Healthcare Improvement Scotland

Follow up review of Cancer Quality Performance Indicators

Melanoma

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Executive Summary

In December 2022, the Healthcare Improvement Scotland (HIS) Cancer Quality Performance Indicator (CQPI) team (the review team) published the Review of Cancer Quality Performance Indicators Melanoma Report with a commitment to follow up progress on the recommendations in the report in 12 months' time.

In January 2024, as the first stage in the follow up process, the review team carried out data analysis using 2022/2023 melanoma Quality Performance Indicator (QPI) data. This identified improvement in performance levels and highlighted existing levels of unwarranted variation across regional cancer networks and NHS boards.

In March and April 2024, the review team arranged follow up meetings with the three regional cancer networks (the West of Scotland Cancer Network (WoSCAN), the South East Scotland Cancer Network (SCAN) and the North Cancer Alliance (NCA)) to discuss their findings from data analysis. This also provided the opportunity for the review team to learn more about the progress made on the recommendations in the initial HIS report and to understand the challenges faced by the clinicians in the NHS boards.

The follow up review process provided evidence of improved performance in some QPIs across some NHS boards.

- QPI number 1 indicates that 90% of people must be referred to a skin cancer specialist for their initial procedure to have their skin sample taken by a skin cancer specialist. The performance of NHS Highland had improved from achieving 64% in 2020/2021 to achieving 87.8% in 2022/2023, which was just short of the target of 90%. This referral process ensured patients in NHS Highland received the same standard of specialist skin cancer care as other patients across NCA NHS boards who all met the target of 90%.

  QPI number 3 indicates that 95% of patients must be discussed at the multidisciplinary team meeting (MDT) before they start treatment. The performance of NHS Lothian had improved from achieving 84% in 2020/2021 to achieving 96.3% in 2022/2023, which met the target. The performance of NHS Tayside had improved from achieving 78.7% to achieving 90.7% in 2022/2023 but did not meet the target of 95%. It is important patients are discussed at this meeting as the collaborative approach ensures a comprehensive evaluation of the patient's condition, leading to more accurate diagnosis and personalised treatment plan. It also facilitates

sharing different perspectives and experiences, which can uncover innovative solutions that improve patient outcomes.

- QPI number 4 indicates that 95% of patients must have an examination of their lymph nodes to help identify the stage of cancer. In NHS Lothian and across all WoSCAN NHS boards, audits indicated the examination of the patient's lymph nodes had taken place and was documented in patients' records rather than no record of the examination. NHS Lothian had improved from achieving 82.9% in 2020/2021 to 97.9% in 2022/2023 and met the target of 95% for the first time in four years. All WoSCAN NHS boards met or exceeded the target of 90% except for NHS Forth Valley who fell just short of the target achieving 89%. This examination is important for patients as it is a key indicator of the stage of the disease and must be clearly documented in patient records.
- QPI number 9 indicates that 95% of patients must have a CT (computerised tomography) scan or PET (positron emission tomography) scan within 35 days of being diagnosed with melanoma. The length of time a melanoma patient in all NHS boards must wait for a scan has reduced, however no NHS board met the target. A scan is required to stage the progress of the disease and delays here can impact the staging of the tumour and surgical referrals.

The most significant issues identified in the review, and again in the follow up review, is the length of time patients are required to wait for the results from the pathology service and the lengthy wait to have the melanoma tumour removed. When a patient is diagnosed with melanoma, the course of their treatment can be complex involving many different services. Each of these services are interdependent so when delays occur with one service this can have an impact on the other services.

These extended waiting times may add to existing stress levels already associated with the disease and may result in an increase in size of the original melanoma tumour. Performance levels varied across the NHS boards for these issues, but no NHS board met either of the targets.

NHS Ayrshire & Arran had concerning performance levels for both these issues which had shown no improvement in four years. This meant that melanoma patients in NHS Ayrshire & Arran received an unequal quality of care in comparison to melanoma patients who lived in other NHS board areas.

Some NHS boards attempted to address the complexities in the pathway. For example, NHS Lothian and NHS Tayside recruited pathway managers who monitor the patient journey throughout their treatment. This has led to improved performance levels across some QPIs.

NHS Tayside and NHS Fife have a tele-dermatology service which enabled an efficient, effective and appropriate method of triaging for services and this approach also reduced delays in the patients' treatment.

The follow up review provided clear evidence that a varied standard of clinical care existed for melanoma patients across NHS boards in Scotland. The regional cancer networks allow NHS boards to collaborate and work to improve the quality of cancer care across their regions. However, the performance against the QPIs, and the required improvement, action remains the responsibility of the individual NHS boards.

Background to the follow up review.

During spring 2020, the Scottish Government asked HIS to carry out an external review of CQPIs to provide national comparability and highlight areas of concern and/or unwarranted variation on a national scale.

The review team developed a rolling programme of reviews beginning with melanoma and in December 2022 published the Review of Cancer Quality Performance Indicators Melanoma Report.

The review team committed to follow up progress on the recommendations in the report in 12 months' time. The link below gives access to the HIS Review of Cancer Quality Performance Indicators Melanoma Report.

Review of cancer quality performance indicators – melanoma: November 2022 – Healthcare Improvement Scotland

In June 2023, the Scottish Government published the Cancer Strategy for Scotland 2023-2033. One of the key aims of the cancer strategy is to adopt a 'Once For Scotland` approach where appropriate to cancer services. This aims to ensure that the same prioritisation and delivery of services is adopted across Scotland and that patients receive equitable access to care and treatment. The link below gives access to the Cancer Strategy for Scotland. https://www.gov.scot/publications/cancer-strategy-scotland-2023-2033/

By identifying and highlighting unwarranted variation and areas of concern across Scotland, the HIS CQPI review process fully supports the aims and ambitions of the Scottish Government cancer strategy.

Methodology

In November 2023, the review team wrote to the three regional cancer networks, requesting the most up to date melanoma QPI data (2022/2023) and a progress update against the recommendations made in the report.

The review team arranged follow-up meetings with the three regional cancer networks which provided the opportunity to scrutinise and seek further clarification on progress following the publication of the report.

Data Analysis

The primary source of data was the 2022/2023 melanoma QPI data provided by the regional cancer networks. Further analysis of this data was carried out by the review team to measure any improvement in performance levels and to highlight existing levels of unwarranted variation across the regional cancer networks and NHS boards. Data from previous years 2021/2022 was also considered for the purpose of establishing trends.

The following six QPIs which evidenced unwarranted variation in the HIS report were the focus of the follow up review:

- QPI 1(i) Diagnostic Excision Biopsy as initial procedure.
- QPI 3 (i) MDT- Multi-Disciplinary Team for stage IA patients (with no timeframe applied). QPI 3(ii) MDT- Multi-Disciplinary Team for stage IB and above discussed prior to definitive treatment.
- QPI 4 Clinical Examination of Draining Lymph Node Basins.
- QPI 6 (i) Wide Local Excisions.
- QPI 7 (i) Pathology reporting time from date of diagnostic biopsy (21 days).
  QPI 7 (ii) Wide local excision time from pathology reporting of diagnostic biopsy (63 days).
- QPI 9 Imaging for Patients with Advanced Melanoma.

During the initial HIS review of melanoma QPI data, there was a formal national review of melanoma QPIs, which resulted in a change in definition of some QPIs. The link below provides details of the changes to these QPIs.

Cancer quality performance indicators (QPIs) – Healthcare Improvement Scotland

This means the 2019/2020 and 2020/2021 data is not directly comparable with the more recent data 2021/2022 and 2022/2023 for some QPIs. The changes are further explained in the QPI follow up review findings section of this report. These changes help identify the pressure points in the pathways and better reflect changes made to the care pathways to improve the quality of care. Even under the refined QPI definitions, not all NHS boards met the targets.

Follow Up Review Meetings

The follow up review meetings took place in March and April 2024 and provided the opportunity for the review team to scrutinise and seek further clarification on the progress update provided by the regional cancer networks. It also allowed the clinicians and managers to have open and honest discussions about the broader issues which affect melanoma QPI performance and the outcomes of patients with melanoma cancer across the NHS boards.

QPI Follow Up Review Findings

QPI 1(i) Diagnostic Excision Biopsy as Initial Procedure

Numerator: Number of patients with cutaneous melanoma undergoing diagnostic excision biopsy as their initial procedure who had this carried out by a skin cancer clinician.

Denominator: All patients with cutaneous melanoma undergoing diagnostic excision biopsy as their initial procedure.

Target 90%

NCA - NHS Highland

HIS made the following recommendation to NHS Highland in the initial HIS Review of Cancer Quality Performance Indicators Melanoma Report.

Recommendation

The review team recommend NCA and NHS Highland develop a fully funded business case for a revised hub and spoke model of care in NHS Highland. This model should include accredited primary care-based skin cancer clinicians to perform diagnostic excision biopsies.

Progress Update

Performance shown as percentages and numerator/denominator.

