West of Scotland Cancer Network: Year End Monitoring Report

April 2009 – March 2010
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Appendix 1: West of Scotland Cancer Network 2009/2010 Year End Position
West of Scotland Cancer Network (WoSCAN)
Year End Monitoring Report

1. Introduction

This annual report for the year 2009/10 demonstrates continued improvements in the delivery and quality of cancer services in the West of Scotland. Collaborative working at national, regional and local level, between different groups of healthcare professionals, different Boards and between patients and healthcare professionals has contributed to these achievements. As stated in previous reports, the complexity of cancer care and its interdependency with other services and agencies continues to make planning cancer services on a regional basis particularly challenging. Better Cancer Care was launched on the 27th October 2008 and sets out an ambitious national plan, implementation of which is being driven forward by the Scottish Cancer Taskforce in conjunction with Regional Cancer Advisory Groups (RCAGs).

2. Regional Cancer Advisory Group (RCAG)

Chair Robert Calderwood, Chief Executive NHS Greater Glasgow & Clyde
Lead Cancer Clinician Dr Robert Masterton, Medical Director, NHS Ayrshire and Arran
Regional Coordinator Evelyn Thomson, West of Scotland Cancer Network (WoSCAN)

The RCAG’s 09/10 work plan details the extensive programme of work in relation to regional cancer services that has been taken forward. The year end position against 09/10 work plan is detailed in Appendix 1. The section that follows highlights key pieces of work that have been undertaken in 09/10.

Cancer Waiting Times

West of Scotland Boards successfully delivered the 62-day urgent referral to treatment standard with validated performance of 95% for quarter 3 2009. Building on this success Boards are now in the process of implementing the new access targets set out within Better Cancer Care, which are to be delivered by 2011. Concerted effort will be required to deliver these.

- 62 day urgent referral to treatment target to include screened positive patients and all patients referred urgently with a suspicion of cancer.
- 31 day target for all patients diagnosed with cancer from decision to treat to first treatment.

Significant work has been undertaken regionally and locally to identify and address bottlenecks; the regional inter Board transfer policy has been reviewed and updated; and nationally new data definitions and reporting requirements have been clarified. Targeted work is also being undertaken around capacity, redesign and workforce, all of which are critical to delivery of the new targets and service improvement.

Screening

- Bowel Cancer Screening
  This was commenced in Greater Glasgow and Clyde (GG&C) and Lanarkshire in 2009, having been successfully introduced in Forth Valley and Ayrshire and Arran during 2008. Within early implementer sites the stage distribution of screen detected cancers have been significantly better than conventional symptomatic patients and should translate into better overall survival as predicted in previous studies. Uptake of the screening programme within West of Scotland (WoS) Boards is approximately 50-52%. Activities are ongoing within Boards to promote the uptake of screening. As the programme has now been implemented across NHS Scotland there is an opportunity to adopt a national marketing approach. Within Forth Valley, the number of referrals has been consistently higher than predicted for the full two years of round one, while numbers diagnosed with cancer are consistent with that predicted. This has had particular impact on colonoscopy and pathology services.

- Introduction of 2-view mammography
  2-view mammography has been phased into practice during 09/10 via the NHS GG&C screening service. 2-view will commence in the Irvine screening centre in April 2010. Plans for national funding made available to service to help managed the impact of this change on the symptomatic service have
been developed by host Boards of screening centres and approved by RCAG. Funding will support additional theatre capacity, staffing and drug costs. Screening centres over the coming years will monitor the impact of this policy change.

Specialist Oncology Services

(Further detail regarding work being undertaken by Beatson West of Scotland Cancer Centre is provided in section 13).

- Radiotherapy
  Dr David Dunlop (Clinical Director, Beatson West of Scotland Cancer Centre - BWoSCC) and Gary Jenkins (General Manager, BWoSCC) have represented the West of Scotland Cancer Network on the Scottish Radiotherapy Advisory Group (SRAG) that is progressing work in relation to radiotherapy modelling, workforce and the introduction of new technology. As the volume of patients undergoing radiotherapy continues to increase, consideration will require to be given to the need for additional capacity and, if required, where this is best provided.

  The BWoSCC radiotherapy department is currently operating at around 95%. Meeting new waiting time targets will be particularly challenging. A root and branch analysis of treatment pathways has been undertaken and where required pathways redesigned. Additional sessions for CHART have been introduced for patients with lung cancer. Notably, the BWoSCC is the only centre within NHS Scotland offering this. Discussion is required at a national level regarding future provision of CHART and also around how new technologies will be introduced and supported. The need to progress this work has been raised with SRAG.

- Chemotherapy
  Implementation of recommendations arising from the strategic review of chemotherapy continues. Boards are reviewing capacity and demand modelling, and further developing local service provision. A regional process for assuring compliance with HDL (2005) 29, involving external peer review, has been agreed and is being implemented. This builds on work previously undertaken by local Boards and the process adopted within NHS GG&C. CEL 22 (2009) provided new guidance on the safe administration of vinka alkaloids. This change has been implemented and will be monitored at a national level for a period of one year.

  Implementation of a regional chemotherapy prescribing and administration system is continuing. Further system development has been required to ensure that the system, when implemented, is able to meet our needs, fully supporting scheduling, regional prescribing and safe administration of cancer medicines. While this has resulted in some delay and subject to successful user testing/acceptance, it is anticipated that the system will go live within the BWoSCC and Victoria Ambulatory Care Hospital autumn 2010.

  Managed entry of new drugs continues to be supported by the Regional Prescribing Advisory Group. Guidance issued to Area Drugs & Therapeutics Committees has been accepted and implemented. An estimate and analysis of predicted costs of cancer medicines for west of Scotland (WoS) Boards for 10/11 based on Forward Look 5 (Oct 2009) and outstanding developments from previous reports has been prepared. Work is on the development of comprehensive Clinical Management Guidelines (CMGs) for all tumour types in conjunction with regional/national Managed Clinical Networks (MCNs) is nearing completion.

- Completion of Implementation of FRMC Recommendations for Specialist Oncology Services
  A preferred model has been developed and agreed by WoS Boards and a paper detailing these proposals, which have now been endorsed by the Cabinet Secretary, submitted to the Cabinet Secretary. The objectives of the model being to develop a more stable, yet equally comprehensive oncology model for patients in the West of Scotland region. The model builds on the initial FRMC recommendations and takes into account a number of additional factors not originally considered at the time of the FRMC report.

  These factors are:
  - Ensuring a model of sustainable team based working is implemented across the West of Scotland as a whole.
  - Minimising the risk where ‘single points of failure’ exist in the system.
• Assessment of the impact of reduced numbers of specialist registrars who traditionally ‘deputised’ during consultant absence.
• Enhancing oncology provision to a 52 weeks per annum model away from the current 42-46 weeks per annum practice.
• Taking account of increasingly complex radical radiotherapy techniques which greater medical and technical input provided solely at the BWoSCC.
• Factoring in provision for the increasing number of patients receiving complex systemic anti-cancer therapies and more lines of treatment than originally known in 2002.
• Future proofing the service to allow optimal delivery throughout the region of the revised cancer patient guarantees of 31 and 62 days.

Having developed the revised model for the WoS, a series of engagement exercises has taken place with senior clinicians and managers involved in the planning, provision and delivery of cancer services. These have taken place within NHS Glasgow & Clyde, NHS Ayrshire and Arran, NHS Forth Valley and NHS Lanarkshire. All teams were invited to presentations, question and answer sessions and to actively input to the plan.

The changes proposed to the number and locations of clinics are outlined in Table 1.

<table>
<thead>
<tr>
<th>Clinic Area</th>
<th>Lung</th>
<th>Colorectal</th>
<th>Breast</th>
<th>Urology</th>
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<tr>
<td>NHS Glasgow &amp; Clyde (NHS GGC)</td>
<td>8 to 6 (-2)</td>
<td>5 no change</td>
<td>6 to 5 (-1)</td>
<td>4 to 3 (-1)</td>
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<tr>
<td>NHS Lanarkshire (NHSL)</td>
<td>3 to 2 (-1)</td>
<td>3 no change</td>
<td>2 no change</td>
<td>2 no change</td>
</tr>
<tr>
<td>NHS Ayrshire &amp; Arran NHS A&amp;A</td>
<td>2 to 1 (-1)</td>
<td>1 no change</td>
<td>2 no change</td>
<td>1 no change</td>
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<tr>
<td>NHS Forth Valley (NHS FV)</td>
<td>1 no change</td>
<td>1 no change</td>
<td>1 no change</td>
<td>1 no change</td>
</tr>
<tr>
<td></td>
<td>14 to 10 (-4)</td>
<td>10</td>
<td>11 to 10 (-1)</td>
<td>8 to 7 (-1)</td>
</tr>
</tbody>
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Table 1

These proposals will necessitate minor changes to patient pathways within a limited number of locations. However, this ‘disadvantage’ to a small number of individuals will have a significant overall benefit to patients in general across the WoS. No patient will increase the frequency of hospital visits related to their treatment. Patients who are currently required to travel to the BWoSCC will continue to do so, however some additional outreach nurse led chemotherapy will be provided as part of the proposed changes. This will allow some further repatriation of services to local NHS Boards.

