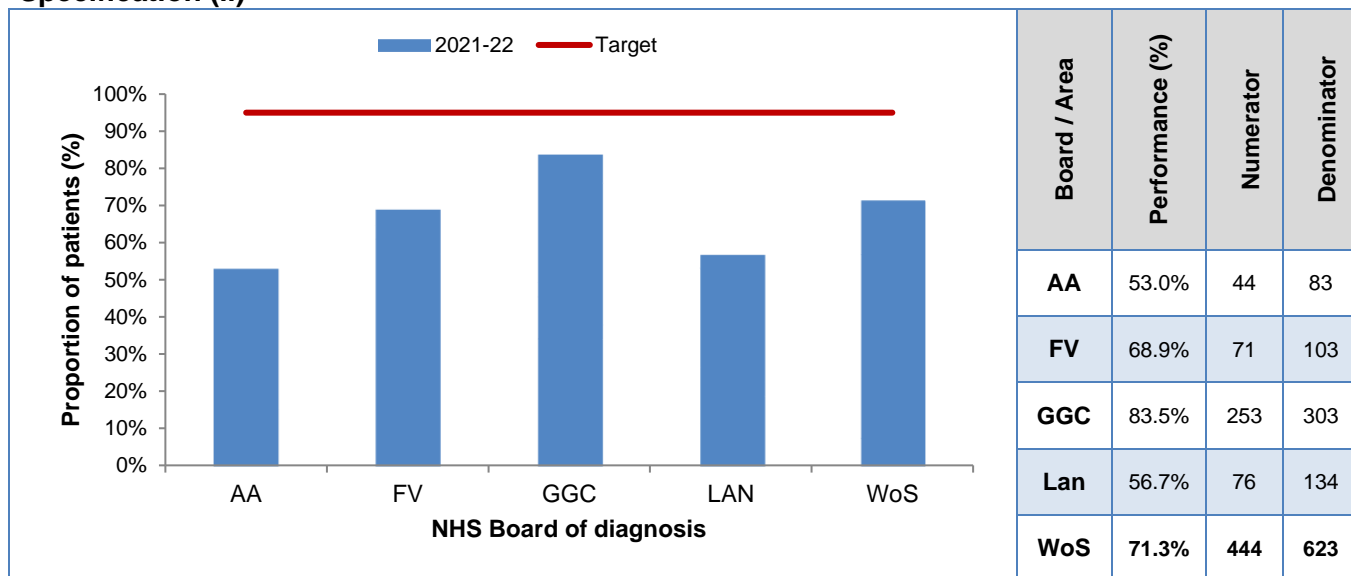
A similar picture emerges from NHS Lanarkshire, with the pathology department remaining under significant pressure but continuing to prioritise suspected melanomas. The Consultant Pathologist will highlight performance against this QPI to the pathology team and clinicians will be urged to ensure that pathology requests highlight any suspicion of melanoma to ensure specimens are appropriately triaged.

In light of significant pathology pressures across the region all Boards have highlighted the importance of ensuring adequate clinical information is provided to pathology services to allow the best possible triage of cases.

**Action Required:**

- **All Boards to review all aspects of the clinical pathway pertaining to pathology, including adequate clinical information, triage of samples and availability of pathology resource, in order to improve turnaround times and optimise the quality of pathology reporting.**

**Specification (ii)**



For specification (ii) no Board in the WoS met the 95% target and overall performance for the region was 71.3%.

Within NHS Ayrshire & Arran there have been significant challenges with resources within the regional plastic surgery service, located within NHSGGC, which is currently under review. Dermatology and plastic surgery operational management will work closely to identify any delays with individual patient pathways as these patients are not tracked for cancer waiting times data for this part of their pathway. The MCN is continuing to work with NHS Ayrshire & Arran and the plastic surgery team in NHSGGC to facilitate improvements in the pathway for NHS Ayrshire & Arran patients accessing services from this team.

Within NHS Forth Valley and NHS Lanarkshire staffing issues (ill health and planned staff absence) have impacted on the ability for the Boards to meet the target for this QPI. In addition, within NHS



Lanarkshire there were difficulties in access to regular general anaesthetic theatres for patients who required SLNB; discussions to rectify access to theatre are ongoing.