NHS Board	2020/2021	2021/2022	2022/2023
NHS Grampian	98% (104/106)	93.2% (109/117)	94.5% (138/146)
NHS Highland	63.8% (30/47)	85.7% (48/56)	86.8% (59/69)
NHS Orkney	-	100% †	75% †
NHS Shetland	100% †	100% †	100% †
NHS Tayside	99% (87/88)	98.4% (120/122)	98.6% (136/138)
NHS Western Isles	100% †	100% †	100% †
NCA	90% (226/250)	94.1% (285/303)	94.6% (349/369)

† Indicates values that have been redacted where there is a risk that individuals could be identified.

Comparative regional cancer network performance and the overall Scottish performance

	2020/2021	2021/2022	2022/2023
SCAN	99% (267/270)	97% (269/276)	98% (276/281)
WoSCAN	99% (475/480)	99% (568/571)	99% (593/601)
Scotland	97% (968/1000)	98% (1122/1150)	97% (1218/1251)

The performance of NHS Highland had steadily improved and achieved 63.8% in 2020/2021 to achieving 86.8% in 2022/2023, which is just short of the target of 90%.

NHS Highland provided the following update:

- NHS Highland explained discussions did take place regarding a hub and spoke service across the board although consensus could not be reached on how this would work or how this would be funded.
- The previous issues in NHS Highland related to the geographical spread across the board meaning it is not possible to have a centralised clinic with a skin cancer clinician to perform every biopsy. For many years, across the board, there have been several different opinions in primary care which has resulted in some patients not being treated by skin specialists, or not being given a diagnostic excision biopsy, as their first treatment.

  However, there have been multiple changes in NHS Highland GP services and the contract regarding additional activities (which include skin biopsies) was not certain to be renewed. Going forward, patients would be referred to a skin cancer specialist rather than having a skin biopsy carried out by a GP.
- Some primary care clinicians with extended roles had been attending the MDT to discuss their cases and provided care for melanoma patients at a local level with MDT direction and support.
- A surgeon in Fort William has also joined the MDT team to help provide care for melanoma patients in Lochaber as well as supporting primary care referrals and requests for excision. This post had expanded the number of skin cancer clinicians across NHS Highland.
- A tele-dermatology service had greatly improved the care for melanoma patients across NHS Tayside. NHS Highland believe a resourced tele-dermatology service, based on the Tayside model, would provide equitable care across the Highlands. The main benefit of a telehealth model is that it enables low risk lesions to be triaged, freeing up resources to treat urgent high-risk lesions.

Our Assessment

The review team were encouraged with the progress and efforts made by NHS Highland to improve the care for melanoma patients. The successful approach integrating primary care clinicians into the MDT should improve outcomes for patients with the additional direction and support. To support sustained improvement, NHS Highland could explore and embed a dermatology service learning from the successful Tayside model which enabled effective and appropriate triaging for services.

QPI 3(i) Multi-Disciplinary Team Meeting

Numerator: Number of patients with cutaneous melanoma discussed at the MDT before definitive treatment Wide Local Excision (WLE), chemotherapy, Systemic Anti-Cancer Therapy (SACT), supportive care and radiotherapy.

Denominator: All patients with cutaneous melanoma.
Exclusion: Patients who died before first treatment.

Target 95%

Changes to QPI	QPI has been separated into two specifications: Specification (i) for stage IA patients (with no timeframe applied) Specification (ii) for stage IB and above discussed prior to definitive treatment. Patients who died before first treatment are excluded. Target: 95% for both specifications.

SCAN-NHS Lothian

HIS made the following recommendation to NHS Lothian in the initial HIS Review of Cancer Quality Performance Indicators Melanoma Report.

Recommendation

The review team recommend NHS Lothian undertake further investigations to understand their performance and develop a detailed improvement action plan to meet the target in the future.

Progress Update

QPI 3 Multi-Disciplinary Team Meeting

Data shown for 2019/2020 and 2020/2021 are for the original combined QPI specification. For

2021/2022 and 2022/2023 the data shows the new QPI definition with Specification 3(i) for tumours at Stage IA (no time frame), and Specification 3(ii) for tumours at Stage IB and above and discussed at MDT prior to definitive treatment.

	Previous QPI 3 Definition			New QPI 3 Definition		
	2019/2020	2020/2021			2021/2022	2022/2023
NHS Dumfries & Galloway	85% (23/27)	82% (31/38)		Spec (i)	100% (13/13)	100% (18/18)
				Spec (ii)	75.9% (22/29) *	76% (19/25) *
NHS Lothian	86% (181/211) *	84% (172/204)		Spec (i)	100% (91/91)	100% (82/82)
				Spec (ii)	96% (22/29)	96.3% (103/107)
SCAN	88% (282/332)	99% (293/340)		Spec (i)	99% (153/154)	100% (138/138)
				Spec (ii)	93% (170/183)	94% (199/212)

* Indicates unwarranted variation from the target

Comparative regional cancer network performance and the overall Scottish performance

	Previous QPI 3 Definition			New QPI 3 Definition		
	2019/2020	2020/2021			2021/2022	2022/2023
WoSCAN	90% (563/625)	95% (556/588)		Spec (i)	100% (263/263)	100% (331/331)
				Spec (ii)	93% (374/402)	95% (343/362)
NCA	86% (285/331)	88% (256/290)		Spec (i)	98% (158/162)	98% (182/186)
				Spec (ii)	94% (186/198)	94% (235/250)
Scotland	88% (1130/1278)	91% (1105/1218)		Spec (i)	99% (574/579)	99% (651/655)
				Spec (ii)	93% (730/783)	94% (777/824)

NHS Lothian and NHS Dumfries & Galloway provided the following update.

- Following the changes to the QPI, NHS Lothian and NHS Dumfries & Galloway achieved 100% and exceeded the target.

Our Assessment

The review team were encouraged to learn of the improved performance levels across NHS Lothian and NHS Dumfries & Galloway and hope that performance levels will be sustained based on the current position.

Progress Update

QPI 3 (ii) for stage IB and above discussed prior to definitive treatment.

NHS Lothian met the target achieving 96% in 2021/2022 and 96.3% in 2022/2023. However, NHS Dumfries & Galloway achieved 75.9% in 2021/2022 and 76% in 2022/2023 evidencing unwarranted variation from the target.

The SCAN NHS boards provided the following update:

- NHS Dumfries & Gallway had capacity issues with only one consultant and one locum consultant in the dermatology service. The board face challenges recruiting to consultant dermatologist posts resulting in vacant consultant posts.
- NHS Dumfries & Galloway use a tele-dermatology service (although it is not yet fully embedded) and in this situation the patient following referral by the tele-service may go straight to surgery and not be discussed at the MDT.
- NHS Fife had an established tele-dermatology service which helped reduce delays in the patient pathway. The review team was advised that in NHS Lothian, the roll out of a similar teledermatology service had not been approved as a result of Information Governance concerns.

Our Assessment

The review team acknowledged the recruitment issues faced by NHS Dumfries & Galloway and encourage the NHS board to ensure the sustainability of the service by strengthening its efforts to recruit to the consultant posts, including advertising the posts overseas.

In NHS Fife, the use of tele-dermatology ensured a smoother pathway for melanoma patients and helped mitigate any delays. The review team suggests NHS Lothian review their information governance arrangements and consider adopting this evidence-based practice to ensure melanoma patients across all SCAN NHS boards receive an equitable level of care.

NCA - NHS Tayside

HIS made the following recommendation to NHS Tayside in the initial HIS Review of Cancer Quality Performance Indicators Melanoma Report.

Recommendation

The review team recommend NHS Tayside closely monitor their performance and develop a detailed action plan in order to meet the target in the future.

Progress Update

Data shows for 2019/2020 and 2020/2021 are for the original combined QPI specification. For 2021/2022 and 2022/2023 the data shows the new QPI definition with Specification 3(i) for tumours at Stage IA (no time frame), and Specification 3(ii) for tumours at Stage IB and above and discussed at MDT prior to definitive treatment.

	Previous QPI 3 Definition			New QPI 3 Definition	
	2019/2020	2020/2021		2021/2022	2022/2023
NHS Tayside	77% (98/127) *	78% (75/90)	Spec (i)	94.2% (65/69)	94.5% (69/73)
			Spec (ii)	90.7% (68/71)	90.7% (78/86)
NCA	86% (285/331)	88% (256/290)	Spec (i)	98% (158/162)	98% (182/186)
			Spec (ii)	94% (186/198)	94% (235/250)

* Indicates unwarranted variation from the target

Comparative regional cancer network performance and the overall Scottish performance

	Previous QPI 3 Definition			New QPI 3 Definition	
	2019/2020	2020/2021		2021/2022	2022/2023
SCAN	88% (282/332)	99% (293/340)	Spec (i)	99% (153/154)	100% (138/138)
			Spec (ii)	93% (170/183)	94% (199/212)

WoSCAN	90% (563/625)	95% (556/588)		Spec (i)	100% (263/263)	100% (331/331)
				Spec (ii)	93% (374/402)	95% (343/362)
Scotland	88% (1130/1278)	91% (1105/1218)		Spec (i)	99% (574/579)	99% (651/655)
				Spec (ii)	93% (730/783)	94% (777/824)

The performance of NHS Tayside had improved achieving 94.2% in 2021/2022 to achieving 94.5% in 2022/2023, which is just short of the target of 95%.

