

West of Scotland Cancer Network

**Skin Cancer
Managed Clinical Network**



Audit Report

Cutaneous Melanoma Quality Performance Indicators

Clinical Audit Data: 1st July 2022 to 30th June 2023

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Cutaneous Melanoma Quality Performance Indicators: Data Overview

Patients diagnosed July 2022 - June 2023

Number of patients **696**

Median age of patients **66**

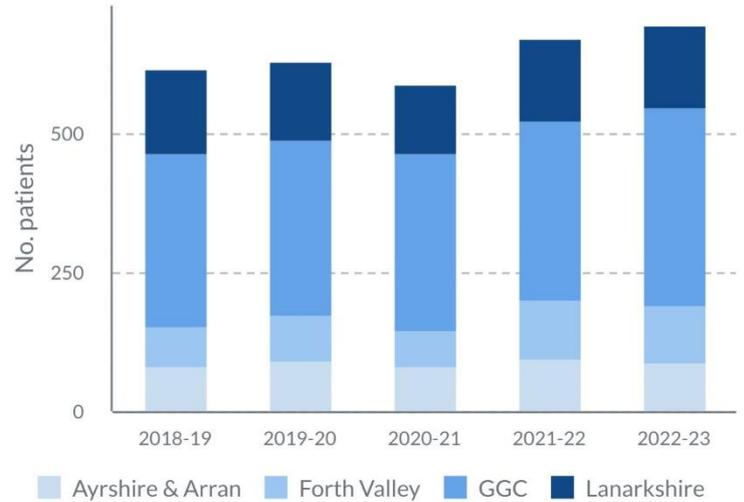
Age Standardised Net Survival*

1 Year Survival **99%**

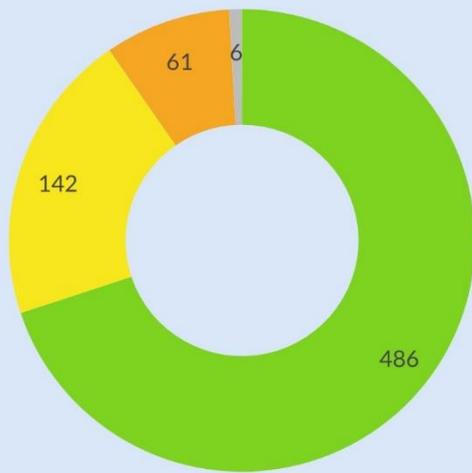
5 Year Survival **94%**

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

Where are patients diagnosed

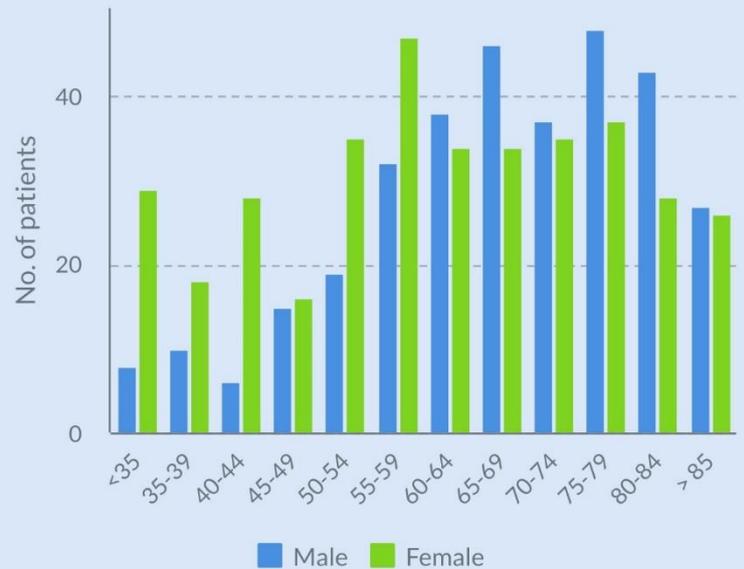


Stage at Presentation



■ Stage I ■ Stage II ■ Stage III ■ Stage IV

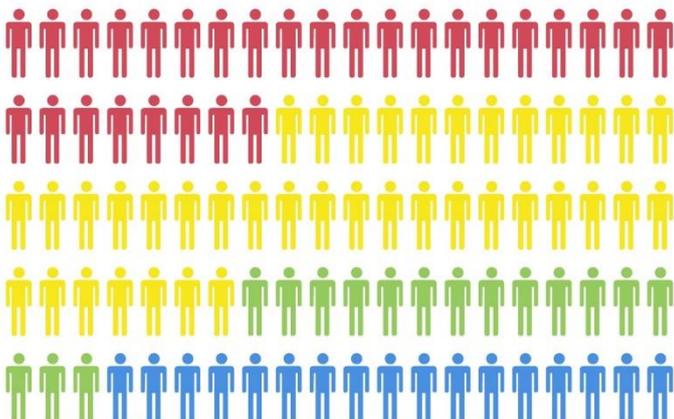
Age of patients



■ Male ■ Female

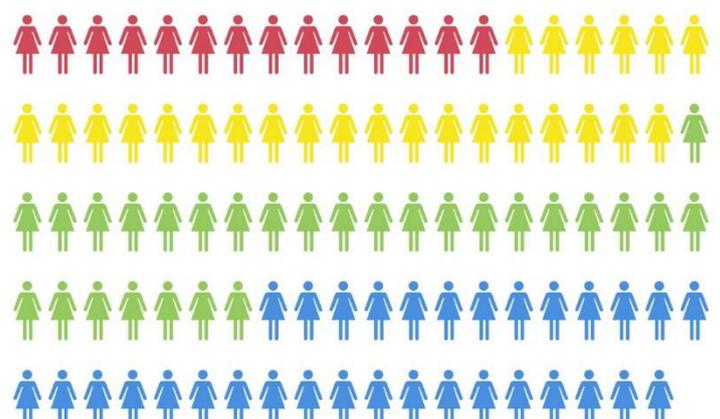
Site of Tumour - Men

■ Face ■ Trunk ■ Arms ■ Legs



Site of Tumour - Women

■ Face ■ Trunk ■ Arms ■ Legs



Executive Summary

This report presents an assessment of the performance of West of Scotland (WoS) Skin Cancer Services relating to patients diagnosed with cutaneous melanoma between 1st July 2022 and 30th June 2023. 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 improving the quality and completeness of clinical audit data to ensure continued robust performance assessment and the identification of areas for service improvement.