**Diagnostics**

- **West of Scotland PET/CT Service**
  The service is fully operational and being managed as part of a national collaborative with other centres. While patients will be offered the first available slot recent experience has demonstrated that a significant number of patients opt not to travel to Aberdeen, choosing to wait on the next available slot in Glasgow (11 out 15 last patients offered scans in Aberdeen – February 2010).

  A number of national protocols have been agreed with others in development, when introduced into practice these will impact current waiting times for scans. 10 scans per day are currently being undertaken in Glasgow. Patient satisfaction with current service provision in Glasgow is high with current waiting times approx 15 days.

  The business case for a 2nd scanner in the West of Scotland has been submitted to the Regional Planning Group for consideration of funding.

- **Endoscopic Ultrasound (EUS)**
  A regional clinical service model for upper GI EUS has been agreed and a business case to support this submitted to the Regional Planning Group for consideration of funding in 2010/11.
Surgical Service Provision

- **Ovarian Cancer**
  Agreed regional service model implemented in January 2010. This will see surgical services provided in one main centre within GG&C. The impact of this will be monitored and evaluated during 2010.

- **Head and Neck Cancer**
  Regional service model for Free Tissue Transfer (FTT) continues to be progressed as part of the remit of the West of Scotland Oral Maxillo-Facial Group. In due course this will see surgical services provided in one main centre within GG&C.

- **Penile Cancer**
  Early work is underway to review current service provision and determine need for service redesign and formalisation of a regional service model.

- **Upper GI Cancer**
  Work is underway to agree the future regional service model for the provision of major resectional surgery.

Cancer MCNs

A wide range of developments has been initiated via regional and national MCNs during 09/10. Please see section 3 for further details. The main focus of these developments has been on improving access, quality and delivery of cancer care across the region. A range of regional policies and protocols have been developed and are being implemented. Performance against national standards has been reviewed and reported. MDTs have been reviewed against NHS Quality Improvement Scotland standards and will be further developed and strengthened in the coming year. A range of educational meetings have also been held that have contributed to continuing professional development while strengthening clinical networking.

During 10/11 MCNs will play a key role in leading the development of national standards for other tumour types. This work will be taken forward by a national group chaired by Dr Bob Masterton. Work will commence with renal and prostate cancers.

Each Network has a clear workplan in place that has been agreed with the RCAG. A development programme set up, for both Clinical Leads and Network Managers, has been well attended and evaluated.

Patient Experience and Involvement

As part of the national Better Together Patient Experience Programme, an extensive work programme relating to chemotherapy and colorectal cancer services is actively being taken forward. This is informing local service improvement and redesign (please see section 10 for further detail).

The Regional Partnership Forum continues to meet and actively contributes to the RCAG programme of work and the national Living with Cancer programme of work (please see section 11 for further detail).

Regional Prioritisation

Priorities for 10/11 have been agreed by the RCAG and are currently being considered alongside other regional priorities by the RPG. These include funding of a 2nd PET/CT scanner and regional EUS for upper GI cancers.
3. Managed Clinical Networks (MCNs)

3.1 Breast Cancer

Lead Clinician Dr Hilary Dobson
Network Manager Christine Morran

The network held two regional education meetings in 2009. The meeting in February focused on patients with a family history of breast cancer. This was achieved by collaborative working with the Regional Cancer Genetics Team. The output from the meeting was regional consensus on the management pathway of this small group, in particular those with high and very high risk and access to MRI locally across the region. The meeting in September focused on a multidisciplinary approach to neoadjuvant therapy and patient management. The meetings are open to all healthcare professionals involved in delivering the breast service, including trainees.

In addition, the network participates in national comparative reporting of performance against NHS QIS Standards in November each year. Since moving to national reporting improvement in performance reporting can clearly be seen with all regions now collecting clinical pathway data.

A programme of visits to the regional MDT meetings was undertaken to inform on clinical governance reporting and responsibilities for progressing required actions based on clinical audit results. This will continue through 2010.

Work began to update the existing Breast Clinic Management Guideline (CMG). The draft was circulated to the network for consultation and finalised in March 2010, this will now go forward for ratification by the Prescribing Advisory Sub Group (PASG) and local Health Boards.

The network agreed to review the follow-up pathway for breast cancer patients to work towards a regional model. A sub-group was formed with a lead clinician to this take this forward. A scoping exercise will begin to establish current practice across the region. Information gained from an in-depth literature review will assist the working of the group in taking this work forward.

Priorities for 2010/11

- Establish follow-up sub group which will make recommendations based upon evidence follow-up for breast cancer patients.
- Reduce size of breast dataset.
- Audit to establish projected increase of 30% increase of screen detected cancers accurate.
- Undertake an in-depth critical review of MDT practice across the region; identify gaps/areas for improvement, develop clear action plans to address deficiencies within a clearly specified timescale; and optimise efficiency and effectiveness.

3.2 Colorectal Cancer

Clinical Lead Mr Richard Molloy
Network Manager Kevin Campbell

The West of Scotland MCN for colorectal cancer is in the fortunate position of being one of the longest established cancer networks. Management of colorectal cancer has benefited from the publication and regular update of national guidelines and standards. There is also a very well established audit process to facilitate data collection, which has allowed comparison between hospitals and individual MDTs in their performance against these standards.

The major areas of work undertaken in 2009 – 2010 are as follows:-

Map an ideal patient pathway identifying critical contact points and timescales

The MCN produced a pathway suggesting timescales for assessment of patients with colorectal symptoms and subsequently moving on to investigations for metastatic disease, discussion at MDTs and ultimately the treatment of patients. Although resources will vary from hospital to hospital, the pathway is helpful in terms of planning for service delivery and indentifying potential areas where service delivery can be improved.
Risk based guidelines for referral and risk based assessment
The Bowel Cancer Advisory Group (BCAG) produced a protocol which was sent for national review and subsequently ratified by the Scottish Cancer Taskforce (SCT). This has been disseminated locally through the MCN. The Advisory Board for colorectal cancer has agreed to adopt the vast majority of this protocol with one or two small variations where our local protocol is more likely to recommend direct access to colonoscopy rather than clinic review. This has been agreed by the MCN Advisory Board and we will assess the implementation of the protocol six months on from its introduction in March of 2010.

Improve magnetic resonance (MR) performance in staging disease and treatment planning
The MCN has developed a protocol for performing MR in the assessment of patients with rectal cancer and also produced suggested guidelines in terms of the parameters that should be noted when reporting on MR of rectal cancers. This protocol has been approved by the advisory board and will be distributed to all radiologists performing MR for rectal cancer.

Determine the current laparoscopic surgery activity across the region and assess the workforce and education issues associated with the introduction of laparoscopic colorectal surgery
A questionnaire was sent out to all surgical members of the MCN. This aimed to identify current practice and to identify if there are any specific needs in terms of training of consultants who are already in post. The response to this survey was poor, perhaps reflecting the reluctance of established consultants to identify their own specific training needs.

However, it is now clear that almost all hospitals in the West of Scotland have at least one surgeon performing laparoscopic surgery. Members of the MCN have taken the lead in developing a Scottish Laparoscopic Surgery Group and will participate in the first Scottish cadaver based training course for training juniors and subsequently consultants in laparoscopic colorectal surgery.

Develop a strategy for the management of advanced disease to provide appropriate and equitable access to specialist services
The MCN has initiated an audit of patients with advanced disease with the aim of quantifying the numbers of patients who have potentially treatable or resectable disease and also with the aim and intention of identifying where and how these patients are currently managed. The response to the audit has been poor in places. The MCN are also in the process of performing a qualitative assessment of the management of patients with advanced colorectal cancer on an MDT basis. Ultimately the aim is to develop a strategy for the management of patients with advanced disease.

Revise and reproduce patient information booklets
This has been completed and printing of booklets is underway.

Undertake and update audit and performance analysis of the management of patients with colorectal cancer with particular reference to national standards on quality assurance
An analysis was performed of the 2007 – 2008 data and this was presented at the annual meeting of the MCN, which was held in February 2010. There have been a number of difficulties with respect to poor quality and incomplete data and final data analysis is due to be held within the next four weeks. Thereafter individual reports will be prepared for each MDT and hospital. The biggest concern with this data relates less to the quality of the results and more to the relatively poor quality of the data collection in number of health boards. We are undertaking a number of changes with a reduction in the data set and the introduction of clinician led data entry onto e-Case in order to facilitate improved data collection.

Collaboration with NHS QIS, ISD and SCAN and NOSCAN to produce a comparative report of the management of colorectal cancer on an identifiable MDT level
This work, which was initiated in 2008 and came to fruition in May 2009, when the preliminary results were presented to a national meeting in Edinburgh. As with our own local data, there have been a number of concerns regarding the method of analysis and accuracy and completeness of the data. This has prevented the production of a national report but it is hoped that the difficulties that have been encountered will lead to a stronger push to produce better quality and more robust data over the coming years.
• Undertake an MCN wide exercise in evaluating, using case based discussions, MDT management of rectal cancer

At our annual meeting in February 2010, we held a number of case based discussions regarding the management of patients with specific problems relating to rectal cancer. Prior to this individual MDT’s filled in a questionnaire on how they would have managed the fictional patients (based on history, pathology and x-rays). All found this helpful and productive.

Priorities for 2010/11
• Improve regional MDT review meeting, ensuring clinically effective management of patients, in accordance with best practice, optimising efficiency of organisation and process of review.
• Comprehensive review of the MCN audit dataset and related definitions.
• Assess impact of national referral and risk-based investigation strategy.
• Determine requirements for effective regional management of advanced disease.
• Comparative outcomes assessment – screen detected v symptomatic presentation.