NHSGGC undertook a clinical review of patients not having a WLE within 63 days of their pathology reporting; while small numbers were the result of patient induced delays or delays due to the need to wait for results of further investigations such as imaging, for the majority of patients not meeting the QPI this was due to a combination of delays in both being seen in plastic surgery clinics and subsequently undergoing surgery. This suggests a shortfall in both clinic and theatre capacity in plastic surgery. To improve the timeliness of WLE within NHSGGC the following measures are being considered:

- Dermatology clinicians will be encouraged to make referrals to plastic surgery as quickly as possible after diagnosis.
- Ongoing discussions are underway with dermatology services and plastic surgery around the pathway for patients diagnosed with melanoma. A joint dermatology / plastic surgery clinic is in place within the Clyde sector which streamlines the transfer of patients from dermatology to plastic surgery; similar plans are under discussion within North Glasgow and South Glasgow.
- Plastic surgery team will review clinic capacity for new melanoma diagnoses.
- Plastic surgery team will review theatre allocations within the Board and consider ring-fencing weekly plastic surgery theatre lists for melanoma patients.

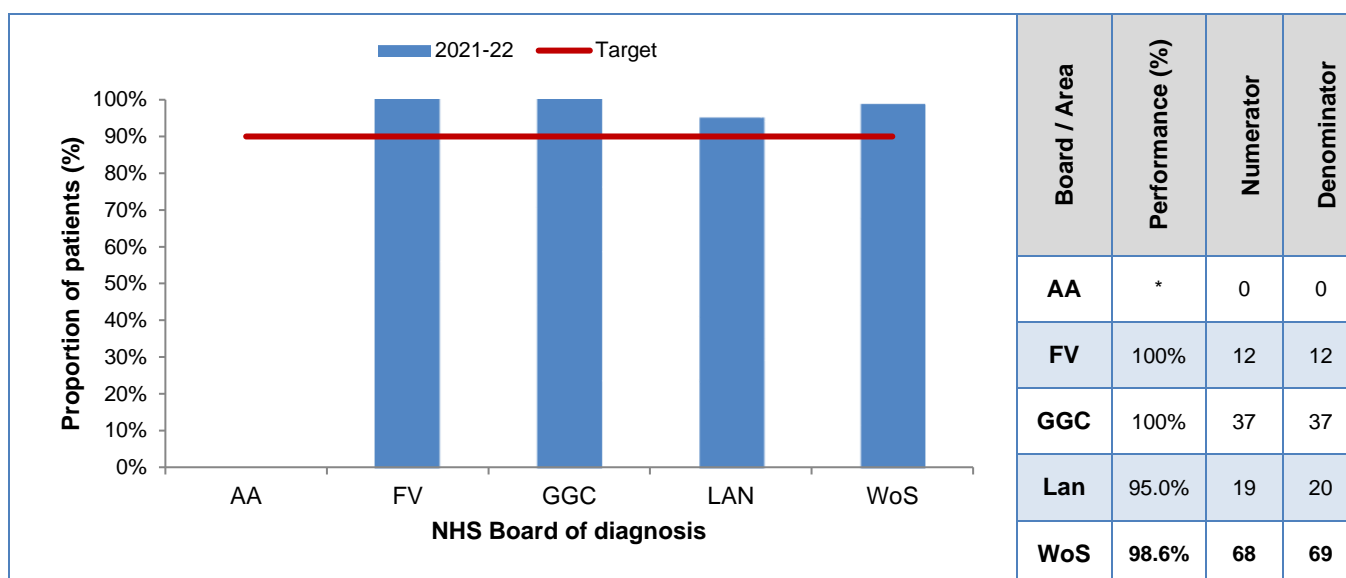
**Action Required:**

- **NHS Ayrshire & Arran to report to the MCN on the outcome of the shared review of pathway between plastic surgery and dermatology services.**
- **NHS Lanarkshire to review current practice regarding access to theatres for patients requiring surgery for melanoma, identifying any barriers that are resulting in delays and actions required to resolve these.**
- **NHSGGC to feed back to MCN results of plastic surgery team reviews of clinical capacity for new melanoma diagnoses and theatre allocations for melanoma patients.**
- **NHSGGC to report to MCN on discussions on collaboration between dermatology services and plastic surgery on patient pathways.**

## QPI 8: BRAF Status

Patients with stage III and IV melanoma should undergo a BRAF status check to assess suitability for BRAF inhibitors and Mek inhibitors.