The results presented within this report illustrate that some of the QPI targets remain challenging, with room for further service improvement. The main areas for improvement relate to documentation of the examination of lymph node basins (QPI 4) and timely pathology reporting (QPI 7(i)), wide local excision (QPI 7(ii)) and CT/PET CT imaging (QPI 9). However it is encouraging that targets relating to diagnostic biopsy (QPI 1), completeness of pathology reporting (QPIs 2 and 5) and BRAF status (QPI 8) were consistently met by all Boards in this reporting period. Reflecting the changing management of melanoma, QPI 14 was introduced recently, looking at sentinel lymph node biopsies, and all NHS Boards have met the target. Note that QPI measures that have been met by all NHS Boards are included in the summary results table but not within the body of the report. Where significant variation in performance is evident, the Network is actively working with individual NHS Board clinical and management teams to provide additional support to aid improvement where required.

Action Required:

- **NHS Forth Valley to provide additional details of recent changes in practice, which have resulted in improvement to the recording of clinical examination of draining lymph node basins, to MCN Advisory Board to share learning with other NHS Boards.**
- **NHS Lanarkshire to feedback to the MCN on the review of performance against QPI 7(i) by the pathology department and, in light of findings, identify actions for the coming year.**
- **NHS Boards to engage in further discussion between Pathology Services and clinical teams to ensure that appropriate clinical details are provided to allow for effective triage. Clinical teams should also consider the prioritisation of cases from their own departments.**
- **MCN to support discussion among pathology clinical teams throughout the region to promote recruitment and retention of pathologists with a skin cancer commitment within their job description.**
- **NHS Ayrshire & Arran to provide feedback to MCN on actions identified to improve time to WLE.**
- **NHS Lanarkshire to review current practice regarding access to theatres for patients requiring surgery, identifying any barriers that are resulting in delays and actions required to resolve these.**
- **NHSGGC plastic surgery team to review clinical capacity for new melanoma diagnoses and theatre allocations for melanoma patients and feedback conclusions to MCN.**
- **NHSGGC to discuss collaboration between dermatology services and plastic surgery on patient pathways and feedback conclusions to MCN.**

A summary of actions has been included within the Action Plan Report accompanying this report and templates have been provided to Boards. **Completed Action Plans should be returned to WoSCAN in a timely manner to allow the plans to be reviewed at the Regional Cancer Oversight Group.**

Summary of QPI Performance

Key	
	Above Target Result
	Below Target Result
-	Less than 5 patients within denominator

QPI	Target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 1(i): Diagnostic Biopsy 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%	2022-23	100% (86/86)	99% (88/89)	98% (281/287)	99% (138/139)	99% (593/601)
		2021-22	99%	100%	99%	100%	99%
		2020-21	99%	98%	100%	98%	99%
QPI 1(ii): Diagnostic Biopsy* 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%	2022-23	-	100% (14/14)	97% (63/65)	100% (7/7)	98% (87/89)
		2021-22	100%	91%	98%	100%	98%
		2020-21	100%	83%	100%	100%	99%
QPI 2: Pathology Reporting 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%	2022-23	100% (87/87)	92% (82/89)	98% (288/293)	99% (141/143)	98% (598/612)
		2021-22	99%	92%	99%	96%	97%
		2020-21					
QPI 3(i): Multi-Disciplinary Team Meeting (MDT) Proportion of patients with stage IA cutaneous melanoma who are discussed at a MDT meeting	95%	2022-23	100% (53/53)	100% (47/47)	100% (163/163)	100% (68/68)	100% (331/331)
		2021-22	100%	100%	100%	100%	100%
		2020-21					
QPI 3(ii): Multi-Disciplinary Team Meeting (MDT) Proportion of patients with stage IB and above cutaneous melanoma who are discussed at a MDT meeting before definitive treatment	95%	2022-23	92% (33/36)	98% (55/56)	95% (181/191)	94% (74/79)	95% (343/362)
		2021-22	87%	95%	95%	91%	93%
		2020-21					
QPI 4: Clinical Examination of Draining Lymph Nodes Proportion of patients with cutaneous melanoma undergoing clinical examination of relevant draining lymph node basins as part of clinical staging.	95%	2022-23	100% (89/89)	89% (93/104)	93% (330/356)	90% (133/147)	93% (645/696)
		2021-22	100%	80%	93%	91%	92%
		2020-21	92%	66%	88%	97%	88%