3.3 Gynaecological Cancer

Clinical Lead Dr Nick Reed
Network Manager Kevin Campbell

The year 2009/10 saw approval of the business case for redesign of the Regional Gynaecological Surgical Oncology Cancer Service. This coincided with the move of the Gynaecological Surgical Team into a new purpose built facility in Glasgow Royal Infirmary.

The agreed service model requires 5 consultant gynaecological surgeons, at present there are only 4 consultants in post with one post remaining unfilled. This will be advertised when suitable applicants will be available. The business case identified the need for additional theatre, anaesthetic and support resources to support a fifth consultant and the model will only be able to deliver the capacity required when these are fully met. The Network will be carrying out a formal impact assessment of this change in service delivery; this is an agreed priority objective in the 2010/11 MCN work plan. Anecdotally, there are indications of some improvement in the waiting times for admission for complex gynaecological surgery in cancer. A key component of the formal assessment is to understand the changing role of the ‘local leads’ in the regional District General Hospitals (DGHs) and to address the expressed anxieties around down-skilling of these key individuals as a result of the service re-organisation. This will need to be monitored alongside sustainability of the new model to meet demand; it may mean that there is no potential in the future for local DGHs to provide complex gynaecological cancer surgery.

The year has also seen improvements in the radiological and imaging services, particularly in Forth Valley and Argyll & Clyde, where new appointments have been made. This has supported the redesign of the MDT working where the programming of the meeting is now on a regional geographical basis. This has facilitated increased participation of pathologists and radiologists from the four supporting DGHs allowing them to contribute through their scheduled session. Shortfalls in manpower services in Ayrshire & Arran have led to difficulties in maintaining the same level of service.

The Network has revised the Endometrial Cancer Guidelines and had previously implemented the SIGN Cervix Guideline. Work will focus in the next two years on working with the other two Scottish Networks to develop national protocols for surgery, radiotherapy and chemotherapy. We will also look to see whether we can incorporate imaging and histopathology guidelines within this work. This will be a challenging piece of work but we hope we can achieve this.

The educational activities remain a very important part of MCN activity, providing a forum for the wider membership to participate in active debate on key issues in the treatment and care of gynaecological cancer, supporting development of the priority objectives identified in the MCN work plan. The MCN hosted the first National MCN Meeting which took place in February 2010 and was well attended by representatives from SCAN and NOSCAN. This is recognised as the first step toward greater national collaborative working.
Priorities for 2010/11

- Improve regional MDT review meeting, ensuring clinically effective management of patients, in accordance with best practice, optimising efficiency of organisation and process of review.
- Review current follow-up practice against evidenced-based best practice to identify opportunities to optimise efficiency and clinical effectiveness.
- Assess, jointly with service management, impact of regional service developments to determine progress toward the stated requirements of the newly funded (09/10) Regional Service Model.
- Revise Guideline for Management of Ovarian Cancer and Management of Cervical Cancer – based on completed CMG.
- Audit use of ‘risk of malignancy index’ in initial investigation.
- Produce national clinical audit data sets.

3.4 Haemato-Oncology

Clinical Lead Dr Pam McKay
Network Manager Heather Wotherspoon

The Haemato-oncology MCN has made considerable progress over the last year, moving forward a number of areas highlighted in Better Cancer Care, An Action Plan (October 2008).

Clinical Management Guidelines (CMGs):
CMG’s are now in place for diffuse large B cell lymphoma, follicular lymphoma, Hodgkin lymphoma (all updated in 2009), myeloproliferative disorders (chronic myeloid leukaemia, polycythaemia rubra vera, essential thrombocythaemia) and chronic lymphocytic leukaemia. CMG’s for acute lymphoblastic leukaemia, acute myeloid leukaemia, myelodysplasia, Waldenstrom’s macroglobulinaemia and myeloma have been produced and are going through the approval process (via PASG). The myeloma CMG is being updated in view of recent SMC advice and will soon be available. This represents a significant achievement, with CMG’s now available for the majority of haematological malignancies.

WOSCAN Chemotherapy Protocols:
Twenty-six regional protocols for the most commonly used regimens in haemato-oncology have now been developed and distributed throughout the network.

MDTs:
In March 2009, the weekly regional lymphoma MDT was extended to include patients with all haematological diagnoses and the previously separate monthly leukaemia MDT was disbanded. In addition, a Regional Cutaneous Lymphoma MDT (via videoconferencing) was established in September 2009.

An audit was carried out to evaluate the first 6 months of the new Regional MDT process, introduced in November 2008. 5 of 11 sites followed the correct process for more than 50% of their cases. Failure to refer to the Regional MDT was a significant problem. Participation at the Regional MDT was also evaluated over a one year period and demonstrated a wide variation throughout the region with only 5 of 12 sites participating in more than 50% of the meetings. Four sites only linked into the meeting when presenting cases. Work is required to improve attendance at MDT meetings and compliance with agreed process. This will be addressed in 2010/2011 workplan. A re-audit will be carried out in February 2011.

Clinical Audit:

To help support complete data collection, local resource has now been identified in NHS Ayrshire and Arran, NHS Greater Glasgow and Clyde, NHS Lanarkshire and NHS Forth Valley. This model of data collection has been developed in partnership, whereby local audit staff collect waiting times and base data while regional Network staff collect follow-up data and CML base data. At present, no local resource has been identified in NHS Dumfries and Galloway. Discussions are currently ongoing at local health board level.
Living with Cancer:
Patient Information:
A regional audit of information given to patients with haematological malignancies was carried out. This identified poor recording of information given out and a summary sheet has now been produced. It also noted there was inconsistent information on fertility. A booklet, “A Guide to Fertility and Cancer Treatment in Haemato-Oncology Patients”, has been produced in conjunction with Dr Helen Lyall, Assisted Conception Unit, Glasgow Royal Infirmary and is currently being circulated throughout the Nursing Network. “Neutropenic sepsis” cards and “immunocompromised patient” cards were produced in April 2009.

Moving Forward:
“Moving Forward” courses at the Beatson West of Scotland Cancer Centre (BWoSCC) have been available to haemato-oncology patients throughout the West of Scotland since February 2009. The aim is to run 4 to 5 courses per year.

Service Development:
Appointment of Consultant with Interest in Adolescents and Young Adults with Haematological Malignancies:
Dr Nick Heaney has taken up this post in January 2010, working at Yorkhill Hospital and BWoSCC.

Blood Cancer Diagnostics in West of Scotland:
A Laboratory Diagnostics Subgroup of the Haemato-oncology MCN was established February 2010. A business case, for implementation of an IT system to coordinate diagnostic tests/results, is currently being drafted for submission to the Regional Cancer Advisory Group prioritisation meeting for regional funding.

Education:
Our first education event, “Lymphoma – Current Issues”, took place in October 2009. The meeting included presentations from colleagues from a variety of disciplines including radiology, pathology, ENT and gynaecology emphasising the importance of “networking”. The Network continues to support the West of Scotland Lymphoma Group Educational Programme.

Priorities for 2010/11
- Ensure regional MDT recommendations published Feb 2010 are adhered to throughout 2010/2011.
- Undertake an in-depth critical review of MDT practice across the region; identify gaps/areas for improvement, develop clear action plans to address deficiencies within a clearly specified timescale; and optimise efficiency and effectiveness.
- Undertake an in-depth critical review of literature/ best practice regarding lymphoma follow-up practices. Critically review follow-up practices across the region; compare practices with literature; identify gaps/areas for change, develop clear action plans to address issues within a clearly specified timescale; and optimise efficiency and effectiveness.
- Establish an integrated diagnostic reporting system for liquid haematological malignancies in the West of Scotland.
- Optimise use of regional Teenage Cancer trust (TCT) facilities for the management of haematological cancers in adolescents and young adults across WoSCAN.
- Establish an effective, sustainable model for the collection, analysis and reporting of haemat-oncology data.

3.5 Head and Neck Cancer
Clinical Lead Mr Gerry McGarry
Network Manager Tracey Cole

Head & neck (H&N) cancer is somewhat unique due to the multiple surgical specialties, sites, and histopathologies involved with the disease. All of these specialties are represented in the Advisory Board, along with all Allied Health Professionals, to ensure full and frank discussion on all MCN matters.
The MCN has undergone change of both Lead Clinician and Network Manager in the last 6 months.

**MDTs – Rationalisation of Form & Function**
Following a regional MDT audit the MCN has prioritised the standardisation of MDTs. With the aim of achieving uniformity of MDT constitution and operating procedures, the MCN has embarked on a programme of MDT Quality Assurance.

The reorganisation of Regional Specialist Oncology Services has acted as a catalyst for review of H&N MDTs across WoSCAN. Discussions have been initiated to reduce the current number of MDTs from 5 variable MDTs to 3 fully compliant MDTs. All Network members affected by the rationalisation of the MDTs have been involved in the discussions. Extensive discussions have been held to achieve consensus, with all involved now recognising the need for merger and the benefits of this. The MCN Lead and Manager are very much involved in ensuring momentum is maintained during the transition and that new relationships are forged within the teams affected by the changes.