<b>Description:</b>	Proportion of patients with stage III or IV cutaneous melanoma who have their BRAF status checked.
<b>Numerator:</b>	Number of patients with stage III or IV cutaneous melanoma who have their BRAF status checked.
<b>Denominator:</b>	All patients with stage III or IV cutaneous melanoma.
<b>Exclusions:</b>	No exclusions.
<b>Target:</b>	<b>90%</b>

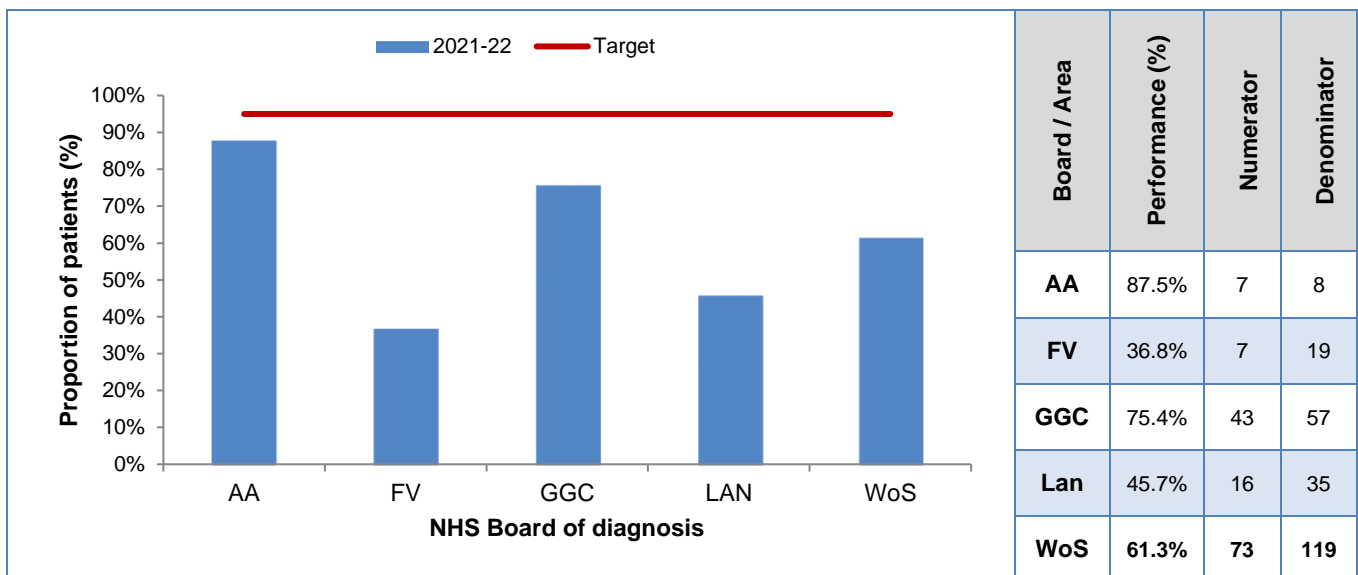


This QPI was revised at the Formal Review to include resectable patients, and therefore results are not comparable to those from previous years. The 90% target has been met at a regional level with 98.6% of stage III and IV patients having their BRAF status checked and by all WoSCAN Boards.

## QPI 9: Imaging for Patients with Advanced Melanoma

Guidelines recommend that patients with stage IIC and above disease should be offered initial staging imaging. Patients with high grade cutaneous melanoma should undergo imaging of the head, chest, abdomen and pelvis to exclude metastases. It has been reported that patients with low grade disease do not benefit from imaging due to the high incident rate of false positives<sup>1</sup>.

<b>Description:</b>	Proportion of patients with stage IIC and above cutaneous melanoma who undergo computed tomography (CT) or positron emission tomography (PET) CT within 35 days of diagnosis.
<b>Numerator:</b>	Number of patients with pathologically confirmed stage IIC and above cutaneous melanoma who undergo computed tomography (CT) or positron emission tomography (PET) CT within 35 days of pathology report being issued.
<b>Denominator:</b>	All patients with pathologically confirmed stage IIC and above cutaneous melanoma.
<b>Exclusions:</b>	No exclusions.
<b>Target:</b>	<b>95%</b>



This QPI was revised at the Formal Review and therefore results are not comparable to those from previous years. None of the WoSCAN Boards met the 95% target in 2021-22, although within NHS Ayrshire & Arran only one patient did not meet this QPI as they had imaging 36 days after diagnosis.

