Activity Report
July 2014 – June 2015

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Executive Summary

Introduction
The purpose of this document is to report the Gynaecological Cancer Managed Clinical Network (MCN) activities in respect of:

- Performance against agreed objectives;
- Outcomes achieved; and
- Challenges encountered and actions taken to remedy defined issues.

This activity report covers July 2014 to June 2015 and it also reports on key audit findings and resultant actions from the 2013 clinical audit, as well as looking forward from July 2015 to June 2016.

MCN Objectives
The Gynaecological Cancer MCN has made progress and delivered a number of key objectives.

- **Regional Clinical Audit**
  The 2013 clinical audit data report was published in June 2015 and is available on the West of Scotland Cancer Network website.

- **National Quality Performance Indicators**
  The national Quality Performance Indicators (QPIs) for Cervical Cancer and Endometrial Cancer were published in October 2014. Collection of clinical audit data, to facilitate assessment, has already begun and QPIs will initially be reported in 2016.

- **Guideline Review**
  The regional follow-up management guidelines have been revised and will be presented to the Regional Cancer Clinical Leads Group in June, seeking endorsement for implementation.

- **Education**
  The MCN convened two education events, in spring and autumn 2014; the May meeting focussed on implementation of enhanced recovery after surgery programmes and the October meeting facilitated an initial multi-disciplinary review of the regional follow-up management clinical guidance.

- **Implementing the Revised Regional Service Model for Ovarian Cancer Surgery**
  Implementation of the revised regional surgical service model for ovarian cancer, previously agreed and funded in 2009, has demonstrated, over time, an increased proportion of patients being managed at the specialist surgical centre. The full complement of 5 specialist surgeons is now in place.

- **Regional Service Map**
  The high-level regional service map of gynaecological cancer services provision was reviewed during 2014. The updated map identifies the points at which services are delivered, the service components available at each and the connections between these points which represent the referral pathways for access to specialist services.

Key Priority Areas for the MCN in the next 12 months
The MCN work plan has been developed with an emphasis on outcomes that improve quality of patient care and overall efficiency. Objectives in the 2015/16 work plan include: completion of the follow-up guidance review; quality assurance of service provision; transforming care after treatment; review of the regional gynaecological service map.
1. Introduction

The Gynaecological Cancer Managed Clinical Network (MCN) was established in 1999 with the ambition of delivering high quality, equitable clinical care to all gynaecological cancer patients across four NHS Boards that comprise the West of Scotland (WoS) region; Ayrshire & Arran, Forth Valley, Greater Glasgow and Clyde and Lanarkshire.

The Gynaecological Cancer MCN continues to support and develop the clinical service for approximately 770 patients with a new diagnosis each year, as well as thousands of women in post-treatment follow-up care.

The effective management of these patients relies on well co-ordinated delivery of treatment and care, requiring close collaboration of professionals from a range of specialties. Treatment and care for gynaecological cancer patients is delivered by a single regional multi-disciplinary team (MDT), facilitated by video-conferencing technology and a bespoke IT system, which is operationally dependant on close collaboration of professionals from a range of clinical specialities across the region to provide well planned and coordinated delivery of treatment and care. Complex gynaecological malignancy often requires a multi-modal approach and surgery remains a key component of effective curative management.

The purpose of this document is to report the Gynaecological Cancer MCN activities in respect of:

- Performance against agreed objectives;
- Outcomes achieved;
- Challenges encountered and actions taken to remedy defined issues; and
- Update on progress of actions identified from the Audit Report.

MCN Governance
The Advisory Board comprises representation from clinical specialities involved in the management of patients with gynaecological cancer, from the four constituent WoS NHS Boards.

2. MCN Workplan and Activities (reporting period 07/2014 to 06/2015)

2.1 Core Objectives

Regional Clinical Audit
The 2013 clinical audit data report, published in March 2015, is available on the West of Scotland Cancer Network (WoSCAN) website; Boards were requested to ensure that the final stage of disease, as agreed by the multi-disciplinary team, is recorded for all cases.

National Quality Performance Indicators
The national Quality Performance Indicators (QPIs) for Cervical Cancer and Endometrial Cancer were published in October 2014. The new national clinical audit data sets, to facilitate assessment of the QPIs, have been implemented. The QPIs will initially be reported in 2016.

Guideline Review
Development and updating of clinical guidelines remains a core component of MCN activity and the MCN has undertaken a comprehensive review of the regional follow-up management guideline during 2014/15. The review identified no new evidence to support any specific follow-up practice; however the MCN has proposed a more patient-centred approach for some patient groups, based on risk stratification. The revised guidelines will be presented to the Regional Cancer Clinical Leads Group in June, seeking endorsement for implementation.
Education
The MCN convened two education events during 2014; the May meeting focussed on implementation of enhanced recovery after surgery programmes and the October meeting facilitated an initial multi-disciplinary review of the regional follow-up management guidance.