The NCA boards provided the following update:

- NHS Tayside explained the improved performance was due to the recruitment of an MDT coordinator who is a key member of the MDT. The MDT co-ordinator highlighted the relevant patients to be discussed at the MDT and provided support to melanoma patients by ensuring they were referred to other services such as pathology and imaging.
- NHS Highland had non-clinical staff who carried out a similar role to the MDT co-ordinator, but NHS Grampian had no staff to support the MDT process.

Our Assessment

The review team were encouraged with NHS Tayside's improved performance which was due to the recruitment of the MDT co-ordinator. In addition to supporting the MDT, the co-ordinator also monitored the pathway by ensuring patients transition through the complex melanoma pathway. The MDT co-ordinator, by providing this support, helped to ensure melanoma patients in NHS Tayside would have improved outcomes and patient experience.

QPI 4 Clinical Examination of Draining Lymph Node Basins

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.

Target: 95%

SCAN- NHS Lothian

HIS made the following recommendation to NHS Lothian in the initial HIS Review of Cancer Quality Performance Indicators Melanoma Report.

Recommendation

The review team recommend NHS Lothian introduce a requirement for nodal examination to be documented on the MDT referral form before the case is discussed at MDT. A consistent documentation approach should improve the ability to assess compliance across the NHS board.

Progress Update

NHS Board	2019/2020	2020/2021	2021/2022	2022/2023
NHS Lothian	90.6% (193/213)	82.9% (170/205)	92.5% (184/199)	97.9% (187/199)
SCAN	94% (303/324)	89% (304/343)	95% (331/348)	98% 345/353)

Comparative regional cancer network performance and the overall Scottish performance

	2019/2020	2020/2021	2021/2022	2022/2023
WoSCAN	86% (536/626)	88% (519/591)	92% (617/673)	93% (645/696)
NCA	78% (263/336)	83% (242/290)	90% (336/374)	94% (345/353)
Scotland	86% 1102/1286)	87% (1065/1224)	92% (1284/1394)	94% (1404/1490)

NHS Lothian had consistently improved achieving 82.9% in 2020/2021, 92.5% in 2021/2022 and 97.9% in 2022/2023 and met the target of 95% for the first time in four years.

NHS Lothian provided the following update:

A tick box which indicates if the nodal examination has been documented had been added to the MDT sheet and the newly recruited melanoma pathway manager contacts the relevant clinician if the box has been left blank. These two successful approaches ensured performance had improved across NHS Lothian.

Our Assessment

The review team were encouraged to learn NHS Lothian had recruited a melanoma pathway manager who ensured the clinical examination of lymph nodes is documented. We hope that NHS Lothian will continue to meet the target in the future.

WoSCAN -All WoSCAN NHS Boards

HIS made the following recommendation to all WoSCAN NHS boards in the initial HIS Review of Cancer Quality Performance Indicators Melanoma Report.

Recommendation

The review team recommend WoSCAN and the WoSCAN NHS boards implement a regional MDT template with a mandatory field to record the examination of the lymph nodes.

Progress Update

NHS board	2019/2020	2020/2021	2021/2022	2022/2023
NHS Ayrshire & Arran	79% (69/87)	92% (76/83)	100% (95/95)	100% (89/89)
NHS Forth Valley	63% (52/83)	66% (43/65)	80% (87/109)	89% (93/104)
NHS Greater Glasgow & Clyde	90% (282/315)	88% (279/318)	93% (300/321)	93% (330/356)
NHS Lanarkshire	94% (133/141)	97% (121/125)	91% (135/148)	90% (133/147)
WoSCAN	86% (536/626)	88% (519/591)	92% (617/673)	93% (645/696)

Comparative regional cancer network performance and the overall Scottish performance

	2019/2020	2020/2021	2021/2022	2022/2023
SCAN	94% (303/324)	89% (304/343)	95% (331/348)	98% 345/353)
NCA	78% (263/336)	83% (242/290)	90% (336/374)	94% (345/353)
Scotland	86% 1102/1286)	87% (1065/1224)	92% (1284/1394)	94% (1404/1490)

Overall, the performance of NHS Ayrshire & Arran, NHS Forth Valley and NHS Greater Glasgow & Clyde had shown a steady increase since 2019/2020. NHS Lanarkshire had seen a dip in performance since 2020/2021. NHS Ayrshire & Arran was the only WoSCAN NHS board who met the 95% target.

The WoSCAN NHS boards provided the following update:

- A regional MDT Improvement Programme was underway to optimise operational efficiency and effectiveness, this included the development of an MDT recording system. As part of this work, the

skin cancer Managed Clinical Network (MCN) had developed a melanoma dataset which included the mandatory recording of the date of clinical examination of draining lymph nodes on the referral form. The implementation date of this system for the skin MDT had yet to be confirmed.

- NHS Forth Valley had implemented a new protocol whereby melanoma patients were invited to a clinic prior to WLE during which time a lymph node examination was carried out.
- NHS Lanarkshire communicated with individual clinicians who did not meet this QPI and emphasised the need to undertake and improve documentation on the examination of draining lymph node basins.
- NHS Greater Glasgow & Clyde had reviewed cases not meeting the QPI in 2021/2022 and 2022/2023 and noted no individual clinicians were responsible for not meeting this QPI. The need to undertake the examination of draining lymph node basins and ensure appropriate documentation of this examination had been raised at the Dermatology Governance meeting and Plastics Governance meeting as well as at the Plastics Consultants meeting.
- NHS Ayrshire & Arran had a box on the referral pro forma which indicated if the examination of draining lymph node basins had been carried out. This was loaded onto a portal which the auditors could easily access.

Our Assessment

The review team were encouraged to see efforts had been made across all WoSCAN NHS boards to improve performance and hope all NHS boards will meet the target in the next reporting period.

QPI 6 (i) Wide Local Excisions

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 died before treatment.

Target: 95%

SCAN - NHS Lothian

HIS made the following recommendation to NHS Lothian in the initial HIS Review of Cancer Quality Performance Indicators Melanoma Report.

Recommendation

The review team recommend NHS Lothian closely monitor their performance and develop a detailed action plan to meet the target in the future.

Progress Update

NHS Board	2021/2022	2022/2023
NHS Lothian	94.2% (161/171)	97.1% (165/170)
SCAN	93% (287/309)	97% 309/319)

Comparative regional cancer network performance and the overall Scottish performance

	2021/2022	2022/2023
WoSCAN	97% (620/639)	97% (646/669)
NCA	95% (331/347)	96% (385/401)
Scotland	96% (1238/1295)	97% (1340/1389)

NHS Lothian had shown consistent improvement since the last review and in 2022/2023 met the target achieving 97.1% against a target of 95%.

NHS Lothian stated that in the case of patients with grade 1A tumours a 5 mm excision margin is not always required as recurrence rate is very low.

Our Assessment

NHS Lothian met the target and we hope this level of performance will continue in the future. We advise NHS Lothian to carry out an audit for the cohort of patients who have a narrow excision margin to confirm there is no recurrence of the tumour.

QPI 7 (i) Diagnostic Excision Biopsy and Wide Local Excision within 84 days

Numerator: Number of patients with cutaneous melanoma undergoing wide local excision within 84 days of their diagnostic excision biopsy.

Denominator: All patients with cutaneous melanoma undergoing diagnostic excision biopsy.

Exclusions: Patients who have also undergone partial biopsy.

Target 95%

Changes to QPI	QPI has been split into two specifications to better understand the delays in the pathway. Specification (i) – Pathology reporting time from date of diagnostic biopsy (21 days) Specification (ii) – Wide local excision time from pathology reporting of diagnostic biopsy (63 days) Target: 90% for both specifications.

SCAN- NHS Lothian

HIS made the following recommendation to NHS Lothian in the initial HIS Review of Cancer Quality Performance Indicators Melanoma Report.

Recommendation

NHS Lothian must take urgent action to address the capacity issues in pathology and the quality of pathology work provided by external suppliers. Additionally, efforts should be made urgently to streamline the pathway, where possible, thereby reducing waiting times and improving patient outcomes and overall experience.

Progress Update

QPI 7 Time to Wide Local Excision - Wide local excision undertaken within 63 days of diagnostic biopsy reporting.

Data shown for 2019/2020 and 2020/2021 are for the original combined (84 day) QPI specification. For 2021/2022 and 2022/2023 the data shows the new QPI definition with Specification 7(i) (pathology report within 21 days) and Specification 7(ii) (WLE within 63 days of pathology report).