**Centralisation of Complex Surgical Services – Free Tissue Transfer**
The submission for priority funding was held back this year but is still viewed as part of the agenda for head and neck cancer services. Work is currently underway to centralise the most clearly defined complex procedure – free tissue transfer. A number of meetings have been held and clinical consensus has been reached. Maxillofacial and Plastic Surgery are striving to achieve closer working between teams.

**Monthly Clinical Meeting**
The monthly clinical meeting has good representation from all Boards within the MCN and is a useful tool for quality control, self audit, guideline development and education. Work is underway to standardise the format of all documentation and presentations used in the meeting in a bid to improve communication and maximise the opportunities presented by the meeting.

**Audit**
There has been continued progress in the quality of audit data collected and reported across the Network. The 2008 audit data will be presented at the next Education Day in May 2010, at which time a full audit report will be published. Changes in MDT function and standardisation of monthly clinical meeting records will enhance the development of audit within the MCN.

**Research Sub Group**
The Research Sub Group continues to have a strong presence within the MCN. Discussions are underway with Professor Karen Vousdens team at the Beatson Institute with regards to joint projects in genetics and molecular research. A series of information exchange meetings between the Research Sub Group and the Beatson Institute are scheduled to identify the best way to align clinical and scientific proposals.

**Development of Clinical Nurse Specialist service in the MCN**
Revised patient information booklets were launched in 2009 and distributed by Clinical Nurse Specialists to all new patients across the region. At the moment work is underway on a patient DVD, patient information is of an extremely high quality within the network and the CNSs are keen to keep this a priority in the coming year.

A pilot project was completed in conjunction with Macmillan Cancer Support to assess patient referrals to benefits advice, results will be reported on this project in the coming months.

CNSs within the Network manned a public information and awareness stand during mouth cancer awareness week in November 2009.

**Education Event**
The MCN organised a very well attended and successful educational event in May 2009. This comprised a research focused session in the morning, and lectures and presentations by a variety of professionals in the afternoon. Topics covered included local practices surrounding PET/CT, patient experience, patient satisfaction audit, and developments in provision of Intensity Modulated Radiation Therapy (IMRT). Another full day education event will be held on 19th May 2010.
**Priorities for 2010/11**

- Undertake an in-depth critical review of MDT practice across the region; identify gaps/areas for improvement, develop clear action plans to address deficiencies within a clearly specified timescale; and optimise efficiency and effectiveness.
- Assist MDT Mergers/Rationalisation.
- Undertake an in-depth critical review of literature/ best practice regarding cancer Follow-up practices. Critically review Follow-up practices across the region; compare practices with literature; identify gaps/areas for change, develop clear action plans to address issues within a clearly specified timescale; and optimise efficiency and effectiveness.
- To effectively utilise the audit data collected across the MCN.
- Improved participation and structure of monthly clinical meeting.
- Support the implementation of redesign of microvascular surgery services in WoSCAN.

### 3.6 Lung Cancer

**Clinical Lead**  Dr Richard Jones  
**Network Manager**  Tracey Cole

The West of Scotland Managed Clinical Network for Lung Cancer has continued to benefit from enthusiastic engagement of healthcare professionals across the region and the advisory board, which meets four times a year, has been strengthened with the development of representation from radiology and pathology. The new lung MCN manager took up post in August 2009, and a Deputy Clinical Lead, Dr Scott Davidson, Consultant Respiratory Physician, was identified in November 2009.

**MDT rationalisation**

The ‘New Victoria’ South Glasgow Ambulatory Care Hospital opened during 2009 and the Southern General and Victoria MDTs merged to provide a combined weekly service in this location with the aim of providing a more robust MDT with increased cross-cover. The new service continues to develop and it is recognised that it may require increased time and resources to maximise the potential benefit.

**MDTs - review and surgical input to MDTs**

The MCN has continued to review Lung MDTs in the region by visiting all and comparing and reporting on best practice. There has been particular focus on surgical input to MDTs meetings have taken place with the team from the Golden Jubilee National Hospital to explore ways of enhancing the surgical input to, and cover of, MDT meetings and clinics.

Driven by the changes in provision of specialist oncology services an option appraisal has begun in NHS Lanarkshire in respect of lung cancer services and rationalisation of current MDTs, this will continue through 2010/11.

**Audit**

The 2008 audit data was reported and discussed at the open meeting in November 2009. It has been noted that the completeness of data has begun to improve, particularly in the area of performance status, and numbers of patients discussed at MDT. Local lead clinicians are increasingly holding regular meetings with staff in audit offices to help further improve the quality of collection, and reporting, of the information that has been recorded against the national Quality Improvement Scotland (QIS) standards.

A national meeting took place in December 2009 with all three Scottish Networks reporting their lung cancer data, with the support of ISD, with the aim of sharing good practice. This initiative will be repeated in 2010. The MCN also collaborated with the National Lung Cancer Audit, sharing data on the LUCADA report.

**Cancer Surveillance Unit**

The Cancer Surveillance Unit has supported a study linking cancer registry data with MCN audit data to carry out a multivariate analysis looking at the effects of stage, performance status, and area of treatment on survival, this study will be on-going in 2010/11.
Development of Clinical Nurse Specialist service in the MCN
The lung cancer clinical nurse specialists have developed 3 comprehensive patient information booklets (thoracic surgery, VATs, and mediastinoscopy), which will be made available in hard copy to patients across all 3 Scottish Networks, and available to download as a .pdf file on the WoSCAN website (www.woscan.scot.nhs.uk).

Three educational events were held in the last year for lung clinical nurse specialists, and a successful Scotland-wide education day for nurses in all Networks was held in June 2009.

After undergoing a research project during 2007, the MCN lead nurse and other clinical nurse specialists in the Network published an article entitled “A review of the role of the lung cancer nurse specialist” in the Cancer Nursing Practice journal in June 2009.

Provision of Endobronchial Ultrasound (EBUS)
With the introduction of PET scanning there has been an increasing need for access to EBUS for patients to assess the mediastinum. The MCN has assessed the level of EBUS service in different parts of the region, and discussions are ongoing to facilitate enhancement of this service where access is limited. During 2009 further equipment was obtained in Forth Valley and South Glasgow, reducing the strain of patient referrals from these areas to other sites.

Education
The MCN organised two very successful educational events in May 2009 and November 2009. There were more than 100 registrants at the November meeting. Input to the sessions was multi-professional and the topics included radio-frequency ablation, new developments in radiotherapy, auditing of second-line chemotherapy, clinical trial recruitment, audit results from 2008 and the impact of PET scanning on treatment.

Priorities for 2010/11
- Undertake an in-depth critical review of MDT practice across the region; identify gaps/areas for improvement, develop clear action plans to address deficiencies within a clearly specified timescale; and optimise efficiency and effectiveness.
- Work with the Golden Jubilee National Hospital team with the aim of having thoracic surgery input available to all MDTs consistently.
- Provide support to the NHS Lanarkshire team in the rationalisation of MDTs within Lanarkshire, assisting with logistic and operational issues.
- Work with the GG&C team to assist with the regional aspects of merger of MDTs in North Glasgow.
- Undertake an in-depth critical review of literature/best practice regarding cancer follow-up practices. Critically review follow-up practices across the region; compare practices with literature; identify gaps/areas for change, develop clear action plans to address issues within a clearly specified timescale; and optimise efficiency and effectiveness.
- Establish the most effective EBUS provision across the Network.

3.7 Skin Cancer
Clinical Lead Dr Girish Gupta
Network Manager Tom Kane

The network has managed to increase the number of outcomes compared with the previous years report. It has done this by working with a number of stakeholders within the skin cancer environment.

The network fully supported the development of the Public Health etc (Scotland) Act 2008; Part 8 Regulation of Provision of Sunbeds. At the time of publication, the network wrote via the primary care group lead cancer GPs and public health pharmacists to all GPs & community pharmacists in the West of Scotland to ensure that they were aware of developments and expressed our support. This was an important step, the benefits to patients being seen in the longer term.

Patient information is extremely important for patients diagnosed with skin cancer and for people who are at risk, or concerned about the potential of developing skin cancer. To that end, the network set up a subgroup which reviewed all the patient literature available. The advisory board supported the
recommendations made. A list of preferred literature was sent to all in the network, recommending what was believed to be the most appropriate information to be given to patients.

The network advisory board was concerned that some patients who needed to be seen urgently in hospital, were being seen routinely. It was agreed that the best way to tackle this issue was to focus our efforts on educating GPs. We devised a rolling programme of education, presented by senior medical staff, with education events taking place in both Lanarkshire and Greater Glasgow in the last year.

One way of helping to ensure the highest possible standards of patient care is to have new cancer patients, particularly those diagnosed with Malignant Melanoma, discussed at a Multidisciplinary Team Meeting (MDTs.) The network has encouraged the development of MDTs and we are able to report that as well as the regional MDT, all but one of the health boards has a skin cancer MDT in place. There is work ongoing in the remaining health board to support the creation of an MDT.

The network is not as established as some of the other networks regarding clinical audit but is seeking to develop it. The network has published its first annual clinical audit report. The quality of the data we have is improving. It has allowed us to be able to note areas of good practice regionally and be in the position for the first time to make recommendations where we believe that there are areas where improvements can be made.

