16th January 2017

Dr Mike Cornbleet
Chair of the Review

Dear Dr Cornbleet


Thank-you for your letter of the 30th November 2016 and the National Review of Breast Cancer QPI data report. Please find below the NOSCAN response to the individual regional and national recommendations highlighted within these documents.

Regional Recommendations

QPI 2: The review group recommended that NHS Grampian continues to work to address issues with inconsistency of clinical practice, and provides an action plan showing how these issues will be addressed.

A separate letter from NHS Grampian, addressing this recommendation, can be found attached.

National Recommendations

QPI 4: The review group recommends that the reasons are recorded in cases where patients choose to undergo mastectomy rather than breast conservation.

QPI 9: The review group understands that there is a close relationship with higher volumes of work and good outcomes in laboratories. However, the review group recommends that regional networks, regional planning groups and commissioners of laboratory services should consider ways to ensure that MDTs have the results of HER2 measurement when it is required for treatment decision making.

QPI 11: The review group recommends that the use of any assessment tool in decision making, and the outcome, should be recorded.

The National Cancer Quality Steering Group will be providing a national response to the recommendation for QPIs 4, 9 and 11 which have been addressed through the Breast Cancer QPI Formal Review.

In addition, NOSCAN would like to note that laboratory services are currently being reviewed at a national level through the NSS Shared Services Review. NOSCAN have fed into this review highlighting the importance of timely reporting for HER2 status for breast cancer patients.
The first year of reporting against the revised definitions is underway and results indicate that NOSCAN achieved 79.8% for the revised QPI 9, narrowly missing the 80% target. Action Planning based on the fourth year of QPI data is out with the remit of this review; however it should be noted that NHS Boards in the North of Scotland will develop action plans based on results of year 4 results in the coming months.

Clinical Trial Access QPI: The review group recommends that while there are challenges in meeting the targets, particularly for smaller units, NHS boards should invest further in the infrastructure and resource needed to participate effectively in clinical trials.

It is positive that the review group are recommending that the QPI targets for clinical trials are particularly challenging to meet especially for the smaller units. Results for the Clinical Trials Access QPI for breast cancer patients in NOSCAN showed a very slight increase in number of trials open to recruitment and the numbers screened and recruited between 2014 and 2015.

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
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<tbody>
<tr>
<td>Number trials open to recruitment</td>
<td>14</td>
<td>15</td>
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<tr>
<td>% patients screened for interventional trials</td>
<td>6.4%</td>
<td>6.8%</td>
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<tr>
<td>% patients recruited for interventional trials</td>
<td>6.2%</td>
<td>6.2%</td>
</tr>
<tr>
<td>% patients screened for observational trials</td>
<td>7.2%</td>
<td>10.5%</td>
</tr>
<tr>
<td>% patients recruited for observational trials</td>
<td>7.0%</td>
<td>6.2%</td>
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The barriers in place to increasing the number of trials open and the number of patients recruited into these trials are mainly due to limited resources available to increase the capacity and scope of the trial portfolio we are able to offer in NOSCAN. Firstly there are financial barriers in the fact that budget allocations to R&D departments decreased in the last financial year. The R&D departments provide both clinical research support staff such as research nurses as well as support staff within R&D offices to facilitate the governance of clinical trials. The Scottish Cancer Research Network (SCRN) also support cancer research by funding research nurses and data managers in the 3 NOSCAN cancer centres to support trial work. The budget received by the SCRN has not been increased to reflect the increase in work surrounding clinical trials. Secondly there are time resource constraints on the research service. Trials in recent years have become more complex and eligibility criteria have become more niche as we move towards stratified medicine. This requires a large number of patients to be screened to find a small number of patients that are eligible to enter the trial. This is a workload that is not recognised as these patients never get recruited into the trial. Clinical trials can also require patients to be followed up for many years after their have been recruited into the trial which requires staff time. Also consultants who take on a principal investigator or chief investigator role for a trial have to commit large amounts of time to overseeing the running of the trial at their hospital site. If more resources were available to support research it would be possible to open more cancer clinical trials and therefore recruit more patients into these trials which ultimately provide greater treatment options for the patients in NOSCAN.

Patient Experience QPI: The review group recommends that all NHS boards further develop their activities to support ongoing improvement of patient experience.
NHS Boards in the North of Scotland are considering the findings of the Scottish Cancer Patient Experience Survey 2015-16 and awaiting results of meetings at a national level to consider how this survey fits with the Patient Experience QPI. This will guide a more structured programme of patient experience work across the region, building on the range of patient experience projects being undertaken across NOSCAN at both a local and regional level, as outlined in the evidence submitted to the HIS review.

Yours sincerely

Jim Cannon
Director of Regional Planning

On behalf of Ms Lesley McLay
Chair, North of Scotland Cancer Network

CC
Lesley McLay, Chief Executive, NHS Tayside (NOSCAN Chair)
Malcolm Wright, Chief Executive, NHS Grampian
Elaine Mead, Chief Executive, NHS Highland
Cathie Cowan, Chief Executive, NHS Orkney
Ralph Roberts, Chief Executive, NHS Shetland
Gordon Jamieson, Chief Executive, NHS Western Isles

Richard Herriot, NHS Grampian Clinical Lead for Cancer
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Marthinus Roos, NHS Orkney Clinical Lead for Cancer
Beatrix Weber, NHS Shetland Clinical Lead for Cancer
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Gill Chadwick, NHS Western Isles Clinical Lead for Cancer

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