NHS Board	Original QPI 7 Definition			New QPI 7 Definition		
		2019/2020	2020/2021		2021/2022	2022/2023
NHS Borders	QPI 7	80% (16/20)	76% (22/29)	Spec (i)	65.7% (23/35) *	65.9% (27/41) *
				Spec (ii)	51.6% (16/31) *	55.3% (21/38) *

NHS Dumfries & Galloway	QPI 7	67% (12/18)	58% (11/19)	Spec (i)	100% (39/39)	100% (37/37)
				Spec (ii)	60.7% 17/28	76.5% (26/34)
NHS Fife	QPI 7	69% (31/45)	62% (29/47)	Spec (i)	78.9% (56/71) *	49.3% (37/75) *
				Spec (ii)	69.1% (47/68) *	65.3% (47/72) *
NHS Lothian	QPI 7	45% (78/173)	68% (119/174)	Spec (i)	53.8% (106/197) *	59.3% 112/189 *
				Spec (ii)	64.2% (104/162) *	59.4% (98/165) *
SCAN	QPI 7	54% (137/256)	67% (181/269)	Spec (i)	65.5% (224/342)	62.3% (213/342)
				Spec (ii)	63.7% (184/289)	62.1% (192/309)

* Indicates un-warranted variation from the target

Comparative regional cancer network performance and the overall Scottish performance

	Previous QPI 7 Definition			New QPI 7 Definition		
	2019/2020	2020/2021			2021/2022	2022/2023
WoSCAN	75% (384/511)	79% (377/479)		Spec (i)	70% (453/651)	67% (458/687)
				Spec (ii)	71% (444/623)	70% (454/646)
NCA	68% (187/275)	68% (169/249)		Spec (i)	68% (247/363)	75% (330/340)
				Spec (ii)	66% (218/331)	67% (257/385)
Scotland	68% (708/1042)	73% (727/997)		Spec (i)	68% (924/1356)	68% (1001/1469)
				Spec (ii)	68% (846/1243)	67% (903/1340)

QPI 7 (i) continued to be challenging for all SCAN NHS boards to meet with varied performance across the NHS boards. The performance of NHS Lothian had slightly improved from 53.8% in 2021/2022 to 59.3% in 2022/2023. The performance of NHS Fife had shown a downward trend from 78.9% in 2021/2022 to 49.3% in 2022/2023. However, NHS Dumfries & Galloway had met the target in

2021/2022 and 2022/2023 consistently achieving 100%. All SCAN NHS boards (except NHS Dumfries & Galloway) showed unwarranted variation and none were close to meeting the target of 95%.

The SCAN NHS boards provided the following update:

- In NHS Lothian, challenges existed at all points in the pathology pathway with staff shortages being a major contributing factor. This was not restricted to a shortage of pathologists, but also a shortage of clerical and administrative staff across the service.
- As a result of the pressures, during part of the audit period, pathology was outsourced to external contractors. This outsourcing resulted in slower reporting times. To mitigate the risk of delayed reporting, a decision had been made to keep high-risk specimens for pathology reporting inhouse. As part of efficiency savings, NHS Lothian had stopped outsourcing pathology.
- NHS Borders sent pathology specimens to NHS Lothian which added to existing pressures on their pathology service.
- The pathology service in NHS Fife also faced considerable pressures with increased demand and a shortage of staff. NHS Fife had decided to send low risk cases to external pathology contractors to prioritise urgent cases and avoid any potential delays.

Our Assessment

The review team urge all SCAN NHS boards to address the issues in pathology services to ensure melanoma patients do not have to continue to endure lengthy waits for pathology results.

The review team were encouraged with the recruitment of the pathway manager in NHS Lothian who had already began to streamline the process after identifying the reason for the delays began with the time the patient received a diagnosis.

Progress Update

QPI 7 (ii) Time to Wide Local Excision (WLE) - Wide local excision undertaken within 63 days of diagnostic biopsy reporting.

QPI 7 (ii) continued to be challenging to meet with varied performance across the SCAN NHS boards. NHS Borders and NHS Dumfries & Galloway had shown improved performance in 2022/2023. However, NHS Fife and NHS Lothian evidenced a downward trend from 2021/2022 to 2022/2023. All SCAN NHS boards (with the exception of NHS Dumfries & Galloway) showed unwarranted variation and none were close to meeting the target of 95%.

The SCAN NHS boards provided the following update:

- QPI 7(ii) reflects a complex pathway in melanoma care; the wait for staging scans, the availability of surgical time for consultants, inpatient and outpatient WLEs, with and without general anesthesia and/or nuclear medicine facilities.
- Patients who were required to be transferred between NHS boards, or from dermatology to plastic surgery and maxillofacial surgery, experienced small delays in each step which contributed to an overall delay in the pathway.
- In NHS Borders, melanoma patients received treatment in NHS Lothian and some melanoma patients who lived in NHS Fife received treatment in NHS Tayside.
- NHS Borders faced further challenges as the only consultant dermatologist had left the NHS board and they had found it difficult to recruit to these posts.
- NHS Lothian had recently recruited a pathway manager who monitored patients on the pathway and prompted the responsible clinician if there were delays in initiating the next step of care, for example notifying the patient of the diagnosis, the MDT decision arranging scans. The pathway manager also emailed the plastic surgery team, in real time during the MDT, to arrange an outpatient appointment to discuss the next step of treatment. To further improve the patient experience, an additional resource of 15 hours a week had been dedicated to the melanoma pathway manager.
- To improve capacity in the plastic surgery service, NHS Lothian had recruited additional plastic surgeons to prevent delays for melanoma patients.
- In addition to cancelling contracts with external providers of pathology services, NHS Lothian had also cancelled the contracts of external providers of dermatology services.
- NHS Lothian had conducted extensive audits to identify where the blockages occurred in the pathway. However, the pathway manager had identified that delays occur much earlier in the pathway. The delays start if the patient has not been given a diagnosis at the first appointment. Once the patient is aware of the diagnosis, the required appointments can then be booked in advance which can happen at the initial patient appointment.
- In NHS Lothian, external providers of dermatology services provided weekend clinics, but patients were not given a diagnosis at this initial appointment. This situation accounted for 75% of the delays in the patient pathway. However, if the patient had been given a diagnosis at their initial appointment, staging scans could have been booked even before the MDT and avoided any delays.

Our Assessment

The review team urge all SCAN NHS boards to address the issues in pathology services to ensure a high quality, sustainable service exists for melanoma patients. More than 100 patients with melanoma

diagnosed across SCAN NHS boards in 2022/2023 had waited more than 84 days for their WLE, a downward trend in reporting time over the last three years and very wide regional variation. After a confirmed diagnosis of malignant melanoma, lengthy waits to receive a WLE may worsen patient outcomes and add considerable stress to already existing anxieties associated with the disease.

WoSCAN - NHS Ayrshire and Arran

HIS made the following recommendations to NHS Ayrshire & Arran in the initial HIS Review of Cancer Quality Performance Indicators Melanoma Report 2022.

Recommendation 1

NHS Ayrshire & Arran should take action to investigate why the QPI is not being met and develop an action plan to address the improvements required.

Recommendation 2

NHS Ayrshire & Arran should ensure that appropriate data management and cleansing arrangements are in place, including contingency in the event key staff are unavailable, to ensure that performance is monitored consistently and issues regarding patients' quality of care are identified.

Progress Update

QPI 7(i) Time to Wide Local Excision - Diagnostic biopsy reported within 21 days.

NHS Board	Original QPI 7 Definition			New QPI 7 Definition		
		2019/2020	2020/2021		2021/2022	2022/2023
NHS Ayrshire & Arran	QPI 7	No result	26% (20/76)	Spec (i)	23% (20/87) *	24% (21/87) *
				Spec (ii)	53% (44/83) *	29% (24/82) *

* Indicates unwarranted variation from the target

Recommendation 1

NHS Ayrshire & Arran achieved 23% in 2021/2022 and 24% in 2022/2023 evidencing unwarranted variation against the target of 95%. This was the lowest performance of any NHS board in Scotland.

NHS Ayrshire & Arran provided the following update:

- Pathology recruitment remained a significant challenge in NHS Ayrshire & Arran. Although the NHS board had managed to recruit another consultant pathologist, the service required a consultant pathologist with a special interest in skin.
- The pathology service across all tumour types in NHS Ayrshire & Arran was in a challenging position due to the increased workload and existing vacant posts. In the short term, the NHS board had to rely on outsourcing pathology services to external providers.
- NHS Ayrshire & Arran carried out an audit which revealed 70% of cases that did not meet the target had been outsourced to an external provider of pathology services.
- In NHS Ayrshire & Arran pathology services, to ensure the appropriate triaging and allocation of work took place, clinical teams had been reminded to provide full and accurate clinical information with specimens. This process ensured prioritisation of urgent suspicion of cancer cases and to avoid delays this work would not be outsourced to external providers. When a second opinion on a pathology sample was required, the NHS board had developed an alternative process for in-house pathology services to avoid outsourcing and further delays.
- The challenges in pathology services had been discussed at the West of Scotland Cancer Advisory Board and were on the NHS Ayrshire & Arran risk register for diagnostics and cancer services.

Our Assessment

NHS Ayrshire & Arran should fully investigate, and address, the reasons why performance remained so low in comparison to all other NHS boards in Scotland. This meant patients in NHS Ayrshire & Arran had to endure longer waiting times than patients across all other NHS boards in Scotland. Although the challenges in pathology services were on the NHS board's risk register it was unclear if a plan was in place to address and seek innovative solutions to improve the quality of service for patients.

Recommendation 2

NHS Ayrshire & Arran provided the following update:

The HIS report was based on patients diagnosed in 2019/2020 when staffing in the NHS Ayrshire & Arran audit team was precarious due to unplanned retiral, staff sickness and other significant staffing issues, leaving unfilled vacancies despite attempts at recruitment. In addition, the Covid-19 pandemic began during the last few months of this audit cycle which meant pathways were delayed, nonemergency activity was stopped and staffing levels were extremely challenging. Previous quality issues in the audit data were resolved and the audit team was fully staffed in the NHS board.