QPI	Target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 5: Sentinel Node Biopsy Pathology* 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%	2022-23	100% (19/19)	93% (38/41)	98% (96/98)	100% (40/40)	97% (193/198)
		2021-22	94%	100%	100%	95%	98%
		2020-21					
QPI 6: Wide Local Excisions Proportion of patients with cutaneous melanoma who undergo a wide local excision, following diagnostic excision or partial biopsy.	95%	2022-23	98% (82/84)	99% (98/99)	98% (336/343)	91% (130/143)	97% (646/669)
		2021-22	96%	96%	98%	96%	97%
		2020-21					
QPI 7 (i): Time to Wide Local Excision Proportion of patients with cutaneous melanoma where diagnostic biopsy is reported within 21 days	90%	2022-23	24% (21/87)	58% (60/103)	73% (257/351)	82% (120/146)	67% (458/687)
		2021-22	23%	55%	81%	83%	70%
		2020-21					
QPI 7 (ii): Time to Wide Local Excision Proportion of patients with cutaneous melanoma where wide local excision is undertaken within 63 days of diagnostic biopsy reporting	90%	2022-23	29% (24/82)	89% (87/98)	82% (275/336)	52% (68/130)	70% (454/646)
		2021-22	53%	69%	83%	57%	71%
		2020-21					
QPI 8: BRAF Status* Proportion of patients with stage III or IV cutaneous melanoma who have their BRAF status checked	90%	2022-23	100% (5/5)	100% (8/8)	100% (38/38)	100% (16/16)	100% (67/67)
		2021-22	-	100%	100%	95%	99%
		2020-21					
QPI 9: Imaging for Patients with Advanced Melanoma* 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%	2022-23	67% (6/9)	71% (10/14)	68% (43/63)	62% (13/21)	67% (72/107)
		2021-22	88%	37%	75%	46%	61%
		2020-21					
QPI 10(i): Systemic Therapy* Proportion of patients with unresectable stage III or IV cutaneous melanoma undergoing SACT	60%	2022-23	-	-	-	-	57% (4/7)
		2021-22	-	-	-	-	80%
		2020-21	-	-	-	75%	67%

QPI	Target	Year	A&A	FV	GGC	Lan	WoSCAN
QPI 10(ii): Systemic Therapy* Proportion of patients with resected stage III or IV cutaneous melanoma undergoing adjuvant SACT	60%	2022-23	80% (4/5)	71% (5/7)	64% (21/33)	67% (6/9)	67% (36/54)
		2021-22	-	33%	75%	59%	62%
		2020-21					
QPI 14: Sentinel Lymph Node Biopsy 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%	2022-23	55% (17/31)	83% (38/46)	58% (94/162)	50% (40/80)	59% (189/319)
		2021-22	70%	70%	51%	54%	57%
		2020-21					

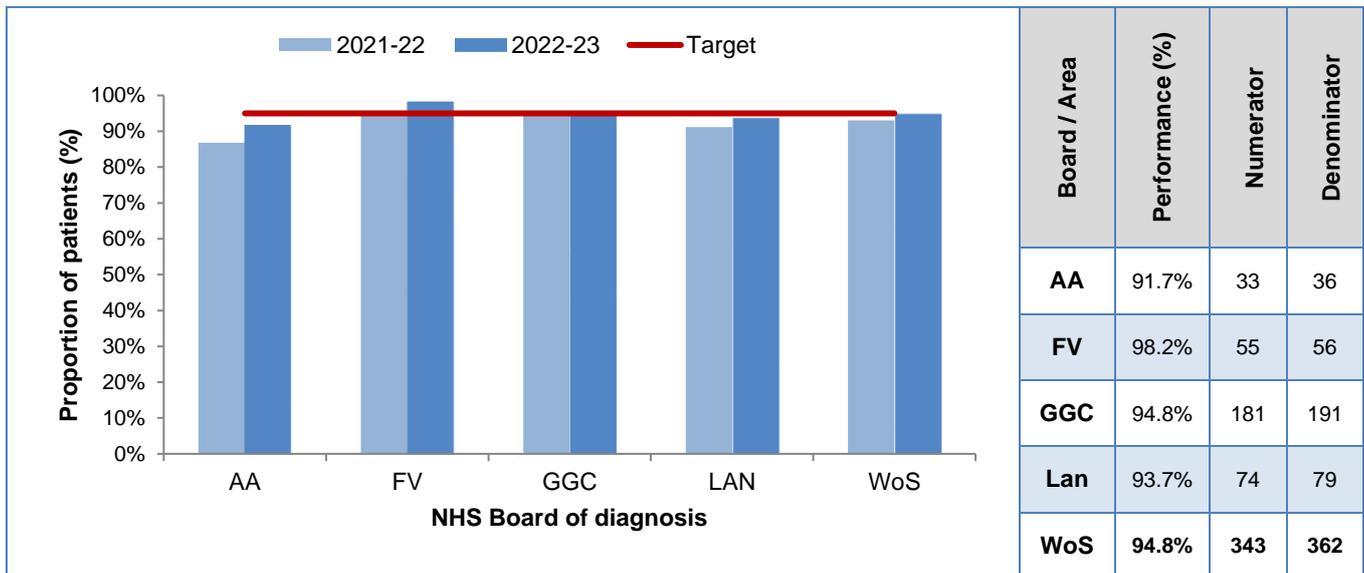
**Small numbers in some Boards - percentage comparisons over a single year should be viewed with caution.*

QPI 3: Multi-Disciplinary Team Meeting (MDT)

Description:	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: (i) Patients with stage IA cutaneous melanoma who are discussed at a MDT meeting; and (ii) Patients with stage IB and above cutaneous melanoma who are discussed at a MDT meeting before definitive treatment.
Numerator:	(i) Number of patients with stage IA cutaneous melanoma discussed at the MDT meeting. (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)
Denominator:	(i) All patients with stage IA cutaneous melanoma. (ii) All patients with stage IB and above cutaneous melanoma.
Exclusions:	(i) No exclusions (ii) Patients who died before first treatment.
Target:	95%

Specification (i) was met by all Boards within WoSCAN in 2022-23.

