Dear Uzma,

Cancer QPI National Reviews – Lung Cancer Review

In response to your letter of 31st October 207 regarding NOSCAN’s previously submitted Lung Cancer Action plan, and your subsequent request(s) for additional information specific to some of the QPIs and individual Board’s progress, please find our formal response below.

QPI 1: MDT Meeting  It is understood that internally in NHS Orkney, work has been ongoing within the clinical community concerned, as well as in liaison with colleagues in NHS Grampian (where NHS Orkney patients are referred and MDT discussed) to update the appropriate NHSO SCI Gateway.

Whilst good progress has so far been made, NOSCAN understands that further work on this programme (around updating the SCI Gateway) has stalled meantime consequent to changed staffing responsibilities that have taken locally place within NHS Orkney.

At present there is no date identified for this work completion, regarding which NOSCAN has been working with colleagues in NHSO to ensure its more timely completion.

Particular to arrangements in NHS Shetland and NHS Eileanan Siar (W.Isles), where (depending on whether the patients is at time of first presentation considered fit for further or active treatment) it has been identified that there are alternative treatment pathways in place and which result in whether or not patients are formally referred for MDT discussion.

It is understood that steps are being put in place locally within each of the two Boards concerned to ensure more consistent practice for all patients presenting, and in line with as has been set out in the appropriate NOSCAN CMGs which have only recently been approved.

Regional Action: This will be discussed at the next Regional Clinical Leads meeting to ensure the risk is assessed and to provide governance over meeting this QPI linking with Island boards.

QPI 6: Surgical Resection  The analysis has now been undertaken as planned, with figures indicating that around 2/3rds of the difference in resection rate that has been reported between NOSCAN and the other regions is due to more patients first presenting in NOSCAN with later stage disease, and thereby considered clinically unsuitable for surgical resection.

The other third is explained by a historic lower resection rate in NOSCAN when compared with either SCAN or WoSCAN for patients with Stage I & II disease. As was most recently reported in NOSCAN, the resection rate for Stage I & II cancer was significantly higher during 2016 than it had been in the first 3 years of QPI reporting. This is thought due to the significant efforts made by each of the lung MCN and MDTs since 2015 to ensure that all appropriate patients presenting in the NoS are considered for surgery.

Regional Action: As part of the “Surgical Case for Change” process that is about to commence and, due to the change in governance structures within the North, this issue will be investigated further and risk assessed. We will also work with our Lung Pathway Board (previously Lung MCN but name to be confirmed), to assess where the key areas for service development in a pathway across the
North are and the hurdles we must overcome. A further update on this work will be provided in September 2018.

**QPI 7: Lymph Node Assessment**

The surgical department at Aberdeen Royal Infirmary (which is the only centre undertaking lung resections in the North of Scotland) has obtained a copy of the SCAN form used for recording of nodal sampling and has considered adopting its use.

However, following an extensive reviewed by the team involved, it was felt that there was little to be gained from its adoption in the NoS, and the view of the ARI surgeons remains that improved lymph node assessment comes down to good surgical discipline and more robust reporting of all samples (even if there are no lymph nodes detectable by Pathology), and they have indicated their intention to work with renewed diligence around assuring this.

**Regional Action:** This issue will be formally discussed in terms of risk at the next Regional Clinical Leads and escalated if necessary through the boards and regional governance process.

We are also in the process of appointing a clinical lead with regards to our Lung Pathway Board and this appointment will result in better leadership around lung regionally.

I trust the above information is sufficient, and we have updated our action plan accordingly to indicate the progress made as part of our more extensive lung pathway action plan.

Yours sincerely

_Signed by email_

Lorraine Mai Cowie  
Regional Manager – Cancer (Interim)  
North of Scotland

Cc  
Lung Network Lead (in appointment process)  
Christine Urquhart, Cancer Audit and Information Manager  
Sami Shimi, NOSCAN Clinical Lead