



Colorectal Cancer Quality Performance Indicators

Patients diagnosed from April 2019 to March 2022

An Official Statistics release for Scotland

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About this release

This release by Public Health Scotland (PHS) presents performance against the National Colorectal Cancer Quality Performance Indicators (QPIs) in the Cancer QPIs dashboard held within the Scottish Cancer Registry and Intelligence Service (SCRIS).

Main points

- There were 3,790 people diagnosed with Colorectal cancer in Scotland from April 2021 to March 2022. This is an increase on previous years (2,874 diagnosed from April 2020 to March 2021 and 3,555 from April 2019 to March 2020).
- The reductions in April 2020 to March 2021 numbers are likely to be due to lockdown and social distancing measures implemented due to the COVID-19 pandemic.

Colorectal QPIs



QPI	Target	2019/20	2020/21	2021/22
QPI 1(i): Radiological Diagnosis and Staging - Colon cancer	95%			99.1
QPI 1(i): Radiological Diagnosis and Staging - Colon cancer. Years 1:8	95%	98.4	98.5	
QPI 1(ii): Radiological Diagnosis and Staging - Rectal cancer	95%			97.1
QPI 1(ii): Radiological Diagnosis and Staging - Rectal cancer. Years 1:8	95%	96.7	99.2	
QPI 2: Pre-Operative Imaging of the Colon	95%	97.1	86.6	87.9
QPI 3: Multidisciplinary Team (MDT) Meeting. Years 2:7	95%	96.1		
QPI 4: Stoma Care. Years 1:7	95%	96.8		
QPI 5: Lymph Node Yield	90%			91.4
QPI 5: Lymph Node Yield. Years 1:8	90%	94.0	94.4	
QPI 6: Neo-adjuvant Therapy. Years 4:7	90%	88.4		
QPI 7(i) Surgical Margins - Primary Surgery/Short Course XRT	95%			95.0
QPI 7(i) Surgical Margins - Primary Surgery/Short Course XRT. Years 1:8	95%	96.2	95.7	
QPI 7(ii) Surgical Margins - Neo-adjuvant treatment	85%			90.4
QPI 7(ii) Surgical Margins - Neo-adjuvant treatment. Years 1:8	85%	87.4	93.1	
QPI 8: Re-operation Rates	<10%	4.8	5.3	5.3
QPI 9(i): Anastomotic Dehiscence - Colonic anastomosis	<5%			3.0
QPI 9(i): Anastomotic Dehiscence - Colonic anastomosis. Years 1:8	<5%	2.6	3.1	
QPI 9(ii): Anastomotic Dehiscence - Rectal anastomosis	<10%			4.8
QPI 9(ii): Anastomotic Dehiscence - Rectal anastomosis. Years 1:8	<10%	4.1	5.0	
QPI 10(i): 30 Day Mortality Following Surgical Resection - Elective	<3%	1.0	0.7	1.2
QPI 10(i): 90 Day Mortality Following Surgical Resection - Elective	<4%	1.4	1.5	2.0
QPI 10(ii): 30 Day Mortality Following Surgical Resection - Emergency	<15%	5.4	4.7	5.1
QPI 10(ii): 90 Day Mortality Following Surgical Resection - Emergency	<20%	9.3	9.1	8.0
QPI 11: Adjuvant Chemotherapy	70%			85.7
QPI 12(ii): 30 Day Mortality - Neo-adjuvant Chemoradiotherapy	<1%	0.0	0.0	0.0
QPI 12(ii): 90 Day Mortality - Neo-adjuvant Chemoradiotherapy	<1%	0.6	0.0	0.0
QPI 12(iii): 30 Day Mortality - Radiotherapy	<1%	0.7	0.0	0.0
QPI 12(iii): 90 Day Mortality - Radiotherapy	<1%	1.3	0.7	0.0
QPI 15(i): Colorectal Liver Metastases - synchronous	95%			76.2
QPI 15(ii): Colorectal Liver Metastases - metachronous	95%			70.4
QPI 16(i): Patients with Colorectal cancer who have MMR/MSI status assessed	95%			73.2
QPI 16(ii): Patients with results suggestive of Lynch Syndrome who are referred to Genetics	90%			62.2

- At Scotland level for April 2021 to March 2022, the target was met for 17 of the 22 indicators.
- Excellent performance was seen in the majority of QPIs. Levels of mortality following surgical resection and neo-adjuvant chemoradiotherapy / radiotherapy within 30 and 90 days were reassuringly low for all three years.
- Performance against QPI 2 dropped in the last two years due to changes in the timescale within which imaging is required. Consequently, this QPI was not met at a national level with performance well below the target of 95%.

- Two new QPIs were reported for the first time in 21/22 and these have been challenging to meet. QPI 15 focuses on the referral of patients diagnosed with colorectal cancer liver metastases to a HPB MDT. It is likely that this QPI will be challenging to meet in the future. QPI 16 focuses on MMR/MSI testing of patients and referral to genetics. Amendments have since been made to the definition for specification (ii) to take into account MLH1 promoter methylation testing and as such performance is anticipated to improve in future.
- The results presented in this report are encouraging and demonstrate that patients with colorectal cancer in Scotland continue to receive a consistently high standard of care.

Background

National cancer quality performance indicators have been developed to support continuous quality improvement in cancer care (**CEL 06 2012**). NHS Boards are required to report these indicators against a clinically agreed indicator specific target as part of the mandatory national cancer quality programme. They have been developed collaboratively by **North Cancer Alliance**, **South East Scotland Cancer Network**, **West of Scotland Cancer Network**, **Healthcare Improvement Scotland** and PHS.

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Further information

- The Cancer QPIs dashboard is restricted and may be accessed with permission via <https://useraccess.nhsnss.scot.nhs.uk>
- Network Reports on Colorectal QPIs: **NCA**, **SCAN** and **WoSCAN**
- QPI Definitions and updates on **Colorectal Cancer indicators**
- PHS QPI **Publications**

The next release of this publication will be June 2026.

Other formats of this publication are available on request by calling 0131 314 5300 or emailing phs.otherformats@phs.scot.

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