All NHS Boards reviewed cases where patients did not have CT imaging within 35 days of diagnosis. Some of these patients had no CT scan or incomplete imaging, for example patients who did not have a CT of the head, refused further investigation or where imaging was clinically inappropriate. However, the majority of patients not meeting this QPI did have complete CT imaging, but more than 35 days after diagnosis. Regional discussion of the results from this QPI has identified that improvements could be made in communications between skin cancer clinicians and radiology services to ensure appropriate prioritisation of melanoma patients, for example by including the use of the word 'cancer' within radiology requests and encouraging closer communication between the MDT and radiology services. In addition:

- Within NHS Forth Valley, where nearly all patients not meeting the QPI had delayed imaging, the Cancer Advisory Group recognises the pressures on radiology services within the Board and these remain under review. In early 2022, the team were encouraged to ensure that radiology requests provide appropriate information to ensure that scans are appropriately prioritised.

- Within NHS Lanarkshire, where a smaller proportion of patients had complete imaging than other NHS Boards, all members of the MDT have been reminded of the need for full staging scan including CT imaging of the head. The Board also identified a named radiologist in early 2022 who will work with the skin cancer MDT and expedite scans for patients with melanoma; clinicians have been encouraged to contact radiology services directly where imaging is delayed.

In light of the recently published Cutaneous Melanoma National Follow-up Guideline and the approval of new adjuvant regimens, imaging is becoming an increasingly important step in melanoma management. Further discussion on the patient pathway for CT imaging of cutaneous melanoma patients is required at regional level to ensure that patients across WoSCAN have complete and timely imaging available to inform their treatment decisions.

**Action Required:**

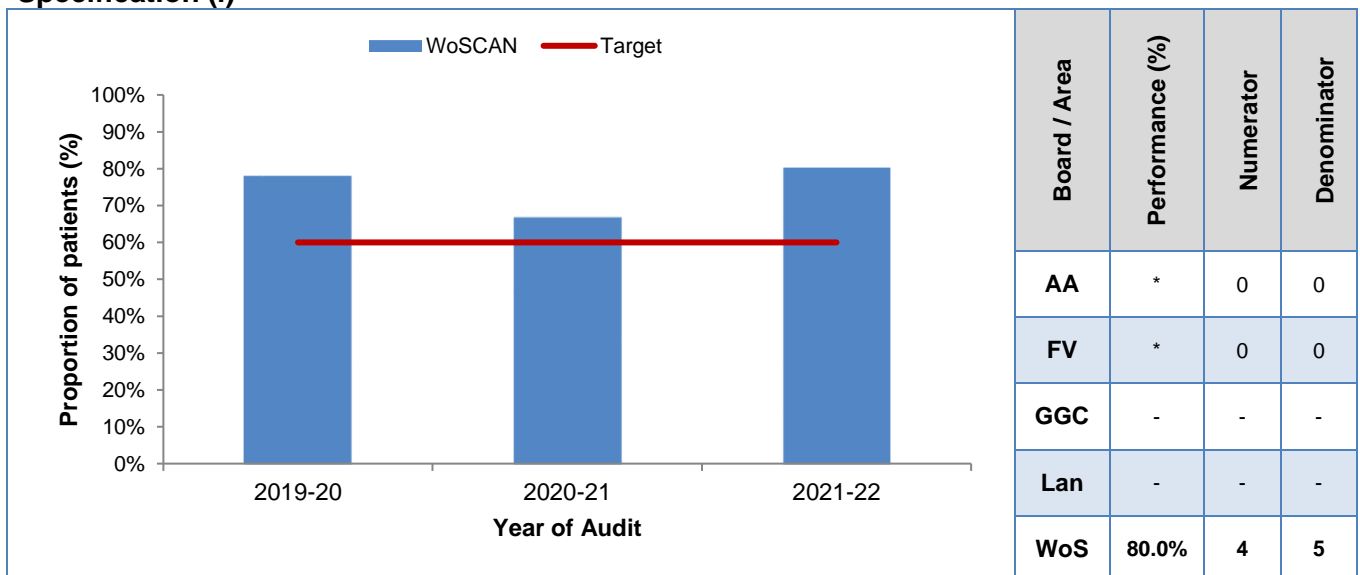
- **MCN to coordinate regional discussion with radiology services on the patient pathway for CT imaging in light of performance against QPI 9, the recent publication of the national follow-up guideline and the approval of new adjuvant regimens.**