Specification (ii)



Boards have reviewed the 19 cases where patients were not discussed at MDT before definitive treatment; all patients were ultimately discussed at MDT but this was after definitive treatment. These patients fell into two groups:

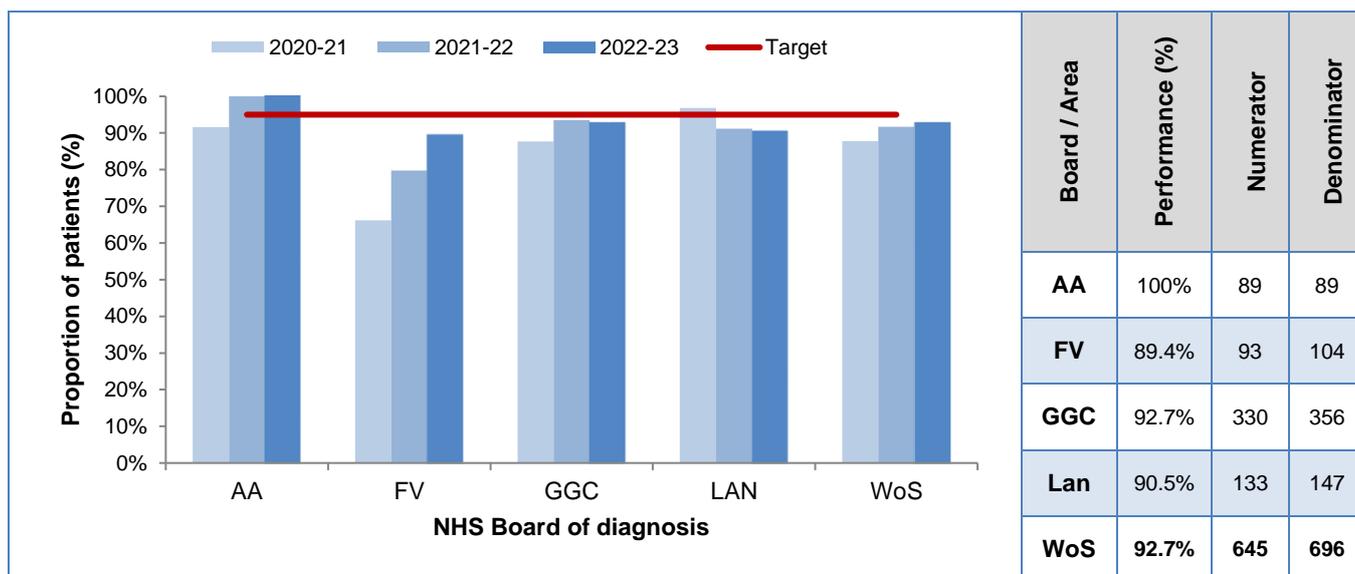
- 1) Those patients that did not progress to WLE due to patient choice or clinical factors, and therefore their diagnostic biopsy was also their definitive treatment.
- 2) Those that had further treatment following their diagnostic biopsy (such as WLE) prior to MDT discussion.

In eight of these 19 cases the MDT agreed that no WLE was required, and a further seven patients did not progress to WLE for a variety of other reasons, for example patients being on active surveillance or declining WLE. For these 15 patients their diagnostic biopsy was also their definitive treatment making MDT discussion prior to definitive treatment impossible. The MCN has highlighted this for discussion at the upcoming Formal Review of Cutaneous Melanoma QPIs.

Only four patients had a WLE before discussion at MDT, NHS Lanarkshire reviewed the one patient that was not discussed at MDT and identified a number of contributing factors. The MDT has reflected on these and this will hopefully prevent a similar issue in future. The other three patients were from NHSGGC, two of these had WLE as their first surgical procedure, which may be clinically indicated in small numbers of cases.

QPI 4: Clinical Examination of Draining Lymph Node Basins

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



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 general improvement seen to date. Boards continue to encourage recording:

- Within NHS Forth Valley, a change in practice during the current reporting period has resulted in patients being invited to clinic prior to WLE where draining lymph node examination is performed.
- Within NHSGGC, review indicated that the failure of this QPI was due to the occasional omission of recording by a number of clinicians, sometimes due to irregular patient pathways. The need to record lymph node examinations has been highlighted at audit and governance meetings with both Dermatology and Plastic Surgery teams, and the team will continue to be reminded to always document examinations as part of clinical staging.

- NHS Lanarkshire has reviewed patients not meeting the QPI and will discuss the importance of undertaking and documenting lymph node examinations with individual clinicians who have not recorded examinations.