**Priorities for 2010/11**

- Undertake an in-depth critical review of literature/ best practice regarding cancer follow-up practices. Critically review follow-up practices across the region; compare practices with literature; identify gaps/areas for change, develop clear action plans to address issues within a clearly specified timescale; and optimise efficiency and effectiveness.
- Undertake an in-depth critical review of MDT practice across the region; identify gaps/areas for improvement, develop clear action plans to address deficiencies within a clearly specified timescale; and optimise efficiency and effectiveness.
- Improve quality of primary care referrals of suspicious lesions.
- Initiate background work for Quality Performance Indicators (QPIs).

**3.8 Upper Gastrointestinal Cancer (GI)**

Clinical Lead  
Mr Colin MacKay  
Network Manager  
Christine Morran  

Endoscopic Ultrasound is the most accurate means of staging potentially respectable oesophageal and proximal gastric cancer and it is the most accurate means of obtaining a tissue diagnosis in suspected cancer of the pancreas. The service established at Glasgow Royal Infirmary has expanded to serve all health board regions. In order to sustain the service a business case was prepared and submitted to the Regional Planning Group for consideration of funding in 10/11.

The West of Scotland MCN organised the National Upper G.I. meeting held in Edinburgh in November. The focus of the meeting was the review of clinical audit data and data capture processes. Work on improving the referral process for patients with dyspepsia was agreed for the three regions which will involve collaboration with primary care.

The network also undertook a literature review around follow up management for patients with upper G.I. cancer to benchmark against current practice.

**Priorities for 2010/11**

- Review Follow up of Upper G.I cancers.
- Produce CMG for Upper G.I. cancers.
- Option appraisal towards centralisation of surgical services for upper G.I. cancers.
- Improve Data Veracity.
- Undertake an in-depth critical review of MDT practice across the region; identify gaps/areas for improvement, develop clear action plans to address deficiencies within a clearly specified timescale; and optimise efficiency and effectiveness.
3.9 Urological Cancer

Clinical Lead Mr Khaver Qureshi
Network Manager Tom Kane

The network had previously made recommendations in a number of areas; the use of local anaesthetics for patients undergoing a transrectal ultrasound (TRUS) and biopsy of the prostate gland and also for the timings associated with patients having MRI scans after TRUS biopsies. The network followed up on these recommendations to ensure that they were being adopted into clinical practice.

One way of helping to ensure high standards of patient care is to have new cancer patients discussed at a Multidisciplinary Team Meeting (MDTs). The network has been visiting the local MDTs to support their development. The network has reviewed the guidelines available for patients with prostate, renal and bladder cancers. All of the MDTs follow local/regional or national evidence.

Stopping smoking is important for everyone. Research indicates that for patients with bladder cancer that once they have been diagnosed, it’s still important to encourage them to stop. The network reviewed the practice of how patients are supported to do this and have made recommendations that this topic be raised routinely with all bladder cancer patients.

A key part of the network activity is that of audit. The data was analysed and presented at the annual education day in October 2009. The quality of the data has improved and the network has been able to make recommendations to improve practice in a number of aspects by communicating to the health boards by presentation at their MDTs as well as a formal report. As well as audit, the education event allowed colleagues to have lectures from guests UK wide on topic such as penile cancer, prostate cryotherapy and the epidemiology of prostate cancer.

The network has reviewed the current levels of information available for patients who have the various urological cancers. It was felt that patients have a wider choice of information available, often through the various charities with an interest in urology. There will be a need to look specifically at the information available for penile cancer patients (see below).

The network continues to work on developing a model for a regional penile cancer service and will complete this work in the forthcoming year’s workplan.

Priorities for 2010/11
- Agree clinical service model for the management of penile cancer.
- Undertake an in-depth critical review of literature/ best practice regarding cancer follow-up practices. Critically review follow-up practices across the region; compare practices with literature; identify gaps/areas for change, develop clear action plans to address issues within a clearly specified timescale; and optimise efficiency and effectiveness.
- Undertake an in-depth critical review of MDT practice across the region; identify gaps/areas for improvement, develop clear action plans to address deficiencies within a clearly specified timescale; and optimise efficiency and effectiveness.
- Review potential to develop a renal cryotherapy service, either regionally or nationally.

3.10 National – Scottish HepatoPancreatoBiliary Cancer Network (HPBN)

Clinical Lead Mr Rowan Parks
Regional Clinical Lead Mr Colin MacKay
National Network Manager Lindsay Campbell

Tissue banking for the Edinburgh Centre has been approved and is being implemented. Glasgow and Dundee already have established tissue banks, but in due course it is hoped that this can also be extended to include the other 2 cancer centres.

The GP referral guidelines were reviewed and no update was required. The cholangiocarcinoma guidelines were created and this completes the creation of the Scottish guidelines. The pancreatic cancer guidelines are being updated. Electronic referrals are as described in the Scottish Sarcoma Network report.
Scottish patients did participate in National Cancer Research Institute (NCRI) trials including ESPAC-3, BILCAP and Photostent and new trials are anticipated to start in due course. The Scottish Cancer Research Network will be providing updates on trials going forward.

The patient information booklet is created and 2 years worth ordered from the printers.

The website has been created and is being populated. It is based on the updated website for the Scottish Adult Neuro Oncology Network (SANON) that was updated by the SANON patient participant. The address is www.shpbn.scot.nhs.uk.

The 2008 audit is in progress as it is taking longer than planned to account for every patient cared for. The 62 day waiting times standard has always been met and the median wait has consistently been below 25 days.

The education event was on 30th November 2009 in Edinburgh. Sandra Thornton and Gordon Smith described their experiences of care and Gordon has joined Sandra as patient participant on the Advisory Board.

**Priorities for 2010/11**

- Top 10 Quality Performance Indicator (QPIs) for SHPBN and continual improvement evidenced through audit.
- Project through Chief Scientist Office to bank tissue.
- In collaboration with the Scottish Cancer Research Network ensure access to trials.
- Pancreas and liver guidelines revised.
- Undertake an in-depth critical review of MDT practice across Scotland; identify gaps/areas for improvement, develop clear action plans to address deficiencies within a clearly specified timescale; and optimise efficiency and effectiveness.

### 3.11 National – Scottish Sarcoma Network

**Clinical Lead**
Mr Sam Patton  
**Regional Clinical Lead**
Dr Fiona Cowie  
**Network Manager**
Lindsay Campbell

Referrals are currently by letter, fax or phone to individual Consultants from either GP’s or Consultants. Electronic referrals are available via SCI GATEWAY but currently only GP to Consultant. Grampian, Orkney and Shetland are piloting Consultant to Consultant electronic referrals. Chris Burns started on 18th May 2009 as the Scottish Sarcoma Coordinator (based in Glasgow Royal Infirmary) and is improving coordination across all 5 centres.

Guidelines for radiology and chemotherapy have been created and circulated. This completes the creation of the Scottish guidelines. The Scottish Gastrointestinal Stromal Tumour (GIST) guidelines were updated on 4th December 2009 and the Surgery guidelines are being updated. The UK soft tissue sarcoma guidelines were created in January 2010 on behalf of the British Sarcoma Group.

The national MDT started on 16th November 2009, coordinated by Chris Burns. Video conferencing facilities need to be as close to the participants as possible and Edinburgh Royal Infirmary is currently being improved. Boards are able to participate as required, with NHS Dumfries & Galloway participating on 22nd February 2010. 31 and 62 day waiting times performance is being determined by Chris Burns. The generic timed pathway for the first 62 days was created.

Chris Burns is registering each patient in eCase so that prospective audit can be completed as soon as auditors are realised. Retrospective audit of 2006 and 2007 (to support the option appraisal of the Scottish Musculoskeletal Sarcoma Surgical Service and the Scottish Sarcoma Network) has increased the number of new patients diagnosed each year to 400.

Shona Simon started on 1st July 2009 as the Clinical Nurse Specialist in the Edinburgh Centre. Aberdeen, Dundee and Inverness are determining how to achieve this in the longer term. The sarcoma
The nursing module is now available from the University of the West of Scotland and the first cohort started in February 2010.

The Network celebrated its fifth birthday during the annual general meeting on 23rd November 2009. George Violaris presented his recent experience of care at the Glasgow Centre and has taken over as the patient participant on the Steering Group. George is working with Sarcoma UK to establish a Scottish patient support group.

Quarterly education days were split between Edinburgh and Glasgow, including the annual general meeting, which Aberdeen will host in 2010. The Steering Group will meet during the 2010 quarterly education days to maximise participation and minimise disruption.

**Priorities for 2010/11**

- In collaboration with the Health Boards establish auditors to enable prospective audit.
- Create top 10 Quality Performance Indicators (QPI’s).
- In collaboration with the Health Boards expand clinical nurse specialists to Aberdeen, Dundee and Inverness Centres.
- In collaboration with the Scottish Cancer Research Network ensure access to trials.
- Implement outcome(s) of the option appraisal.
- Undertake an in-depth critical review of MDT practice across Scotland; identify gaps/areas for improvement, develop clear action plans to address deficiencies within a clearly specified timescale; and optimise efficiency and effectiveness.

### 3.12 National – Scottish Adult Neurological Oncology Network (SANON)

**Clinical Lead**  Dr Robin Grant  
**Regional Clinical Lead**  Mr Lawrence Dunn  
**Network Manager**  Lindsay Campbell  

The Scottish Cancer Genetic Service has agreed to receive referrals for patients and family members with neurofibromatosis, tuberous sclerosis, and Von Hippel Lindau through the normal channels.