2.2 Individual MCN Objectives

Implementing the Revised Regional Service Model for Ovarian Cancer Surgery
Implementation of the revised regional surgical service model for ovarian cancer, previously agreed and funded in 2009, has demonstrated over time, an increased proportion of patients being managed at the specialist surgical centre. The full complement of 5 specialist surgeons is now in place.

2.3 Other MCN Activities

Regional Service Map
Work was undertaken to review the high-level map of gynaecological cancer services in the WoS to ensure it represents current service provision. Using information collated from all NHS Boards across the region, the service map identifies the points at which services are delivered, the service components available at each and the connections between these points which represent the referral pathways for access to specialist services. Providing an easily accessible summary of regional service provision is useful in supporting service planning and improvement work. The mapped information was included in a consolidated regional report which was presented to the Regional Cancer Clinical Leads Group in October 2014 and shared with Board Cancer Managers.

3. Quality Assurance / Service Improvement

The primary function of the MCN is to facilitate continuous service improvement, supporting delivery of high-quality, equitable, treatment and care to patients with gynaecological cancer in the WoS. The MCN prospective clinical audit programme underpins much of the regional service improvement work of the MCN. It supports quality assurance by providing the means for regular assessment, and reporting, against recognised and agreed measures of service performance and quality.

The National Cancer Quality Programme requires comparative assessment of performance to be published annually by Regional Cancer Networks and every 3 years a national comparative report will be produced by Information Services Division containing trend and survival analysis.

Audit and Governance Process

The clinical audit process captured 346 endometrial cancer, 145 cervical cancer and 213 ovarian cancers for 2013. These data have been used to measure quality of clinical care provided, utilising national cancer Quality Performance Indicators.

Following analyses of the regional data by the WoSCAN Information Team and reporting of provisional results, local multi-disciplinary teams are required to critically review and verify their own results before these are collated to provide a regional comparative report of performance.

The report of the 2013 clinical audit data was published in March 2015 and can be found on the WoSCAN internet website.

Following publication of the report and in accordance with agreed governance procedure, Boards were asked to produce an Action/Improvement Plan in response to the key findings and actions identified in the report.
Initial responses are required to be submitted to the Regional Information Manager within two months of publication of the audit report. All actions should be progressed and monitored via local Board governance structures.

Progress against these specific Board actions and any regional actions identified as a priority by the MCN Clinical Lead and Manager, are monitored throughout the year by the Advisory Board.

**Action/Improvement Plan Progression on 2013 Audit Report**

NHS Ayrshire & Arran, NHS Greater Glasgow and Clyde and NHS Lanarkshire returned local action/improvement plans in response to the audit report. Outlined below is a high level summary of progress to date:

- No action required in NHS Ayrshire & Arran, as patient staging information is included in referral to MDT
- NHS Greater Glasgow and Clyde have addressed the action by asking the MDT Chair to assign staging information for all patients discussed at MDT
- NHS Lanarkshire are planning to address the issue by requiring staging information to be included in all MDT referrals

**Escalation Process**

Any service or clinical issue which the Advisory Board considers not to have been adequately addressed will be escalated to the Regional Lead Cancer Clinician and relevant Territorial NHS Board Cancer Clinical Lead by the MCN Clinical Lead.

**4. Key Priority Areas for the MCN in the next 12 months**

The MCN work plan for 2015/16 has been developed with an emphasis on identifying outcomes that improve the quality of patient care and overall efficiency and was published in early May. Below are the objectives to be progressed in the coming year:

**Core Objectives**

- Complete the review of the regional guidelines on management of follow-up;
- Continue the programme of regional education events, utilising the opportunity for learning and sharing of current best practice and innovation;
- Continue to support local implementation of enhanced recovery pathways;
- Support delivery of the national cancer quality programme for 2015/16, ensuring the regional governance process is adhered to;
- Annual update of the regional service map for gynaecological cancer service provision, detailing the points of service delivery and the connections between them; and
- Continue to support the Transforming Care After Treatment programme of work, in particular, facilitate raising awareness of the health and social care integration agenda in the West of Scotland.

**5. Conclusion**

The MCN has made good progress in regard to the work plan and the continued support of Advisory Board members is critical to delivery of agreed outcomes.

Review and update of regional guidance on the management of clinical follow-up continues to promote consistency of practice and provide improved care for gynaecological cancer in the WoS.
The MCN remains focussed on improving quality of care through effective and efficient models of service delivery. Clinical audit plays a critical role in underpinning this, enabling regular comparative assessment of performance and quality assurance of treatment and care provided by individual MDTs.

Looking ahead the MCN will continue to participate in and support regional and national strategies aimed at delivering improvements in quality and efficiency. Periodic review of regional clinical guidance continues to promote best practice and consistency of provision regionally leading to improved care for patients with gynaecological cancer in the WoS.

Acknowledgement

This report represents the achievements and challenges progressed across the NHS Boards of the West of Scotland Cancer Network:

NHS Ayrshire & Arran
NHS Forth Valley
NHS Greater Glasgow and Clyde
NHS Lanarkshire

We would like to thank all members and active participants in the cancer network for their continued support of the Managed Clinical Network, without their efforts this level of progress would not be possible.