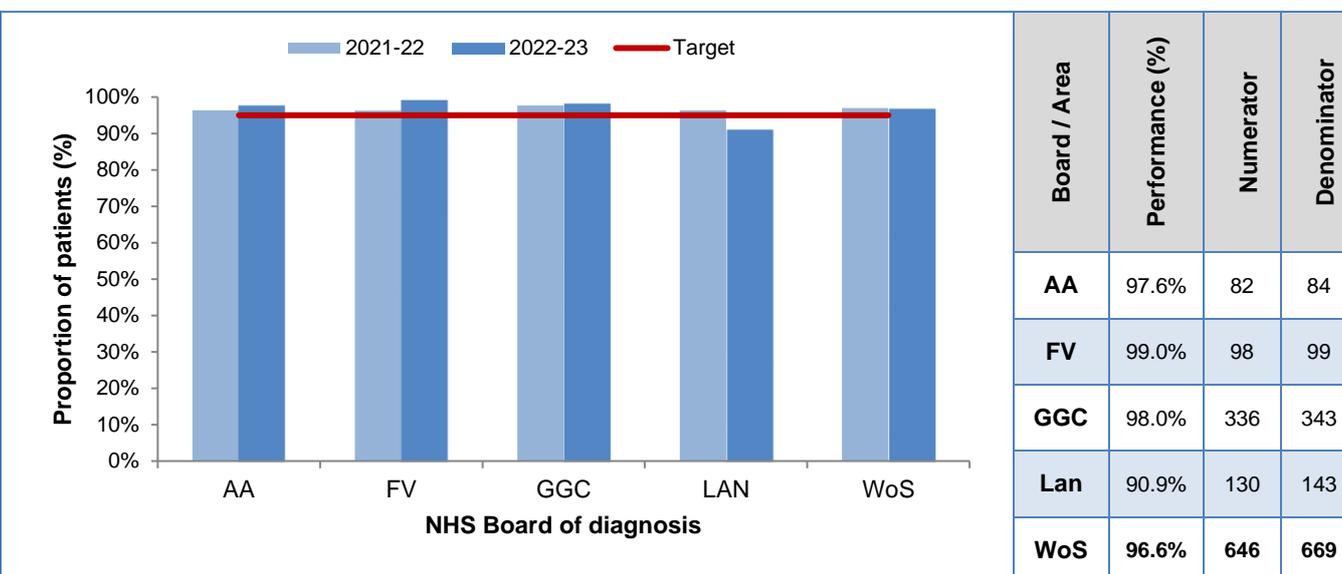
It is anticipated that continued reminders about recording of lymph node examination at a national, regional and Board level will result in continued improvement in performance against this QPI. In addition a new data item for the examination of lymph node basins will be added into the skin cancer MDT 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.

Action Required:

- NHS Forth Valley to provide additional details of recent changes in practice, which have resulted in improvement to the recording of clinical examination of draining lymph node basins, to MCN Advisory Board to share learning with other NHS Boards.**

QPI 6: Wide Local Excisions

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



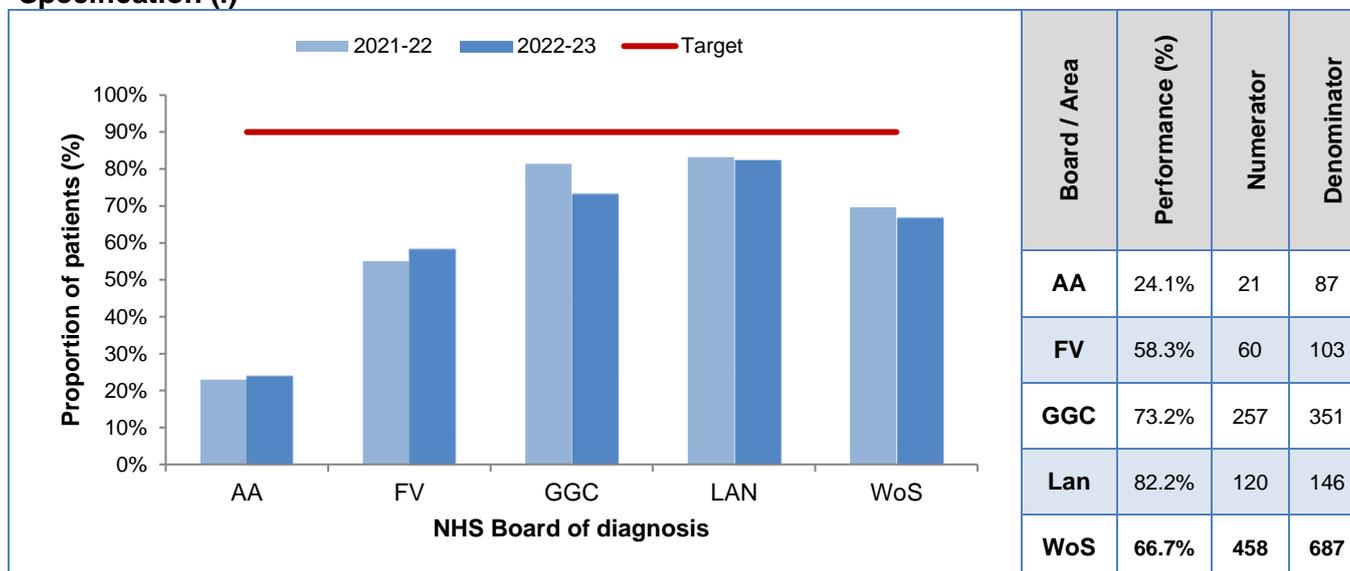
Within NHS Lanarkshire, review has been undertaken of the 13 cases where patients did not progress to WLE. In 10 of these cases the patient declined WLE, for two of the patients further surgical treatment was not appropriate and the final patient died before WLE. NHS Lanarkshire does ensure that patients are informed of MDT recommendations and the evidence base to support WLE; in addition patients are often given multiple appointments to discuss treatment. NHS Lanarkshire will continue to monitor performance against this measure locally.

Additional analysis indicated that 18 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 four WoSCAN Boards.

QPI 7: Time to Wide Local Excision

Description:	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.
Numerator:	(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.
Denominator:	(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.
Exclusions:	No exclusions.
Target:	90%

Specification (i)



Results identify issues with the timeliness of pathology reporting across WoSCAN, with particular challenges apparent within NHS Ayrshire & Arran. All WoSCAN Boards have challenges with recruitment within Pathology Services resulting in considerable resourcing issues. These pressures are further exacerbated by the increase in the numbers of urgent biopsies. In light of significant pathology pressures across the region, all NHS Boards within the West of Scotland have implemented triaging of urgent cases with the aim of prioritising suspected melanoma cases; clinicians continue to be reminded of the need to provide adequate clinical information to Pathology Services to enable appropriate triage

and workload allocation. Despite this prioritisation, timely reporting of these cases within the 21 day target continues to be challenging due to staffing levels and the volume of priority specimens.