Our Assessment

The review team were assured the previous issues in the audit team in NHS Ayrshire & Arran were resolved and the audit team had a full complement of staff.

All WoSCAN NHS Boards

HIS made the following recommendation to all WoSCAN NHS boards in the initial HIS Review of Cancer Quality Performance Indicators Melanoma Report 2022.

Recommendation

In order to improve, the review team recommend all WoSCAN NHS boards share good practice across the region. Where possible, adopt best practice, streamlined models of care such as using advanced nurse practitioners, as evidenced across NHS Greater Glasgow & Clyde and NHS Lanarkshire and the plastic surgery outreach service set up by NHS Forth Valley.

Progress Update

QPI 7(i) Time to Wide Local Excision- Diagnostic biopsy reported within 21 days

Data for 2019/2020 and 2020/2021 are for the original combined (84 day) QPI specification.

For 2021/2022 and 2022/2023 the data shows the new QPI definition with Specification 7(i) (pathology report within 21 days) and Specification 7(ii) (WLE within 63 days of pathology report).

NHS Board	Original QPI 7 Definition			New QPI 7 Definition		
		2019/2020	2020/2021		2021/2022	2022/2023
NHS Ayrshire & Arran	QPI 7	No result	26% (20/76)	Spec (i)	23% (20/87) *	24% (21/87) *
				Spec (ii)	53% (44/83) *	29% (24/82) *
NHS Forth Valley	QPI 7	58/69 84%	82% (46/56)	Spec (i)	55% (60/109) *	58% (60/103) *
				Spec (ii)	69% (71/103) *	89% (87/98)
NHS Greater Glasgow & Clyde	QPI 7	194/236 82%	92% 222/241	Spec (i)	81% (254/312) *	73% (257/35)1 *
				Spec (ii)	83% (253/303) *	82% (275/336) *

NHS Lanarkshire	QPI 7	92/125 74%	84% 89/106	Spec (i)	83% (119/143) *	82% (120/146) *
				Spec (ii)	57% (76 /134) *	52% (68/130) *
WoSCAN	QPI 7	344/430 80%	79% (377/479)	Spec (i)	70% (453/651)	67% (458/687)
				Spec (ii)	71% (444/623)	70% (454/646)

* Indicates un-warranted variation from the target

Comparative regional cancer network performance and the overall Scottish performance

	Previous QPI 7 Definition			New QPI 7 Definition		
	2019/2020	2020/2021			2021/2022	2022/2023
SCAN	54% (137/256)	67% (181/269)		Spec (i)	65.5% (224/342)	62.3% (213/342)
				Spec (ii)	63.7% (184/289)	62.1% (192/309)
NCA	68% (187/275)	68% (169/249)		Spec (i)	68% (247/363)	75% (330/340)
				Spec (ii)	66% (218/331)	67% (257/385)
Scotland	68% (708/1042)	73% (727/997)		Spec (i)	68% (924/1356)	68% (1001/1469)
				Spec (ii)	68% (846/1243)	67% (903/1340)

Performance across the WoSCAN NHS boards for the 2022/2023 reporting period was varied with NHS Ayrshire & Arran achieving 24%, NHS Forth Valley 58%, NHS Greater Glasgow & Clyde 73% and NHS Lanarkshire performing slightly better achieving 82%. However, all WoSCAN NHS boards showed unwarranted variation and did not meet the target of 95%.

The WoSCAN NHS boards provided the following update:

- NHS Greater Glasgow & Clyde explained there were significant challenges in pathology with recruitment issues and a resultant backlog of cases. A skill shortage existed in pathology services, with two trainees leaving the service. The NHS board was also concerned with the long-term sustainability of the service with five pathologists aged over 50 years old working in the pathology service.

- NHS Greater Glasgow & Clyde were required to outsource to external pathology providers due to vacant posts. The NHS board had concerns with the quality of the service provided by external providers, following internal quality assurance checks, patient diagnoses were required to be changed.
- Issues had been raised with the external pathology providers regarding timescales and the quality of service and improvements had been made, however, the target was not always met. NHS boards were also restricted in outsourcing pathology due to the limited number of external pathology providers in the UK.

Our Assessment

The performance of QPI 7(i) across NHS Ayrshire & Arran and NHS Forth Valley was amongst the lowest in Scotland. NHS Greater Glasgow & Clyde and NHS Lanarkshire performed slightly better, but it was unclear to the review team the reason for such variation in performance across WoSCAN NHS boards.

The performance levels in NHS Ayrshire & Arran and NHS Forth Valley had been low for four years and had shown no sign of improvement. At the review meeting it was clear to the review team that the clinical teams did not fully understand the reasons for such sustained low performance levels and had no robust improvement plans in place.

This meant that for melanoma patients in NHS Ayrshire & Arran and NHS Forth Valley there was a risk that the quality of care received may have been lower than that of patients in other NHS boards. It is important that NHS Ayrshire & Arran and NHS Forth Valley address the issues in the follow up report to improve the delivery of cancer care as measured by the QPI.

QPI 7 (ii) Time to Wide Local Excision - Wide local excision undertaken within 63 days of diagnostic biopsy reporting.

Performance across the WoSCAN NHS boards was, again, varied in the 2022/2023 reporting period with NHS Lanarkshire achieving 52% and NHS Greater Glasgow & Clyde achieving 82%. NHS Ayrshire & Arran achieved 29% and was the lowest performance of any NHS board in Scotland. NHS Forth Valley achieved 89% and although did not meet the target was the only WoSCAN NHS board not to show unwarranted variation against the target.

The WoSCAN NHS Boards provided the following update:

- The updated Scottish Intercollegiate Guidelines Network (SIGN) guidelines 146 cutaneous melanoma had involved a change to clinical practice for all NHS boards. All patients who present with stage 2

disease and above, need a Sentinel Node Biopsy (SNB) which requires a general anesthetic. This change had added pressure to theatre capacity and increased patient waiting times.[1]

Across all WoSCAN NHS boards (except NHS Forth Valley who had set up their own plastic surgery service) there were capacity issues in plastic surgery and theatres which were major contributing factors in the inability to reach this target. However, all agreed this was a long-standing issue and efforts must be made at an individual NHS board level to identify precisely where, in the pathway, the delays occur to enable change to happen. WoSCAN felt that they were best placed to drive forward change and ensure best practice is shared so that performance improved across all NHS boards.

Our Assessment

The review team urge all WoSCAN NHS boards to work with the network to investigate and identify where in the pathway the delays occur so that the relevant improvement actions can be implemented. The updated SIGN guidelines 146 Cutaneous melanoma had involved a change to clinical practice for all NHS boards. All patients who present with stage 2 disease and above, need an SNB which requires a general anesthetic. We recommend that all WoSCAN NHS boards conduct an audit to establish the exact numbers of melanoma patients with stage 2 tumours and above who require SNB, which will quantify the capacity demands on theatre and anesthetist time. This will determine whether the delays are due to issues with theatre capacity or limitations in availability of the plastic surgery service. NHS Forth Valley and NHS Greater Glasgow & Clyde performed better than the other NHS boards so we reiterate our recommendation from the 2022 report and encourage all WoSCAN NHS boards to work together to share and adopt best practice.

Performance levels indicated melanoma patients in NHS Ayrshire & Arran and NHS Lanarkshire had to endure lengthy waits for treatment following the diagnostic biopsy report. Delays in receiving treatment may worsen outcomes and add additional stress to patients' existing anxieties associated with the disease.

[1] Healthcare Improvement Scotland (2023). Scottish Intercollegiate Guidelines Network (SIGN) guidelines 146 Cutaneous melanoma.

NCA-All NCA NHS Boards

HIS made the following recommendation to all NCA NHS Boards in the initial HIS Review of Cancer Quality Performance Indicators Melanoma Report 2022.

Recommendation

The review team recommends that NCA NHS boards should incorporate quality and timeliness specifications into contracts for external pathology services along with financial penalties for companies who do not meet these specifications. NHS boards should only contract providers that can demonstrate their ability to meet the required quality and timeframes.

Progress Update

QPI 7(i) Time to Wide Local Excision - Diagnostic biopsy reported within 21 days.

Data show for 2019/2020 and 2020/2021 are for the original combined (84 day) QPI specification.

For 2021/2022 and 2022/2023 the data shows the new QPI definition with Specification 7(i) (pathology report within 21 days) and Specification 7(ii) (WLE within 63 days of pathology report).