Referrals from NHS Lothian GP’s for patients with a suspicion of cancer to neurosciences are being audited.

The telePathology trial was successful and Dundee patients are now diagnosed by the Edinburgh neuro-pathologists without delay.

1p19q molecular diagnostic testing is available for all Scottish patients and 2009 is being audited.

Radiology, surgery and oncology guidelines are in progress. Surgery guidelines are being developed in collaboration with the Scottish Neurosurgery Managed Service Network (SNMSN).

Patients are participating in existing trials and the Scottish Cancer Research Network will be reporting this going forward.

The Aberdeen and Inverness MDT is still informal and looking to secure a coordinator and an auditor. The Dundee MDT started on 1st July 2009 and is informal and looking to secure a coordinator and an auditor. The Edinburgh MDT is formal with a combined coordinator and auditor. The Glasgow MDT is formal with a coordinator but audit resource still requires to be identified. The generic timed pathway for the first 62 days of care is in progress.

The patient information booklet is in progress and is planned to be launched at the British Neuro Oncology Society (BNOS) 2010 conference in Glasgow (23-25th June). 19th March 2010 was the patient information day in Edinburgh with the Samantha Dickson Brain Tumour Trust (SDBTT).

Audit started in Edinburgh on 14th December 2009 and the SNMSN will be temporarily supporting Aberdeen, Dundee and Glasgow with auditors.
Inverness is determining how to provide specialist nursing care. Aberdeen has 1 CNS, Dundee has 1 CNS, Edinburgh has 1 CNS and Glasgow has 2 CNS’s.

The annual meeting was on 27th November 2009 in Dundee and 2010 is planned to be in Aberdeen. Joannie McCutcheon, patient participant, upgraded the SANON website to newer technology and it went live in February 2010.

Priorities for 2010/11
- Radiology, surgery and oncology guidelines finalised and implemented.
- In collaboration with the Health Boards and Scottish Cancer Taskforce establish auditors to enable prospective audit.
- Create top 10 Quality Performance Indicators (QPIs).
- In collaboration with the Health Boards expand coordinators to Aberdeen and Dundee Centres.
- In collaboration with the Health Boards and Scottish Cancer Taskforce expand clinical nurse specialists to Inverness Centre.
- In collaboration with the Scottish Cancer Research Network ensure access to trials.
- Undertake an in-depth critical review of MDT practice across Scotland; identify gaps/areas for improvement, develop clear action plans to address deficiencies within a clearly specified timescale; and optimise efficiency and effectiveness.

4. Clinical Audit

Clinical audit underpins much of the MCNs activity and provides a regular source of indispensable data to understand the quality of the service that is being provided and is used to affect change that results in improved patient care. WoSCAN has, over the years, strived to create a robust process for effective prospective clinical audit data collation, analysis and dissemination of results. To this end, in 2009, an annual schedule for the download of clinical audit data for each disease group was agreed with the Regional Clinical Leads Group (RCCLG) and the Clinical Effectiveness Leads in each of the NHS Boards in the West of Scotland. This schedule provided structure and helped plan workload, at both NHS Boards and WoSCAN. In addition, standard operating procedures in relation to download, storage, analysis and management of data and verification, dissemination, and publication of analysis results were developed and followed. These procedures were also circulated to WoS NHS Boards to make the entire process transparent.

In 2009/10, WoSCAN undertook analysis of all disease groups that collected clinical audit data and plans to do so each year, thereby providing regular assessment of performance and quality of cancer services across the region. Data that has been verified and signed off as an accurate representation of the service provided in each of the NHS Boards has been presented at both Regional and National Education meetings. Any issues that were highlighted by the analysis of audit data were recognised by the Network and actions were taken to resolve them in conjunction with local NHS Boards. Individual MCNs will review the results of their actions to drive the issues identified to a closure.

WoSCAN is working on implementing a clinical governance process to ensure that NHS Boards and the Network are accountable for continually improving the quality of their services, safeguarding high standards of care and creating an environment for the development of excellence in clinical care. Through this process, WoSCAN will embed structured and standardised processes and practice in the NHS Boards and involve all personnel who deal with delivering cancer services. This promotes an integrated approach for the delivery of high quality care to patients.

The electronic audit data repository and reporting system – e-CASE – is now being used throughout the West of Scotland to record clinical audit data for all disease groups. This system is being strengthened with improved functionality and additional reporting modules to ensure data consistency and integrity, ease of data entry, and faster reporting by NHS Boards. This improved system is essential to support the delivery of national quality objectives.

The Networks are charged with developing the national quality performance indicators (QPIs) in collaboration with NHS Quality Improvement Scotland. WoSCAN will play a pivotal role in supporting MCNs develop these QPIs through which their performance will be measured.
National cancer audit data sets have been developed through a multi-disciplinary collaborative process involving Information and Statistics Division (ISD) and speciality representatives involved directly in the diagnosis, treatment and care of patients. In the WoS, additional items have been added to these data sets and this has resulted in very large data sets. Collection of audit data is resource intensive and continued collection of redundant data should be avoided. WoSCAN will support MCNs in reviewing their datasets to assess the continued relevance of collecting each data item and this process will be coordinated with the development of QPIs.

5. West of Scotland Pharmacy Network

Chair Mary Maclean

The main focus, in line with RCAG priorities, has been to take forward and action the recommendations from the strategic review of chemotherapy services and supporting regional implementation of a chemotherapy electronic prescribing and administration system (CEPAS).

Quality of Cancer Care/eHealth

Strategic review of chemotherapy services
Work has continued taking forward the recommendations of this report:

- The network supported the regional steering group to develop an updated action plan which was taken forward in 2009-10.
- The capacity planning models developed for chemotherapy clinical pharmacy services were further developed & validated nationally and endorsed by NHS Scotland Directors of Pharmacy Group.
- In collaboration with the Cancer Nursing Forum developed a regional policy and training toolkit for the prevention and management of extravasation.

Chemotherapy e-prescribing and administration system (CEPAS)
The pharmacy network:

- Continued to work to ensure ‘state of readiness’ through the continued development of regionally agreed chemotherapy & associated supportive care protocols.
- Led and delivered, with support from medical colleagues at BWoSCC, the clinical validation of over 400 chemotherapy regimens in Chemocare.
- In collaboration with the University of Strathclyde, completed the first phase (‘before’ measures) of a benefits realisation project to measure the impact of CEPAS on patient safety.
- Agreed on a common product stability database to support the aseptic preparation of chemotherapy. This will streamline implementation & improve the efficiency of ongoing clinical maintenance of the system with the additional benefit of standardising practice across the region.

Chemotherapy planning oncology resource tool (CPORT)
Members of the network are playing a major role in a national project to evaluate this new technology to support capacity planning. The evaluation phase of this project will be completed Spring 2010.

Treatment

Horizon Scanning
The cancer component of the SMC annual horizon scanning report ‘Forward Look’ is delivered through the service level agreement with NHS GG&C on behalf of the network. This arrangement continues to work well and the agreement was renewed last year for a further 2 years. In conjunction with finance leads, and with project accountant support from NHS Lanarkshire, this financial planning information from the Scottish Medicines Consortium (SMC) continues to be utilised to inform regional and local planning to help streamline the introduction of new cancer treatments into clinical practice. This work was further developed in conjunction with Health Board cancer care lead pharmacists and the West of Scotland Directors of Finance Group with a programme agreed for in year reviews and updates.

Implementation of SMC/NHS QIS Advice
Pharmacists across the network continued to support consistent and equitable regional implementation of national guidance on new treatments. This is achieved by assisting the MCNs and medical colleagues to complete submissions to the Prescribing Advisory Subgroup including protocols to support safe prescribing.
Priorities for 2010/11
Quality of Cancer Care/eHealth
Systemic anticancer treatment and service delivery will continue to be the main focus of the network:

- CEPAS will be the key priority area; we will continue the strong regional collaborative working established to deliver on clinical validation of regimens. Significant local resource commitment has been made to ensure the necessary clinical and pharmacy work is delivered to support safe and timely implementation in all 4 NHS Boards. We will continue the benefits realisation project to measure the impact of CEPAS on patient safety.

- Support the development of a regional implementation plan for CPORT if the evaluation is positive and is approved to move forward.

- Continue to support the Regional Chemotherapy Implementation Steering Group in line with the regional action plan. A key area of activity will be participation in the regional audit of compliance with HDL (2005) 29.

- Undertake clinical effectiveness projects:
  - Projects currently in progress are:
    - Second line therapy in non small cell lung cancer (with Lung MCN).
    - Tolerability of the FEC-D regimen in early breast cancer (with Breast MCN).
  - At least 2 new projects to be initiated which will be in line with regional priorities.

Treatment
- Continue to support consistent and equitable regional implementation of national guidance on new treatments.
- Update existing chemotherapy protocols which are due for review and in response to new safety information.
- Continue to provide NHS Boards with regular regional cancer medicines horizon scanning reports.
- Continue to develop the horizon scanning process:
  - contribute to the national SMC horizon scanning process to improve budget & service impact information on cancer medicines.

6. West of Scotland Cancer Nurses Group (WoSCNG)

Chair Cathy Hutchison

The West of Scotland Cancer Nurses Group (WoSCNG) continues to meet quarterly, providing a forum for communication and sharing practice, in addition to progressing a regionally agreed workplan which is aligned with the strategic direction of Better Cancer Care and Living and Dying Well. The nursing group contributes, via its chair, to the multi-professional WoS Clinical Leads Group. WoSCNG members contribute to a wide range of regional and national cancer multi-professional groups including subgroups of the Scottish Cancer Taskforce.