## QPI 10: Systemic Therapy

As the majority of metastatic melanomas are not amenable to surgery, it is often found that systemic therapy is the best option. Systemic Anti Cancer Therapy (SACT) should be available for the management of patients with cutaneous melanoma where appropriate<sup>1</sup>.

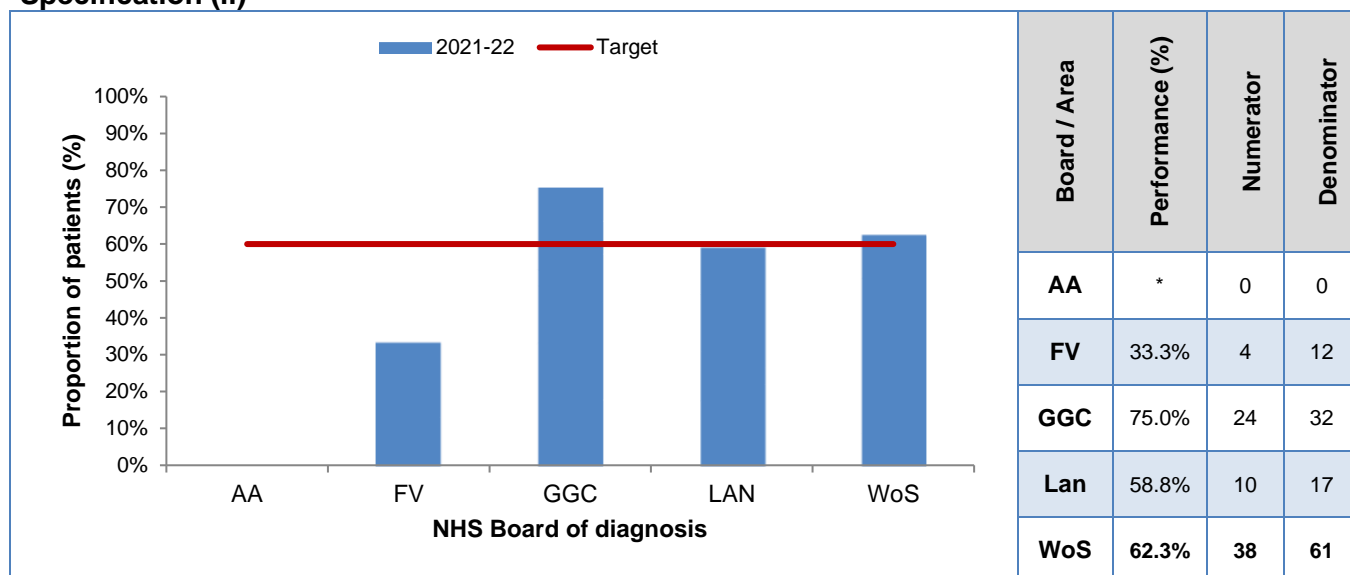
<b>Description:</b>	Proportion of patients with stage III or IV cutaneous melanoma undergoing SACT.  Please note: The specifications of this QPI are separated to ensure clear measurement of both: (i) Patients with unresectable stage III or IV cutaneous melanoma who undergo SACT; and (ii) (ii) Patients with resected stage III or IV cutaneous melanoma who undergo adjuvant SACT.
<b>Numerator:</b>	(i) Number of patients with unresectable stage III or IV cutaneous melanoma who undergo SACT. (ii) Number of patients with resected stage III or IV cutaneous melanoma who undergo adjuvant SACT.
<b>Denominator:</b>	(i) All patients with unresectable stage III or IV cutaneous melanoma. (ii) All patients with resected stage III or IV cutaneous melanoma.
<b>Exclusions:</b>	(i) Patients who died before first treatment. (ii) Patients who died before SACT treatment
<b>Target:</b>	<b>60%</b>

### Specification (i)



Due to small numbers, the data is presented at a regional level in the chart above. For specification (i) the 60.0% target has been met for three consecutive years. The regional performance for 2020-21 was 80.0%.