NHS Board	Original QPI 7 Definition			New QPI 7 Definition		
		2019/2020	2020/2021		2021/2022	2022/2023
NHS Grampian	QPI 7	70% (77/110)	70% (74/106)	Spec (i)	62.0% (80/129) *	62.6% (109/174) *
				Spec (ii)	67.7% (85/122) *	67.5% (106/157) *
NHS Highland	QPI 7	50% (23/46)	57% (26/46)	Spec (i)	76.0% (57/75)	71.6% (63/68)
				Spec (ii)	66.7% (46/69) *	62.8% (49/78) *
NHS Orkney	QPI 7	100% †	25% †	Spec (i)	-	100% †
				Spec (ii)	-	0% †
NHS Shetland	QPI 7	100% †	100% †	Spec (i)	40% †	100% †

				Spec (ii)	75% †	100% †
NHS Tayside	QPI 7	72% (80/111)	72% (63/88)	Spec (i)	72.0% (108/150)	88.8% (143/161)
				Spec (ii)	61.4% (81/132) *	66.7% (90/135) *
NHS Western Isles	QPI 7	75% †	100% †	Spec (i)	0%	80% (8/10)
				Spec (ii)	100% †	78% (7/9)
NCA	QPI 7	68% (187/274)	68% (169/249)	Spec (i)	68.0% (247/363)	75.0% (330/440)
				Spec (ii)	65.9% (218/331)	66.8% 257/385

- indicates no patients

* Indicates un-warranted variation from the target

† Indicates values that have been redacted where there is a risk that individuals could be identified.

Comparative regional cancer network performance and the overall Scottish performance

	Previous QPI 7 Definition			New QPI 7 Definition	
	2019/2020	2020/2021		2021/2022	2022/2023
SCAN	54% (137/256)	67% (181/269)	Spec (i)	65.5% (224/342)	62.3% (213/342)
			Spec (ii)	63.7% (184/289)	62.1% (192/309)
WoSCAN	80% (344/430)	79% (377/479)	Spec (i)	70% (453/651)	67% (458/687)
			Spec (ii)	71% (444/623)	70% (454/646)
Scotland	68% (708/1042)	73% (727/997)	Spec (i)	68% (924/1356)	68% (1001/1469)
			Spec (ii)	68% (846/1243)	67% (903/1340)

The performance of all NCA NHS boards had improved from 68% in 2020/2021 to 75% in 2022/2023, however, this QPI continued to be challenging with no NCA NHS boards meeting the target of 95%. In 2022/2023 NHS Grampian and NHS Highland showed unwarranted variation from the target of 95%.

The NCA NHS boards provided the following update:

- Over the last year there had been a 25% increase in the number of melanoma patients that had received treatment across all NCA NHS boards. This remained the highest number of treatments to

date in NCA NHS boards. Public Health Scotland (PHS) predicted that in Scotland there will be a 60% increase in the number of melanoma tumors diagnosed over the next 20 years due to the ageing population.

- Across all NCA NHS boards on-going capacity issues in pathology reporting continued to be a challenge.
- In NHS Highland, the outsourcing of pathology services continued to be a major issue. Following the recommendation from HIS, and despite an extensive UK wide search, they had been unable to source an external contractor willing to commit to meeting the 21-day target. NHS Highland had no option but to continue to use the external contractors. However, recently they had appointed two pathologists which had improved the performance across the NHS board.
- NHS Tayside had a reduced workforce capacity in the pathology service due to a retirement and had been unable to recruit to the post.

- NHS Grampian shared the pathology services with breast cancer services and was close to reaching a full capacity of workload.

Our Assessment

Whilst there were some improvements in performance across the NCA NHS boards, despite increasing numbers of melanoma tumors, they did not meet the target. We appreciated that efforts had been made to recruit more pathologists, but it was not clear if creative efforts had been made to make the posts more attractive for potential applicants.

QPI 7 (ii) Time to Wide Local Excision - Wide local excision undertaken within 63 days of diagnostic biopsy reporting.

Performance levels indicated no NCA NHS boards were close to meeting the target in 2022/2023 data. NHS Tayside had shown improvement achieving 61.4% in 2021/2022 to 66.7% in 2022/2023.

The NCA NHS boards provided the following update:

- Theatre capacity remained an issue across all NCA NHS boards with levels yet to return to pre-Covid levels. This situation was further challenged by a significant increase in patients with melanoma tumours across the NCA NHS boards and as a result had increased the demand on services for treatment.
- In NHS Tayside, the MDT co-ordinator was helpful in streamlining the patient pathway when unexpected issues occurred and arranged for patient appointments to be re-scheduled.

In 2022/2023 in NHS Highland the majority of simple WLE had improved performance levels achieving 85% with 40 out of 47 patients meeting the target of 63 days. However, in the cases that required sentinel nodes to be removed only 5 out of 22 patients met the 63 day target, achieving 22% in 2022/2023. The patients that required sentinel nodes to be removed were referred to NHS Lothian.

Our Assessment

The review team acknowledged that the increasing incidence of melanoma tumors across the NCA NHS boards, and reduced theatre capacity, were likely contributing factors for the low performance levels. The review team recommend all NCA NHS boards ensure that melanoma tumors are prioritised appropriately and theatre capacity meets the level of demand. After a positive diagnosis of malignant melanoma, lengthy waits for surgery may worsen patient outcomes and add considerable stress to already existing anxieties associated with the disease.

QPI 9 Imaging for Patients with Advanced Melanoma

Numerator: Number of patients with stage IIC and above cutaneous melanoma who undergo CT (computerized tomography) or PET CT (positron emission tomography) within 35 days of diagnosis.

Denominator: All patients with stage IIC and above cutaneous melanoma. **Target:**

95%

Changes to QPI	QPI has been changed to measure timeframe of 35 days of pathology report being issued rather than date of diagnosis.

SCAN-All SCAN NHS Boards

HIS made the following recommendation to all SCAN NHS Boards in the initial HIS Review of Cancer Quality Performance Indicators Melanoma Report 2022.

Recommendation

The review team recommend that NHS boards provide dedicated resources to address the radiology and pathology constraints. A new pathway manager will help improve patient care by addressing the issues associated with the complex care pathway for all SCAN NHS boards.

Progress Update

NHS board	2021/2022	2022/2023
NHS Borders	100% (7/7)	85.7% (6/7)
NHS Dumfries & Galloway	64.3% (9/14)	71.4% (5/7)
NHS Fife	90.9% (10/11)	100% (18/18)
NHS Lothian	55.2% (16/29) *	65.5% (19/29) *
SCAN	68.9% (42/61)	78.7% (48/61)

* Indicates unwarranted variation from the target.

Comparative regional cancer network performance and the overall Scottish performance

	2021/2022	2022/2023
WoSCAN	61% (73/119)	67% (72/107)
NCA	34.5% (20/58)	56.6% (43/76)
Scotland	57% (135/238)	67% (163/244)

All SCAN NHS boards had seen an improvement from 2021/2022 data to 2022/2023 (the performance of NHS Borders was due to small numbers) with NHS Fife achieving 100% which exceeded the target of 95%. However, the performance of NHS Lothian evidenced unwarranted variation from the target.

The SCAN NHS Boards provided the following update:

- The main reasons for cases across SCAN NHS boards not meeting the target was due to clinician led delays in requesting scans rather than capacity issues in the radiology service.
- NHS Lothian had recently employed a melanoma pathway manager who had oversight of the patient journey and could quickly identify any delay, and streamline referrals, for scans when necessary. NHS Lothian believed that the pathway manager would allow further improvement in this QPI.

Our Assessment

We were encouraged to learn of the improved performance across the SCAN NHS boards and expect performance to improve further. The pathway manager in NHS Lothian ensured that appropriate priority was given to melanoma patients for their PET/CT scans and improved the patient experience.

WoSCAN-All WoSCAN NHS Boards

HIS made the following recommendation to all WoSCAN NHS boards in the initial HIS Review of Cancer Quality Performance Indicators Melanoma Report 2022.

Recommendation

The review team recommend that all WoSCAN NHS boards introduce measures in the melanoma patient pathway to ensure patients are given appropriate priority for PET/CT scans. Additionally, there is the need for NHS boards to provide dedicated resources to address the radiology and pathology constraints.

Progress Update

NHS board	2021/2022	2022/2023
NHS Ayrshire & Arran	88% (7/18)	67% * (6/9)
NHS Forth Valley	37% (7/19) *	71% (10/14) *
NHS Greater Glasgow & Clyde	75% (43/57) *	68% 43/63) *
NHS Lanarkshire	46% (16/35) *	62% (13/21) *
WoSCAN	61% (73/119)	67% (72/107)

* Indicates unwarranted variation from the target

Comparative regional cancer network performance and the overall Scottish performance

	2021/2022	2022/2023
SCAN	68.9% (42/61)	78.7% (48/61)
NCA	34.5% (20/58)	56.6% (43/76)
Scotland	57% (135/238)	67% (163/244)

NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde had both seen a dip in performance over the last few years. NHS Ayrshire & Arran achieved 88% in 2021/2022 to 67% in 2022/2023, and NHS Greater Glasgow & Clyde achieved 75% in 2021/2022 to 68% in 2022/2023. NHS Lanarkshire improved

achieving 46% in 2021/2022 to 62% in 2022/2023. However, no WoSCAN NHS board met the target and all showed unwarranted variation from the target of 90% in 2022/2023 data.

The WoSCAN NHS boards provided the following update.