The following areas are examples of work progressed by the WoSCNG over 2009/2010:

**Cancer Nurse Led Clinics**
A survey questionnaire has been developed by the WoS Cancer Nurse Consultants to scope the current cancer nurse led clinics in place across the region. This work is being done with the support of the board nurse directors and the WoS Regional Cancer Advisory Group. Questionnaires were piloted and the final version sent out to boards. Data is currently being analysed.

**Cancer Education**
The regional cancer CPD (Continuing Professional Development) group chaired by the Forth Valley Cancer Nurse Consultant (Sandra Campbell) developed and implemented a regional workplan which prioritised education for chemotherapy administration, oncological emergencies, patient and public involvement (PPI), lymphoedema and communication skills, part funded by NHS Education for Scotland.

**Chemotherapy education** – see below. Funding secured from NHS Education for Scotland (NES) to progress this initiative.
Oncological emergencies - All boards are engaged in the audit regarding malignant spinal cord compression (MSCC), which in itself facilitates education and other oncological emergencies are embraced through local sessions and days etc. NHS Forth Valley is launching a process to manage suspected neutropenic sepsis out of hours (OOH) with a view to cascading this model to other boards.

Patient and Public Involvement (PPI) - All board areas have now offered education or held events in relation to PPI for cancer services as part of the continuing professional development (CPD) group workplan.

Lymphoedema - The group successfully accessed funding for the development of lymphoedema education which is being taken forward through Glasgow University for untrained staff.

Communication skills - Is accepted as a priority with an event held last summer in the Beardmore as an output of the report by the psychosocial sub group and Macmillan Cancer Support to attempt to identify a way forward in providing training in communication skills. The final report is awaited. However, local boards continue to deliver training with NHS Forth Valley having this as a key priority for nursing education and recognised at clinical governance level for all staff.

The regional CPD group was disbanded in mid 2009, having been in existence since June 2007 and having met the aims of the original workplan. Feedback re education priorities continues through the nurse consultants meetings and the WoSCAN nurses group. As other priorities according to Better Cancer Care etc arise, the Nurse Consultants will endeavour to ensure they are embraced within local areas

Chemotherapy
The WoS Chemotherapy accredited course is now well established and training nurses from WoS health boards about the theory and practice necessary for chemotherapy administration to meet standards for HDL compliance in terms of chemotherapy training. The programme is accredited with both Glasgow Caledonian University and the University of the West of Scotland. Future plans include a detailed evaluation of the programme (Cathy Hutchison and Elaine Barr).

A regional chemotherapy e-learning programme was written by nurses in NHS Ayrshire and Arran and will now be further developed annually through the WoSCNG as a regional resource which will now be rolled out as supported by local boards. This multi professional resource will form part of annual PDP assessment for staff delivering chemotherapy and will be tightly governed for other team members. It will provide an educational tool that can be carried out at work or at home (Sandra White and Nicky Batty).

The framework for chemotherapy nurse/pharmacy-led clinics has been rolled out across the region and boards are currently benchmarking practice against this. The protocol template was piloted by NHS Greater Glasgow & Clyde and NHS Ayrshire and Arran which resulted in small changes to the final version which is now being used across the region for new nurse and pharmacy led chemotherapy services.

Guidelines for extravasation were developed regionally via the WoSCNG working with pharmacy colleagues (led by Sandra White), and discussed nationally at the Scottish Chemotherapy Group and the Scottish Lead Cancer Nurse/Nurse Consultant Group. These guidelines have now been distributed to all board areas and include an audit documentation trail to enable regional knowledge on the number of extravasations and provide a proactive tool to identify any incidents that require investigation. This will be monitored by the regional chemotherapy group. Training and the development of new extravasation kits will commence soon.

Financial & Benefits Advice – “Ask Again” pilot projects
The aim of the pilot projects in NHS Lanarkshire and Forth Valley were to embed within current practice the identification of financial need and benefits advice required by people affected by cancer and the referral to specialist advisory services. A protocol was developed to ensure that patients and carers were offered and able to access services and also ensure that it was re-visited and re-assessed throughout the care pathway, thus “ask again”. Despite significant efforts and commitment from the clinical nurse specialist (CNS) and benefits advisors to this the response from other healthcare professionals was poor. A summary of outcomes are:

- Acute based CNS continues to be the members of the multidisciplinary team (MDT) who predominantly initiate discussions and make referrals to the services. Resulting in delays in referrals when CNS on leave or not at clinic.
• Patients and the other members of the MDT perceived that it was the role and remit of the CNS to do this, with some patients unsure when the subject was raised by medical staff.
• A small number of patients expressed a preference not to be “asked again” as they had already declined this service and didn’t consider it necessary to “ask again”.
• Failure to gain “buy in” from other professional groups.
• Need to widen the scope of this work and it has been raised with the WoSCAN Primary Care Group. GP’s and Community Nurses are ideally placed to provide information and make referrals.
• CNS should continue to raise the profile of the services available across the region.
• Initial feedback from NHS Ayrshire & Arran supports the benefit of using a patient to patient letter, resulting in a high proportion of self-referrals and this could be considered in other boards.

MCN lead nurses
The WoSCNG provides a supportive nursing network for the MCN lead nurses who provide reports to the group at each meeting. Plan to scope training needs and organise a series of training opportunities to assist MCN lead nurses to meet the challenges of the role (John McPhelim).

Priorities for 2010/2011
• Complete regional review of cancer nurse-led clinics.
• Nurse-led follow up.
• Regional approach to the management of Central Venous Catheters in Oncology/Haematology setting.
• Regional accredited chemotherapy course – support and audit uptake.
• Roll out of regional extravasation policy, linking into the WoS chemotherapy group.
• Body image project - take forward work developed by Caroline Hood (NHS Ayrshire & Arran) regionally.
• Support/training for MCN lead nurses.
• Continue to contribute to implementation of Better Cancer Care (e.g. living with cancer, rehabilitation, self care models) and Living and Dying Well.

7. Regional Chemotherapy Implementation Steering Group (RCISG)

Chair Gail Caldwell

In summer 2007 the Regional Cancer Advisory Group accepted the report from the Strategic Review of Chemotherapy Services and endorsed the recommendations made for the implementation across the region. Since that time work has continued to progress the recommendations and develop a methodology that will support consistent implementation across the region. This regional approach was ratified by the RCAG and the Regional Planning Group in March 2009.

The Strategic Review report recommendations are made up of actions which require to be implemented by NHS Boards in their local area and others, for which a regional approach to implementation is more appropriate. The Implementation Action Plan, developed by the Regional Chemotherapy Implementation Steering Group (RCISG), sets out the actions required by Boards and the region, along with indicative timescales for completion of these actions. This was circulated to Boards on 1st April 2009.

The key areas of action required are:
• Strategic Management, Communication and Monitoring
• Governance
• Chemotherapy Demand
• Chemotherapy Delivery

Throughout 2009/10 the RCISG have been progressing the actions contained in the Implementation Action Plan. A summary of progress to date is outlined below.
Strategic Management, Communication and Monitoring
Local Chemotherapy Groups have been established in each West of Scotland Health Board, each group has representation from Primary Care, the RCISG and the Regional Cancer Centre. The RCISG developed a monitoring template for Boards to report progress with actions contained in the Implementation Action Plan. These templates have now been completed by Boards and progress of both Boards and the RCISG was reported back to local chemotherapy groups in January 2010. Due to some delay in completion of actions, due to competing regional priorities, both RCISG and Board action plans have been updated and redistributed. Boards are required to report on progress biannually and the monitoring template will be resubmitted to RCISG in August 2010.

A small sub group of the RCISG has been formed to develop guidance to enable Boards to develop local primary care & community based services. These will ensure that existing good practice and new developments are built on and there is consistency of approach. In the first instance this group will be undertaking a risk assessment of the tumour types and chemotherapy drugs which may be appropriate for a shared care model of treatment.

Governance
A regional approach to audit of compliance with HDL (2005) 29 “Guidance for the safe use of cytotoxic chemotherapy” has been developed, with the aim of sharing best practice and minimising duplication of resources. Guidelines to support this process have been developed and were launched at a stakeholder event held in November 2009. An audit programme has been created which encompasses all units which prescribe and/or deliver chemotherapy across the West of Scotland. Audits are due to commence in April 2010.

As part of HDL (2005) 29 clinical management guidelines for all tumour types should be in place. A significant proportion of these are now complete in the West of Scotland, with a clear plan in place to complete the development of those outstanding by June 2010. Work is also underway to implement a robust document control system which is an essential component of this work.

The WoSCAN Nurse and Pharmacy Led Service Protocol Template was piloted in NHS Ayrshire & Arran and NHS GG&C during 2009 and has now been finalised and distributed to Boards for implementation into practice. The WoSCAN nurses group, on behalf of RCISG, have also developed Extravasation Best Practice Guidelines which are now being distributed for adoption into practice across the region.

Chemotherapy Demand
Mapping of the current clinical trials available in each Health Board area, for breast, colorectal, prostate and bladder cancers has been undertaken by the RCISG, in conjunction with the Scottish Cancer Research Network. These maps will be used by Boards to review their current trials portfolio and undertake a gap analysis, identifying any apparent barriers or issues. Maps have now been issued to Boards and progress with review will be reported in August 2010.