NHS Ayrshire & Arran are continuing to rely on outsourcing until there is a longer term resolution; this has been raised at national level via the Scottish Pathology Network (SPAN). Unfortunately, 70% of patients not meeting this QPI had pathology outsourced. Discussions are ongoing with the Cancer Manager, Clinical Director for cancer and Clinical Lead for skin to improve services; in addition pathology resource issues are on the organisational risk register for diagnostics and cancer services until this issue has been resolved. It should be noted that in NHS Ayrshire & Arran resources were allocated to improve turnaround time in 2023.

NHS Forth Valley has successfully recruited to a number of vacant posts within Pathology Services recently and this is expected to result in improved performance in future years.

Chronic understaffing of Pathology Services in NHSGGC in 2021-22 was exacerbated in 2022-23 with the loss of an additional consultant from September 2022. Whilst a new consultant pathologist in NHSGGC with partial commitment to skin pathology joined the department in late 2023, further consultant appointment(s) would be welcomed and actively encouraged, although further recruitment at consultant level may be challenging. External outsourcing has resulted in further delay in several cases. In recent months, the duty consultant skin pathologist has begun to triage urgent skin biopsies daily to prioritise the most urgent cases, as the numbers of urgent specimens are so large.

Within NHS Lanarkshire the pathology department will undertake an internal review of performance against this QPI and will report back the findings to the MCN when available.

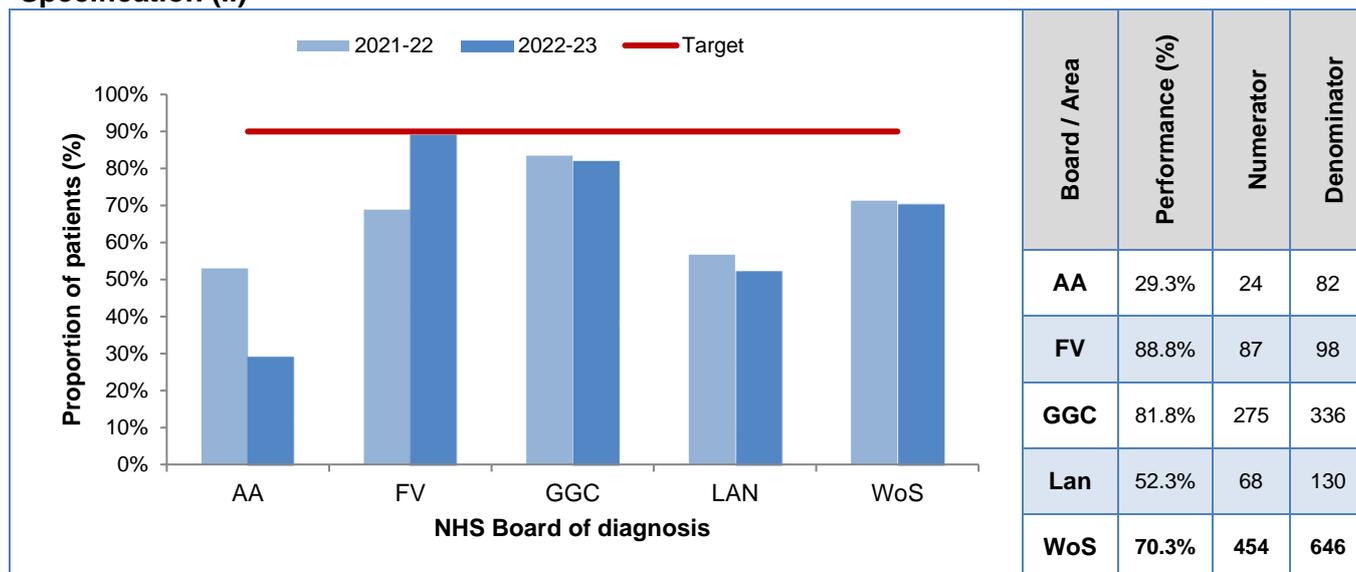
Other contributing factors in the delays to pathology reporting are case complexity and the need for second opinions, redistributed or reallocated cases and unexpected diagnosis where melanoma was not suspected clinically so pathology reporting was not prioritised; as such WoSCAN have suggested that the target and exclusions for this measure are considered at Formal Review.

In the context of ongoing staffing challenges, individual NHS Boards should engage in further discussion between Pathology Services and clinical teams to ensure that appropriate clinical details are provided to allow for effective triage. Clinical teams should also consider the prioritisation of cases from their own departments.

Actions required:

- **NHS Lanarkshire to feedback to the MCN on the review of performance against QPI 7(i) by the pathology department and, in light of findings, identify actions for the coming year.**
- **NHS Boards to engage in further discussion between Pathology Services and clinical teams to ensure that appropriate clinical details are provided to allow for effective triage. Clinical teams should also consider the prioritisation of cases from their own departments.**
- **MCN to support discussion among pathology clinical teams throughout the region to promote recruitment and retention of pathologists with a skin cancer commitment within their job description.**

Specification (ii)



Where patients have excision biopsy as a first treatment, subsequent progress to WLE is not tracked through Cancer Performance (patient pathway tracking), therefore delays are not automatically picked up. As such, within NHS Ayrshire & Arran dermatology and plastic surgery management teams now work closely to escalate individual patient pathways or service issues between NHS Ayrshire & Arran and NHSGGC. Potential solutions include sourcing additional operating capacity at University Hospital Crosshouse and potential joint / tandem clinics with plastic surgery and dermatology. The Board is currently auditing timescales from pathology reporting to clinician review, and looking at any delays in this part of the pathway and exploring the potential for a more electronic approach to reporting. A meeting has been arranged to discuss issues with the melanoma pathway with the Clinical Director for Cancer Services in NHS Ayrshire & Arran.