## Specification (ii)



This is a new specification and as such there are no comparable data from previous years. For specification (ii), the 60.0% target was met at a regional level with performance of 62.3%.

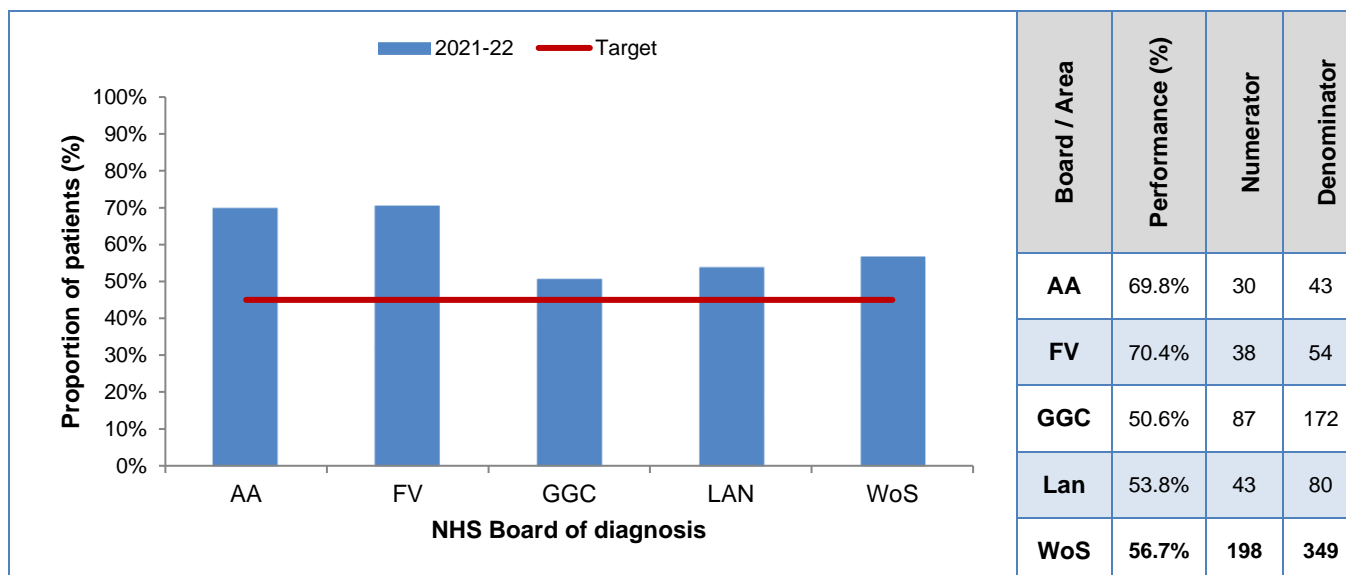
The QPI target was not met within NHS Forth Valley; these patients were not considered suitable for systemic therapy and results are considered to reflect the patient cohort within the audit period. It should be noted that results are based on small numbers of patients and variation between NHS Boards will be easier to ascertain following the collection of additional years of data.

Within NHS Lanarkshire the QPI target was very narrowly missed; review of patients not meeting the QPI highlighted that all patients with stage III and IV disease were discussed at MDT and all suitable patients had been referred on for consideration for systemic therapy.

## QPI 14: Sentinel Lymph Node Biopsy

Undergoing SLNB may provide more accurate staging and a better indication of survival and the potential of recurrent disease<sup>1</sup>.

<b>Description:</b>	Proportion of patients with stage pT1b (with either a mitotic rate of $\geq 2/\text{mm}^2$ or lymphovascular invasion) and stage pT2 and above cutaneous melanoma that undergo SLNB.
<b>Numerator:</b>	Number of patients with stage pT1b (with either a mitotic rate of $\geq 2/\text{mm}^2$ or lymphovascular invasion) and stage pT2 and above cutaneous melanoma who undergo SLNB.
<b>Denominator:</b>	All patients with stage pT1b (with either a mitotic rate of $\geq 2/\text{mm}^2$ or lymphovascular invasion) and stage pT2 and above cutaneous melanoma.
<b>Exclusions:</b>	No exclusions.
<b>Target:</b>	45%



This is a new specification and as such there are no comparable data from previous years. Of the 349 patients included within the denominator for this QPI, 198 (56.7%) had a SLNB, above the target of 45%.

