Improvement Action Plan
North of Scotland RCAF

Improvement Action Plan Declaration

It is the responsibility of the Clinical Lead and Chair of the Regional Cancer Advisory Group to ensure the improvement action plan is accurate and complete and that the actions are measurable, timely and will deliver sustained improvement. By signing this document, the Clinical Lead and Chair of the Regional Cancer Advisory Group are agreeing to the points.

Clinical Lead

Signature: 

Full Name: Sami Shimi

Date: 3rd October 2017

Chair

Signature: 

Full Name: Lesley McLay

Date: 3rd October 2017
# Improvement Action Plan

## North of Scotland RCAF

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Action Planned</th>
<th>Timescale to meet action</th>
<th>Responsibility for taking action</th>
<th>Progress</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>QPI 1: MDT Meeting - The review group recommends that NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland, NHS Western Isles and NHS Dumfries &amp; Galloway investigate and considers the reasons why lung cancer patients were not discussed at the MDT prior to definitive treatment during the reporting period, and implement any required actions for improvement.</td>
<td>(i) NOSCAN to undertake further analysis to identify which patients groups are not meeting this QPI.</td>
<td>Sep 2017</td>
<td>C Urquhart</td>
<td>(i) Analysis by NOSCAN indicates that there are differences in the way patients considered for Supportive Care only are recorded in NOSCAN, affecting QPI results. This is most notable for NHS Highland where the majority of patients not meeting the QPI were for supportive care only and were discussed at MDT shortly after the treatment decision was made. Action (ii) should address this issue. In NHS Grampian (also NHS W Isles, NHS Orkney and NHS Shetland) some patients for supporting care only are not discussed at MDT at all and this should be addressed by individual NHS Boards.</td>
<td>Sep 2017</td>
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<td></td>
<td>(ii) Analysis has highlighted potential differences in the way the date of treatment is recorded for patients for Supportive Care only, which may affect QPI results. NOSCAN to raise this issue at a national level for resolution.</td>
<td>Oct 2017</td>
<td>C Urquhart / NSS Query Log</td>
<td>(ii) NOSCAN has submitted a query log to the ISD helpdesk to ensure dataset definitions are clarified going forwards. If the definition is amended so that the date that the MDT endorse the decision for Supportive Care only is used then the 2016 results would be 94.9% for Highland, 94.6% for NHS Grampian and 94.9% across NOSCAN.</td>
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<td></td>
<td>(iii) NHS Highland has audited the reasons why patients are not meeting this QPI. This is a combination of patients receiving appropriate emergency treatment and patients being discussed at MDT subsequently and the Supportive Care issue.</td>
<td>Ongoing</td>
<td>NHS Highland Clinical Lead for Lung Cancer</td>
<td>Ongoing progress</td>
<td></td>
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</tbody>
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[i] File Name: Lung Cancer QPI Improvement action plan - NOSCAN Final 031017.docx

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<tr>
<th>Identified in (ii) above. As such it is considered that clinical practice within NHS Highland is appropriate although it does not meet the QPI standard. Never-the-less NHS Highland will continue to keep abreast of any amendments to the definitions for the date of supportive care and continue to audit reasons if this QPI is not met.</th>
<th>Dec 2017</th>
<th>Erin Anderson / Graeme Currie</th>
<th>Discussion has taken place with Lung surgeon (chest physicians) who have confirmed that those patients for best supportive care should indeed be discussed and documented at MDT, regardless of their age, frailty and life expectancy.</th>
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<tbody>
<tr>
<td>(iv) While documentation issues outlined above have impacted on results in NHS Grampian, W Isles, Orkney and Shetland, there are additional patients that have not been discussed at MDT at all. <strong>NHS Grampian</strong> to take forward action / learning point that all patients need to be discussed and documented at MDT, regardless of age, frailty and life expectancy, ensuring accurate recording of this accordingly. A communication around this must also go out to all those clinicians attending / involved with this patient cohort to ensure this improves moving forward.</td>
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<table>
<thead>
<tr>
<th>NHS Shetland/Orkney/WI</th>
<th>Angus Kellar/Beatrix Webber/Marthinus Roos</th>
<th>Complete for Shetland and WI In progress for Orkney</th>
<th>Aug 2017</th>
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<tbody>
<tr>
<td>All boards have identified actions to ensure all patients are appropriately referred to MDT at the mainland cancer centre for discussion. There are very small numbers of patients who fall into this QPI for the island boards.</td>
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#### QPI 6: Surgical Resection

1. **NOSCAN to request data from SCAN and WoSCAN and undertake analysis looking at the effect of ‘Performance Status’ and ‘Stage at Presentation’ on lung cancer resection rates across the country.**
   - **September 2017**
   - **Mr Remmen / NOSCAN**
   - **(i) Analysis undertaken. Figures indicate that stage at presentation explains around 2/3rds of difference in resection rate between NOSCAN and the other regions. As more patients in NOSCAN present with later stage disease then a lower resection rate in the region is to be expected. The other third is explained by a historic lower resection rate for patients with Stage I & II disease in NOSCAN. However, resection rate for Stage I & II cancer was significantly higher in 2016 than in previous years (70%) above the Scottish figure in the first 3 years of QPI reporting. This is thought to be due to the significant efforts of the lung MCN and MDTs since 2015 to ensure that all appropriate patients are considered for surgery.**

2. **Ongoing scrutiny of resection rates in NOSCAN going forward, taking into account differences in stage at presentation between regions.**
   - **ongoing**
   - **Mr Remmen / NOSCAN**
   - **(ii) NOSCAN feel that residual differences in resection rate are due to differences in the presentation of patients diagnosed. However there will be ongoing scrutiny of resection rates going forward, taking into account differences in stage at presentation between regions.**

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| QPI 7: Lymph Node Assessment | Clinical Lead to ask SCAN colleagues to share their protocol for lymph node assessment and MCN to consider using their protocol in NOSCAN. | January 2018 | Mr Remmen | Forms for recording nodal sampling have been shared by SCAN and considered by surgical staff at Aberdeen Royal Infirmary, the only centre undertaking lung resections in the North of Scotland. The intention is for ARI to adopt the SCAN protocol, with the aim of driving improvements in performance against this QPI. |