- All WoSCAN NHS boards found this QPI difficult to meet and were working together regionally to address the issues.
- The performance of QPI 9 was discussed with the Managed Clinical Network (MCN) lead clinician and regional network manager which had led to radiology representation from all four WoSCAN NHS boards at the Skin Cancer MCN Advisory Board. The group recognised the need to clarify the information which should be included in radiology referrals to effectively triage and report (for example site of surgery, whether SNB has been performed, site(s) to be scanned).
- Across all WoSCAN NHS boards there were capacity issues in both radiologist staffing and scanning machines. NHS Lanarkshire had requested a mobile radiology facility for six to seven weeks to help with the increased demand on radiology services.
- No WoSCAN NHS board had confidence they would meet the QPI in the next reporting period.

Our Assessment

Although discussions indicated the WoSCAN NHS boards were working together to find solutions there was no evidence of detailed action plans to address the capacity issues either at regional or local NHS board level.

Patients who lived in the WoSCAN NHS board areas experienced lengthy waits to receive a PET/CT scan. This delay can have a negative impact on patient outcomes particularly if the disease progresses. Lengthy delays to receive the appropriate scan to confirm the staging of the tumour can also delay surgical referrals.

NCA-All NCA NHS Boards

HIS made the following recommendation to all NCA NHS boards in the initial HIS Review of Cancer Quality Performance Indicators Melanoma Report 2022.

Recommendation

The review team recommend the NCA NHS boards introduce measures in the melanoma patient pathway to ensure patients are given appropriate priority for PET/CT scans. Additionally, there is the need for NHS boards to provide dedicated resources to address radiology, pathology and theatre constraints.

Progress Update

NHS Board	2021/2022	2022/2023
NHS Grampian	39.1% (9/23) *	50% (20/40) *
NHS Highland	55.6% (5/9) *	72.7% (8/11) *
NHS Orkney	-	-
NHS Shetland	-	-
NHS Tayside	25.0% (6/24) *	58.3% (14/24) *
NHS Western Isles	-	100% †
NCA	34.5% (20/58)	56.6% (43/76)

- Indicates no patients

* Indicates unwarranted variation from the target.

† Indicates values that have been redacted where there is a risk that individuals could be identified.

Comparative regional cancer network performance and the overall Scottish performance

	2021/2022	2022/2023
SCAN	68.9% (42/61)	78.7% (48/61)
WoSCAN	61% (73/119)	67% (72/107)
Scotland	57% (135/238)	67% (163/244)

Overall, there had been significant improvement across all NCA NHS boards. NHS Grampian achieved 50.0 % in 2022/2023 in comparison to 39.1% in 2021/2022. NHS Highland achieved 72.7% in 2022/2023 in comparison to 55.6 % in 2021/2022 and the performance of NHS Tayside had improved from 25.0% in 2021/2022 to 58.3% in 2022/2023. However, no NCA NHS board had met the target with NHS Grampian, NHS Tayside and NHS Highland all showing unwarranted variation from the target of 90% in 2022/2023 data.

The NCA NHS boards provided the following update:

- Across all NCA NHS boards there were significant system demands on all imaging services due to capacity issues in the workforce for imaging reporting. This situation was particularly challenging for PET scans which were delivered in NHS Grampian and NHS Tayside for all NCA patients.
- The QPI aims to ensure the PET/CT scans are carried out in a timely manner of 35 days, but it does not state a reporting time.
- During the 2022/2023 reporting period, NCA NHS boards had experienced a 36% increase in demand for the imaging service since 2019/2020 and a 22% increase in 2023/2024.
- As a result of the change to the SIGN guidelines, which included a requirement to scan both Stage 2B and Stage 2C melanomas, it was envisaged there would be further demands on the imaging service.[1]
- In NHS Highland there was no designated MDT radiologist and no regular radiology real time attendance at MDT. There were opportunities to ask specific questions regarding a scan but there was no option for real time discussion.
- In NHS Tayside, a radiologist did attend the MDT however, if for any reason they couldn't attend, the MDT co-ordinator would help and follow up any cases with the radiologist.
- In NHS Grampian, as part of the Optimal Diagnostic Pathways, there would be further investment in imaging services to provide increased PET/CT scans.

Our Assessment

The review team noted the improved performance across all NHS NCA boards; however, performance levels were not close to reaching the target of 90%. It is important all NCA NHS boards address the capacity issues in the radiology service and ensure adequate priority is given to melanoma patients requiring a PET/CT scan.

In NHS Tayside, the MDT co-ordinator, monitored the patient pathway and liaised with the radiologists, and had helped to improve performance in this QPI.

[1] Healthcare Improvement Scotland (2023). Scottish Intercollegiate Guidelines Network (SIGN) guidelines 146 Cutaneous melanoma.

Conclusion

The HIS Review of Cancer Quality Performance Indicators Melanoma Report (2022) identified six QPIs which showed un-warranted variation against the target. This follow up melanoma review highlighted three QPIs that continued to evidence unwarranted variation in the 2022/2023 data for boards.

- QPI 3(ii) MDT- Multi-Disciplinary Team for stage IB and above discussed prior to definitive treatment.
- QPI 7 (i) – Pathology reporting time from date of diagnostic biopsy (21 days).
  QPI 7 (ii) – Wide local excision time from pathology reporting of diagnostic biopsy (63 days)
- QPI 9 Imaging for Patients with Advanced Melanoma

This meant that some patients in some boards were required to wait longer to receive skin pathology results and surgical removal of the melanoma tumour which may have involved the plastic surgery service. In addition, some patients had to endure lengthy waits to access PET/CT scans.

However, improvements were identified in the following QPIs in the following boards.

- QPI 1(i) Diagnostic Excision Biopsy as initial procedure - NHS Highland had improved performance levels and was close to meeting the target.
- QPI 4 Clinical Examination of Draining Lymph Node Basins - NHS Lothian had shown consistent improvement and met the target for the first time in four years.
- QPI 6 (i) Wide Local Excisions - NHS Lothian had shown consistent improvement and exceeded the target.

The review team acknowledged the improved performance in some QPIs and recognised the hard work and dedication of the clinical teams involved in melanoma cancer care.

The follow up review highlighted national themes, such as capacity issues, existed across the services for example pathology and dermatology. Additionally, pathway issues existed across all boards and affected performance levels in more than one QPI.

During the follow up review, the review team were encouraged to learn how some boards had identified and implemented the following solutions to help avoid delays in the clinical pathway. These approaches had improved the performance in QPI 3, QPI 7 and QPI 9 and improved the standard of clinical care for melanoma patients.

1. The use of a tele-dermatology service which enabled an efficient, effective and appropriate method of triaging for services and reduced delays in the patient pathway.
2. The recruitment of an MDT co-ordinator in NHS Tayside or pathway manager in NHS Lothian who ensured the relevant patients were discussed at the MDT, monitored patients on the pathway and prompted the responsible clinician if there were delays in initiating the next step of care.

The most significant issues identified in the initial HIS review and again in this follow up review were in QPI 7 (i) Pathology reporting time from date of diagnostic biopsy (21 days) and QPI 7 (ii) WLE time from pathology reporting of diagnostic biopsy (63 days).

Performance varied across the boards for QPI 7 (i) Pathology reporting time from date of diagnostic biopsy (21 days) with no NHS board meeting the target of 95%. However, in 2022/2023, NHS Borders, NHS Dumfries & Galloway, NHS Lothian, NHS Forth Valley, NHS Grampian and NHS Tayside evidenced improved performance. NHS Fife, NHS Greater Glasgow & Clyde, NHS Lanarkshire and NHS Highland had seen a downward level of performance.

Performance also varied across the boards for QPI 7 (ii) – WLE time from pathology reporting of diagnostic biopsy (63 days) with no NHS board meeting the target of 95%. However, in 2022/2023, NHS Borders, NHS Dumfries & Galloway, NHS Fife and NHS Tayside showed improved performance. NHS Lothian, NHS Fife, NHS Greater Glasgow & Clyde, NHS Lanarkshire, NHS Grampian and NHS Highland had seen a downward level of performance.

For both QPI 7 (i) and (ii) the performance of NHS Ayrshire & Arran showed no improvement in four years. This meant that melanoma patients in this board received an inequitable quality of care in comparison to melanoma patients who lived in other areas.

Although performance levels for QPI 9 Imaging for Patients with Advanced Melanoma performance had improved, there were issues identified in most boards. The key issues were reduced staffing levels and issues with establishing pathways that adequately prioritised melanoma patients. This QPI is important as imaging is required to stage the progress of the disease and delays here can impact staging of the tumour and surgical referrals.

This follow up review provided clear evidence that a varied standard of clinical care existed for melanoma patients across boards in Scotland.

Patients should have equal access to services providing the same level of clinical care no matter where they choose to live in Scotland. The evidence demonstrated that this was not being achieved in aspects of care and treatment covered by melanoma QPIs set out in this report.

While the regional cancer networks allow boards to collaborate and work to improve the quality of cancer care across their regions, performance against the QPIs and the required improvement action remains the responsibility of the individual boards.

References

1.Healthcare Improvement Scotland (2023). Scottish Intercollegiate Guidelines Network (SIGN) guidelines 146 Cutaneous melanoma.