NICE have recently made amendments to adjuvant therapy indications (SMC pending), this may necessitate a review of this QPI at the next Formal Review.

## **5. Next Steps**

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 Appendix 3.



## 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>ACaDMe</b>	Acute Cancer Deaths and Mental Health
<b>eCASE</b>	Electronic Cancer Audit Support Environment
<b>FV</b>	NHS Forth Valley
<b>GGC</b>	NHS Greater Glasgow and Clyde
<b>HIS</b>	Healthcare Improvement Scotland
<b>ISD</b>	Information Services Division
<b>LAN</b>	NHS Lanarkshire
<b>MCN</b>	Managed Clinical Network
<b>MDT(s)</b>	Multi-disciplinary Team(s)
<b>NCQSG</b>	National Cancer Quality Steering Group
<b>NHSGGC</b>	NHS Greater Glasgow and Clyde
<b>QPI(s)</b>	Quality Performance Indicator(s)
<b>R&amp;D</b>	Research and Development
<b>RCOG</b>	Regional Cancer Oversight Group
<b>RCP</b>	Royal College of Pathologists
<b>RMDT</b>	Regional Multi Disciplinary Meeting
<b>SACT</b>	Systemic Anti-Cancer Therapy
<b>SMR01</b>	Scottish Morbidity Records
<b>WLE</b>	Wide local excision
<b>WoS</b>	West of Scotland
<b>WoSCAN</b>	West of Scotland Cancer Network

## References

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5. [Cancer survival statistics - People diagnosed with cancer between 2013 and 2017 - Cancer survival statistics - Publications - Public Health Scotland](#)

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## Appendix 1: Meta Data

Report Title	Cancer Audit Report: Cutaneous Melanoma Quality Performance Indicators																								
Time Period	Patients diagnosed between 01 July 2021 to 30 June 2022																								
Data Source	Electronic Cancer Audit Support Environment (eCASE). A secure centralised web-based database which holds cancer audit information in Scotland.																								
Data extraction date	2200 hrs on 26 October 2022																								
Methodology	<p>Analysis was performed centrally for the region by the WoSCAN Information Team. The timescales agreed took into account the patient pathway to ensure that a complete treatment record was available for the majority of patients.</p> <p>Initial results were provided to Boards to check for inaccuracies, inconsistencies or obvious gaps and a subsequent download taken upon which final analysis was carried out.</p> <p>The final data analysis was 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. Please see info graphic in appendix 2 for a more detailed look at the reporting process.</p>																								
Data Quality	<p>Audit data completeness can be assessed by estimating the proportion of expected patients that have been identified through audit compared to the number reported by the National Cancer registry (provided by ISD, National Services Division), this is known as case ascertainment. Figures should only be used as a guide as it is not possible to compare the same exact cohort from each data source. Note that a 5 year average is taken for cancer registry cases to take account of annual fluctuations in incidence within NHS Boards.</p> <table border="1" data-bbox="448 1187 1378 1491"> <thead> <tr> <th>Health Board of diagnosis</th> <th>2021-22 Audit Data</th> <th>Cases from Cancer registry (2016-2020)</th> <th>Case Ascertainment</th> </tr> </thead> <tbody> <tr> <td>Ayrshire &amp; Arran</td> <td>95</td> <td>95</td> <td>100.0%</td> </tr> <tr> <td>Forth Valley</td> <td>109</td> <td>78</td> <td>139.7%</td> </tr> <tr> <td>GGC</td> <td>321</td> <td>341</td> <td>94.1%</td> </tr> <tr> <td>Lanarkshire</td> <td>148</td> <td>139</td> <td>106.5%</td> </tr> <tr> <td><b>WoS Total</b></td> <td><b>673</b></td> <td><b>653</b></td> <td><b>103.1%</b></td> </tr> </tbody> </table>	Health Board of diagnosis	2021-22 Audit Data	Cases from Cancer registry (2016-2020)	Case Ascertainment	Ayrshire & Arran	95	95	100.0%	Forth Valley	109	78	139.7%	GGC	321	341	94.1%	Lanarkshire	148	139	106.5%	<b>WoS Total</b>	<b>673</b>	<b>653</b>	<b>103.1%</b>
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## DIAGNOSIS

Patient is diagnosed, treatment pathway initiated.