Within NHS Forth Valley, performance improved in 2022-23 and was very close to the 90% target. It was noted that the QPI target date was not visible on the clinical booking systems used within the Board and as a consequence a sudden peak in demand at one point in the audit cycle resulted in some delays to WLE. As a result, a revision has been made to the surgical clinic booking priorities which is hoped to improve performance in future.

Review of NHSGGC patients not meeting this measure concluded that, while pathway delays were usually multifactorial, those due to theatre capacity were the most significant. Of the patient group with the longest delays, these were often due to patient factors including co-morbidities and treatment of these. A small number of delays resulted from patients having a completion excision prior to WLE as only the complete excision of the primary could determine whether the patients would qualify for a SLNB. It should also be noted that the challenges identified with diagnostics in QPI 7(i) & 9 may also have an impact on this QPI.

Within NHS Lanarkshire cases not meeting this QPI have been reviewed. The three main factors have been the international shortage of radio isotope which impacted on the ability to perform SLNB, staffing issues and access to regular anaesthetic theatres for patients who require a SLNB. NHS Lanarkshire will continue to raise these issues locally with management to stress the importance of allocating adequate resources to the skin cancer service.

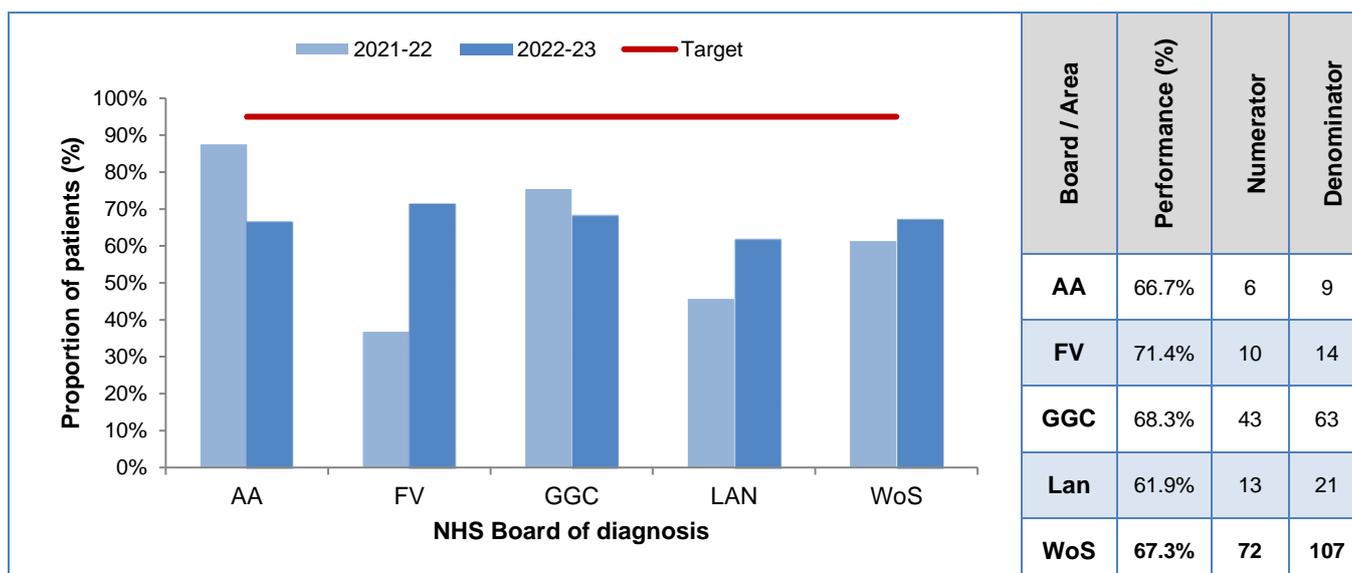
Current service pressures, in particular theatre capacity, have resulted in little progress against actions identified in 2023. Discussions are currently ongoing across the three regional networks around the pathway for stage IIB and IIC melanoma with a focus on the need for SNB staging. It is anticipated that a consensus pathway will be agreed in the coming months and may well reduce the demand for SNB in this group. A further review of demand/capacity will be undertaken when this consensus pathway is available.

Actions Required:

- NHS Ayrshire & Arran to provide feedback to MCN on actions identified to improve time to WLE.
- NHS Lanarkshire to review current practice regarding access to theatres for patients requiring surgery, identifying any barriers that are resulting in delays and actions required to resolve these.
- NHSGGC plastic surgery team to review clinical capacity for new melanoma diagnoses and theatre allocations for melanoma patients and feedback conclusions to MCN.
- NHSGGC to discuss collaboration between dermatology services and plastic surgery on patient pathways and feedback conclusions to MCN.