Review Team – clinical experts

In addition to the HIS CQPI programme team, the review team included the following clinical experts:

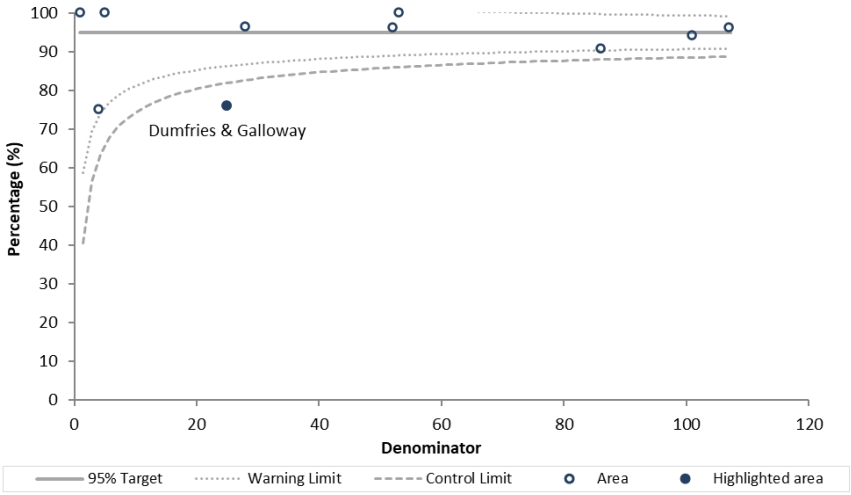
- Dr Nadeem Siddiqui - Clinical Expert- Consultant Gynaecological Oncologist, NHS Greater Glasgow & Clyde
- Dr Peter Sandiford - Clinical Expert- Consultant in Public Health

Appendices

QPI 3 (ii): MDT stage IB and above

This was a new indicator in 2021/2022, partially replacing QPI3: MDT. In both 2021/2022 and 2022/2023, NHS Dumfries & Galloway displayed unwarranted variation at 76% for both years, below the target of 95%.

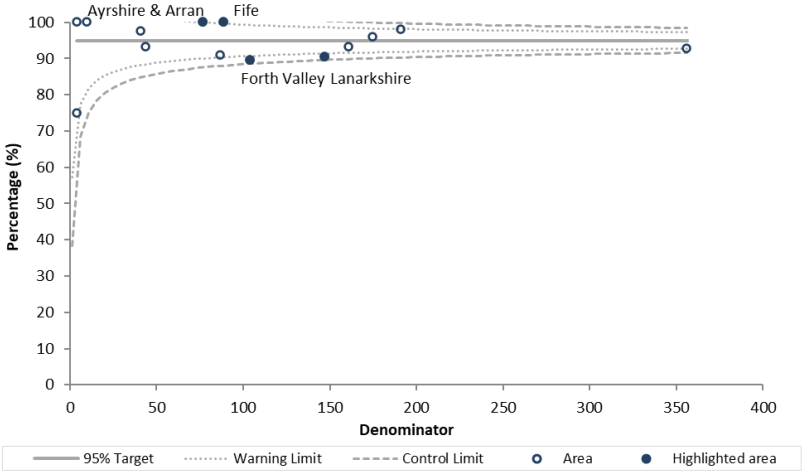
Funnel plot (with unadjusted limits) for compliance with QPI 3(ii) in 2022/2023



QPI 4: Clinical Examination of Draining Lymph Node Basins

In 2021/2022, two boards were significantly below the target of 95% and outside the control limit – NHS Forth Valley (80%) and NHS Tayside (89%). NHS Tayside was within normal variation (93%) for 2022/2023. For 2022/2023, NHS Forth Valley continued to perform notably below the target (89%), and NHS Lanarkshire also performed below the target (90%), however both NHS Forth Valley and NHS Lanarkshire were within the control limit.

Funnel plot (with unadjusted limits) for compliance with QPI 4 in 2022/2023

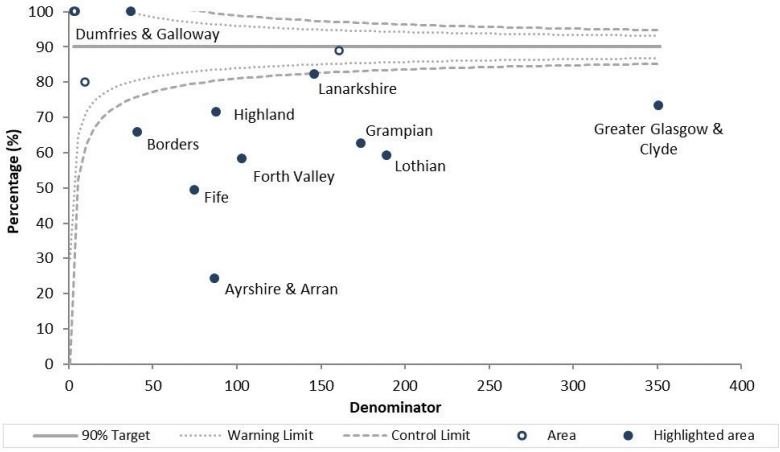


QPI 7 (i): Diagnostic Biopsy Reported Within 21 Days

This was a new indicator in 2021/2022, partially replacing QPI 7(i): Diagnostic excision biopsy and WLE within 84 days. In 2021/2022, under the new QPI with a target of 90%, only two boards were within normal variation of the target, NHS Dumfries & Galloway and NHS Lanarkshire, with the rest performing outside control limits and not meeting the target.

In 2022/2023, the majority were performing significantly below the target, with only NHS Tayside, NHS Dumfries & Galloway, NHS Orkney, NHS Shetland and NHS Western Isles within normal variation.

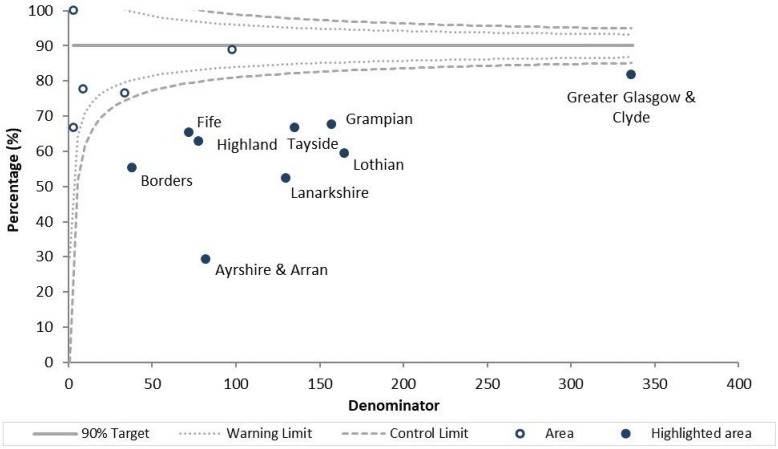
Funnel plot (with unadjusted limits) for compliance with QPI 7(i) in 2022/2023



QPI 7(ii): WLE within 63 Days of Diagnostic Biopsy Reporting

This was a new indicator in 2021/2022, partially replacing QPI 7(ii): Partial biopsy and WLE within 84 days. In 2021/2022, under the new QPI with a target of 90%, only two boards were consistent with the target – NHS Shetland and NHS Western Isles, with the rest showing unwarranted variation. In 2022/2023, most boards were performing significantly below the target with the only exceptions being NHS Orkney, NHS Shetland and NHS Western Isles, NHS Forth Valley which were at 89% and NHS Dumfries & Galloway which was at 76% for 2022/2023.

Funnel plot (with unadjusted limits) for compliance with QPI 7(ii) in 2022/2023

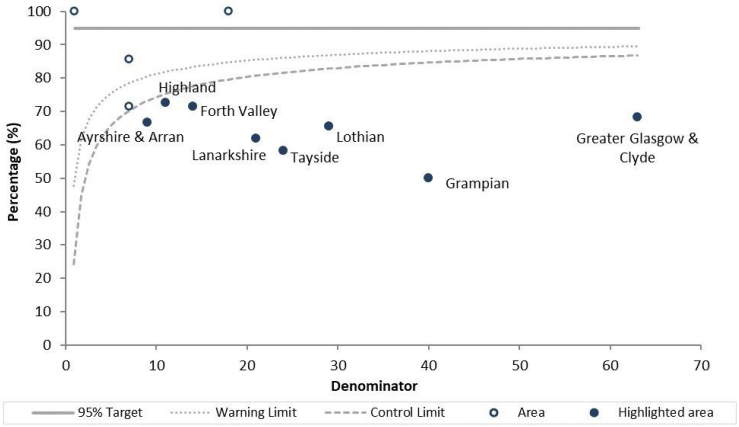


QPI 9: Imaging for Patients with Advanced Melanoma

The definition of this indicator changed for 2021/2022, so previous years are not directly comparable.

In 2021/2022, under a new definition, only three NHS boards performed within a range consistent with the target (95%) – NHS Ayrshire & Arran, NHS Borders and NHS Fife. NHS Orkney and NHS Western Isles had no eligible patients.

In 2022/2023 the majority were performing significantly below the target with the only exceptions being NHS Borders, NHS Dumfries & Galloway, NHS Fife and NHS Western Isles. NHS Ayrshire & Arran was within limits in 2021/2022 but was outside limits at 67% in 2022/2023, however, this was for less than ten patients. NHS Orkney and NHS Shetland had no eligible patients in 2022/2023. **Funnel plot (with unadjusted limits) for compliance with QPI 9 in 2022/2023**



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