## DATA COLLECTED

**NHS board**

**cancer audit staff** collect, verify & input relevant cancer audit information into eCase\*.



*\*eCase - electronic Cancer Audit Support Environment, a dynamic secure centralised web-based database.*



## FINAL SSRS DOWNLOAD

Final data download by **WoScan information team**.

*\*\*SSRS - SQL Server Reporting Services. reporting tool to analyse clinical cancer audit data..*

## DATA SIGN OFF

Final data reports sent to **NHS board cancer audit staff & clinical effectiveness leads** to review with **clinicians** to populate performance summary report with clinical comments & sign data off.



*Boards have 4 weeks to complete performance summary reports providing reasons for why QPI targets not met..*

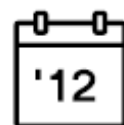


## ACTION PLANS DEVELOPED

Regional/NHS Board action plans for the year ahead completed by **NHS boards**, reviewed by **MCN Manager/lead clinicians** to identify priority areas.

## AUDIT REPORT PUBLISHED

Includes regional analysis, board comments & action plan template for **NHS boards** to complete.



*Boards have 2 months to generate action plans from when audit report published.*



## PROGRESS MONITORED

Progress monitored through **NHS board leads** at MCN advisory boards and regular updates are provided to RCAG.

## Appendix 3: NHS Board Action Plans

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.

### Action / Improvement Plan

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

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

QPI No.	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>
7i	All Boards to review all aspects of the clinical pathway pertaining to pathology, including adequate clinical information, triage of samples and availability of pathology resource, in order to improve turnaround times and optimise the quality of pathology reporting.						
7ii	NHS Ayrshire & Arran to report to the MCN on the outcome of the shared review of pathway between plastic surgery and dermatology services.						

## Action / Improvement Plan

<b>Area:</b>	NHS Forth Valley
<b>Action Plan Lead:</b>	
<b>Date:</b>	

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

QPI No.	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>
4	NHS Forth Valley, NHSGGC and NHS Lanarkshire to provide an update on actions taken to encourage clinicians to record clinical examination of draining lymph node basins to the MCN.						
7i	All Boards to review all aspects of the clinical pathway pertaining to pathology, including adequate clinical information, triage of samples and availability of pathology resource, in order to improve turnaround times and optimise the quality of pathology reporting.						



## Action / Improvement Plan

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

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

QPI No.	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>
4	NHS Forth Valley, NHSGGC and NHS Lanarkshire to provide an update on actions taken to encourage clinicians to record clinical examination of draining lymph node basins to the MCN.						
7i	All Boards to review all aspects of the clinical pathway pertaining to pathology, including adequate clinical information, triage of samples and availability of pathology resource, in order to improve turnaround times and optimise the quality of pathology reporting.						
7ii	NHSGGC to feed back to MCN results of plastic surgery team reviews of clinical capacity for new melanoma diagnoses and theatre allocations for melanoma patients.						
7ii	NHSGGC to report to MCN on discussions on collaboration between dermatology services and plastic surgery on patient pathways.						

## Action / Improvement Plan

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

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

QPI No.	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>
4	NHS Forth Valley, NHSGGC and NHS Lanarkshire to provide an update on actions taken to encourage clinicians to record clinical examination of draining lymph node basins to the MCN.						
7i	All Boards to review all aspects of the clinical pathway pertaining to pathology, including adequate clinical information, triage of samples and availability of pathology resource, in order to improve turnaround times and optimise the quality of pathology reporting.						
7ii	NHS Lanarkshire to review current practice regarding access to theatres for patients requiring surgery for melanoma, identifying any barriers that are resulting in delays and actions required to resolve these.						

## Action / Improvement Plan

Area:	MCN
Action Plan Lead:	
Date:	

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

QPI No.	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>
3ii	MCN to propose that QPI 3ii is amended at the next Formal Review to take into account patients where diagnostic biopsy is also definitive treatment.						
9	MCN to coordinate regional discussion with radiology services on the patient pathway for CT imaging in light of performance against QPI 9, the recent publication of the national follow-up guideline and the approval of new adjuvant regimens.						