QPI 9: Imaging for Patients with Advanced Melanoma

Description:	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.
Numerator:	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.
Denominator:	All patients with pathologically confirmed stage IIC and above cutaneous melanoma.
Exclusions:	No exclusions.
Target:	95%



All NHS Boards reviewed the 35 cases where patients did not have CT imaging within 35 days of diagnosis. The majority of patients not meeting this QPI (26 patients) did have complete CT imaging, but more than 35 days after diagnosis. Across WoSCAN, work has been undertaken to improve communication between 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. Within NHSGGC, Radiology Services implemented a new process in August 2023 where tracked patients are being scanned earlier in the pathway. In addition the waiting time for CT imaging has also significantly reduced since the audit period, and it is anticipated that both of these factors will result in an improvement in performance within the Board in the next reporting cycle.

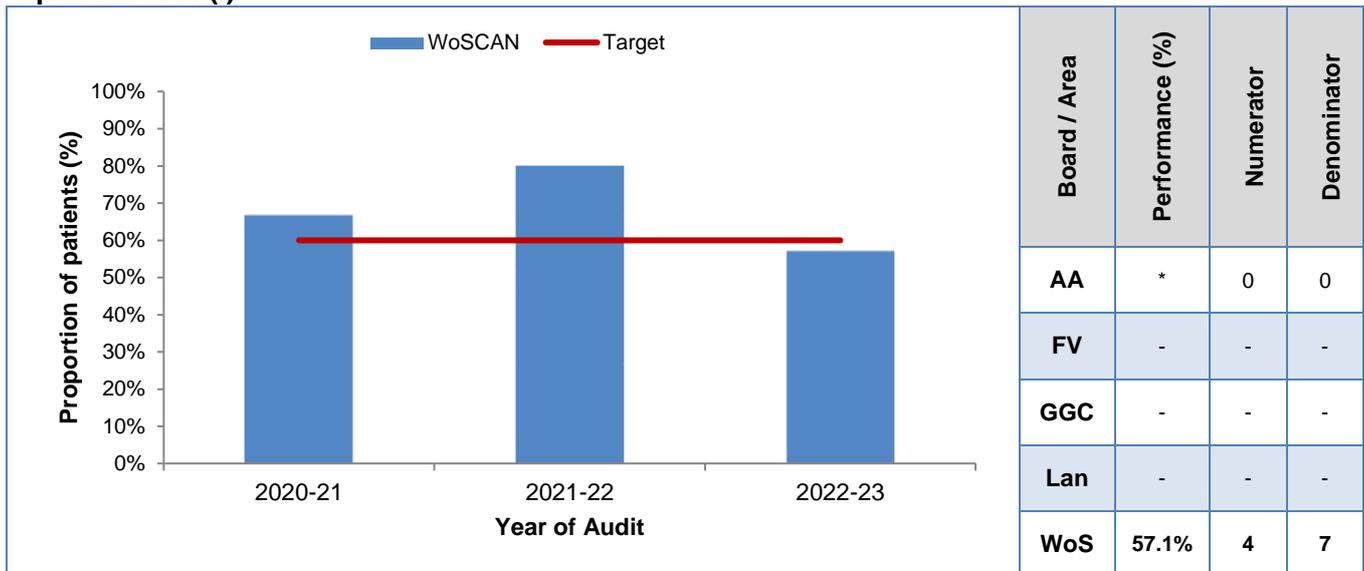
However, nine patients across WoS (8%) were recorded as having no CT scan or incomplete imaging, so even with timely imaging for all patients that had imaging, the 95% target for this QPI would still not have been met. Some patients did not have a CT of the head, refused further investigation or were not fit for further treatment (and therefore imaging was not considered to be clinically appropriate). This was most notable within NHS Lanarkshire; the Board will continue to remind the MDT of the importance of requesting complete staging for these patients.

In response to last year’s MCN action, there has been positive engagement with Radiology Services region-wide. There is recognition of the need for imaging for melanoma patients and there is now radiologist membership within the MCN Advisory Board; with radiologists participating in both specific radiology meetings and contributing to national guidance and QPI review.

QPI 10: Systemic Therapy

Description:	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: <ul style="list-style-type: none"> (i) Patients with unresectable stage III or IV cutaneous melanoma who undergo SACT; and (ii) Patients with resected stage III or IV cutaneous melanoma who undergo adjuvant SACT.
Numerator:	<ul style="list-style-type: none"> (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.
Denominator:	<ul style="list-style-type: none"> (i) All patients with unresectable stage III or IV cutaneous melanoma. (ii) All patients with resected stage III or IV cutaneous melanoma.
Exclusions:	<ul style="list-style-type: none"> (i) Patients who died before first treatment. (ii) Patients who died before SACT treatment
Target:	60%

Specification (i)



Due to small numbers, data is presented at a regional level in the chart above. SACT is not clinically appropriate for all Stage III and IV patients, which is why the target for this QPI is 60%. Across WoSCAN, three patients did not have SACT; review indicated that for these patients supportive care was considered the most appropriate treatment. The small numbers of patients included within this measure will result in chance fluctuations in performance on a year to year basis however results do not suggest any areas of clinical concern.

QPI audit data only includes information on the first episode of treatment following initial diagnosis of melanoma. As such, results are of the very small proportion of Stage III and IV patients that present with advanced disease at diagnosis and are not considered to be an accurate reflection of the quality of oncology services provided. WoSCAN has suggested that this specification is archived at the upcoming Formal Review of Cutaneous Melanoma QPIs.

Specification (ii) was met for all NHS Boards within WoSCAN in 2022-23.

Appendix 1: Meta Data

Report Title	Cancer Audit Report: Cutaneous Melanoma Quality Performance Indicators																										
Time Period	Patients diagnosed between 01 July 2022 to 30 June 2023																										
Measurability version	Melanoma-QPI-Measurability-v4.1-Final.pdf (isdscotland.org)																										
Data extraction date	2200 hrs on 22 November 2023																										
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