The RCISG has formed a short life working group to develop recommendations for Boards on consistent support and information for patients receiving chemotherapy. This group will assess current patient information materials used and make recommendations based on best practice across the region, which will be made available for Boards to put into practice locally.

Priorities for 2010/11
- Review and update Clinical Management Guidelines and algorithms contained in the Strategic Review of Chemotherapy to take into account any changes since publication.
- Monitor Board progress against Implementation Action Plan, identifying any additional areas for which regional solutions would be appropriate.
- Develop guidance for Boards on consistent information materials for patients receiving chemotherapy.
- Identify opportunities for shared working between Region, Scottish Cancer Research Network and Cancer Pharmacy Network to minimise duplication of effort for clinical trials set-up and administration.
8. **West of Scotland Primary Care Network**

Clinical Lead Dr Paul Baughan  
Network Manager Tom Kane

The Primary Care Network encompasses all cancers and this report gives an indication of the breadth of its activity in the last year.

Members of the network have assisted in raising the profile of oral cancers by carrying out a survey of GP opinions and by supporting activities during mouth cancer awareness week in 2009.

WoSCAN genetics guidance previously developed in partnership with the WoS Genetics Service was disseminated and information for patients on genetics was placed on the WoSCAN website.

A considerable amount of work has gone into looking at the data we gathered in respect of referral of suspected cancer patients. This data has been used in each local health board to review by tumour type how patients are referred, the speed and also accuracy of the referral to hospital. It has been used as a means of seeking to make improvements to the service where required.

The Primary Care Management of Oncological Emergencies was devised in conjunction with a number of hospital based colleagues. It has been disseminated throughout the WoS.

The Palliative Care Out of Hours leaflets were revised, updated & printed following its initial successful introduction in March 2007. This has proved to be an extremely useful aid for GPs seeing patient’s outwith normal surgery hours.

The network has worked with the regional palliative care MCN on two projects: to support the End of Life Care Coordinator who is working on developing Anticipatory Care Planning and to create a new Psychosocial Reference Group.

The End of Life Care Coordinator has devised an effective action plan which will assist in supporting the needs of patients in the terminal phase of life. The psychosocial reference group has created its own agenda relating to the psychological needs of cancer patients.

Patients who have stable prostate cancer are eligible for shared care i.e. to be monitored in primary care and going back to hospital if required. This has been a joint piece of work with the Urology MCN. It has been adopted in one health board; a report is expected later this year and the network intends to support its introduction in other parts of the WoS.

The network has been asked to comment/provide input to a range of items which have been taken forward by other groups either regionally or nationally. They include: communication standards and also views on identification of issues of transport for patients travelling to the Beatson WoS Cancer Centre in Glasgow from throughout the WoS area.

**Priorities for 2010/11**

- Increase Primary Care involvement in the long-term follow up of patients with cancer.
- Examine a possible mechanism for Primary Care staff to provide ongoing monitoring and prescribing for specific patients commenced on oral chemotherapy (where it is safe and appropriate to do so).
- Improve ‘suspected cancer’ patient pathway by examining the availability of direct access to radiological investigations from GPs.
- Facilitate the roll-out of the electronic Palliative Care Summary (ePCS) within Primary Care by linking with ongoing work around anticipatory care planning.
- Develop screening pilot for patients with distress.
9. Scottish Cancer Research Network (SCRN)

Lead Clinician   Professor Jim Cassidy
Network Manager   Chloe Cowan (currently on maternity leave)
Acting Network Manager  Karen Bell

The Scottish Cancer Research Network has evolved over the last year. In January 2010, we saw the addition of a fourth Network site based at the Clinical Research Centre, Ninewells Hospital in Dundee. This new network is known as the SCRN–East and is led by Professor Alistair Thompson, with Dr Charles Weller as Regional Manager. SCRN–E works closely with the Clinical Research Centre and the Tayside Academic Health Sciences Centre (TAHSC) to provide access to and support for cancer clinical trials across a variety of funding sources.

The SCRN continues to strive to meet our objectives as detailed in last years report. These objectives include increasing the breadth of portfolio to support rarer cancers, and to support equity of access to cancer trials out with the Cancer Centres. With the ongoing repatriation of chemotherapy services in the West of Scotland, more trials can be offered to patients in their local areas, hopefully allowing patients to enter trials without having to travel some distance to do so.

Patient and Public Involvement (PPI) is high on the agenda for everyone just now. A Consumer Research Panel (CRP) for Cancer Trials has been established over the last year and this allows Investigators in the SCRN to involve and consult consumers in specific aspects of their proposed research. These consumers sit on Clinical Trials Executive Committees and are now integral in the local approval process for trials.

As reported previously, the SCRN were successful in securing further monies from the Chief Scientist’s Office (CSO). This has allowed the SCRN-W to employ four Research Nurses who are working closely with Investigators to increase accrual to trials and to help enhance high quality data capture.

The SCRN continues to work towards meeting accrual targets as detailed in the Better Cancer Care, An Action Plan.

10. Patient Experience Pilot Project

The RCAG agreed a programme of work relating to chemotherapy and colorectal screening as part of the national Better Together programme. The cancer pilot project approach, methodology and data collection tools, i.e. consent and equalities monitoring forms, have been agreed with the West of Scotland Research Ethics Committee and the information governance department in NHS GGC. The project did not have to go through formal ethics as it was classed as service evaluation. A steering committee has been formed to oversee the pilot and this includes representation from each of the health boards and WoSCAN. The priorities for the first round of projects were agreed as day case chemotherapy, bowel screening and colorectal cancer. Priorities for the second round of projects are currently being discussed and agreed with local health boards.

Focus groups were carried out last July in Glasgow to capture ‘harder to reach’ groups views on the proposals for the national bowel screening DVD. A report and local action plan are available. Six patient experiences projects are underway and four of these have begun to capture patient, carer and staff experiences. To date over 120 participants have been recruited to share their experiences of cancer services across the four health boards in the west of Scotland and at the Beatson West of Scotland Cancer Centre. The services involved differ in each health board and include day case chemotherapy, colorectal cancer, lung cancer & nurse/pharmacy led chemotherapy services. In addition, an outreach recruitment programme is being piloted across Greater Glasgow and Clyde with existing community and voluntary groups.
11. Patient Partnership Forum

Facilitator Christine Morran

The work of the forum for 2009 included:

- Assisting with the ongoing review of regional transport for patients travelling to the Beatson West of Scotland Cancer Centre. One if the issues highlighted for improvement by the members was pickup times of patients in respect of appointment time, resulting in a very long day for patients who were coping with chemotherapy and radiotherapy treatments.

- Glasgow University are currently undertaking research in respect of cancer care reviews in general practice. The members were able to focus down on what best care could be for patients diagnosed with cancer

- The forum has representation on the newly formed national health information and support project which is reviewing what is currently available across Scotland.

Other works include regional chemotherapy information material and the patient experience project.

The group welcomed the attendance of Dr Bob Masterton, Regional Lead Cancer Clinician and Chair of the National Cancer Steering Group and Dr Bill O’Neil, Chair of the Living with Cancer Group, both sub-groups of the Scottish Cancer Taskforce. Discussion focused on ensuring the patients voice was heard in developing and improving cancer services.

12. Malignant Spinal Cord Compression (MSCC)

The WoS MSCC group continues to implement the regional guidelines supported by a project manager for a 2 year period (Stephanie Garrett) funded by Macmillan Cancer Support. Recent and current work includes:

Health board MSCC groups
- Lanarkshire, Glasgow and Clyde, Forth Valley, Ayrshire and Arran

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<tr>
<th>Health Board</th>
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<tr>
<td>Ayrshire &amp; Arran</td>
<td>Linda Kerr &amp; Sandra White</td>
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<td>Forth Valley</td>
<td>Mairi Armstrong &amp; Sandra Campbell</td>
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<td>Lanarkshire</td>
<td>Jan Wilkinson &amp; Mhairi Simpson</td>
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<td>Glasgow &amp; Clyde</td>
<td>Cathy Hutchison, Kate Lennon &amp; Katherine Jones</td>
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- Agreeing local processes to support guidelines e.g. referral, admission, MRI. Local algorithms for processes in place in some areas.
- New Saturday morning MRI service in GG&C
- Pocket size cards with MSCC signs and symptoms, available for clinicians.
- Local groups link to regional MSCC group via local MSCC lead(s)

Patient Information
- Cancerbacup leaflet on MSCC (from Cancerbacup factfile) for all patients with an MSCC diagnosis.
- As per regional guidelines and consistent with the National Institute of Clinical Excellence (NICE) recommendations, contact cards with signs and symptoms have been developed by WoS MSCC group. For all patients considered to be at high risk of MSCC, patients with lung, breast and prostate cancer who have bone metastases and any other patient considered by their clinician to be at an increased risk of MSCC. The card alerts patients to the signs and symptoms of MSCC and tells them what to do if they develop them. It also contains information for the health care professional that they will initially present to (usually their GP) with a telephone number for access to specialist advice. Cards are customised for each health board in terms of contact number for GP to phone. Roll out will be predominantly via Cancer Clinical
Training / Raising Awareness

- Stephanie Garrett (SG) – Macmillan funded training and audit post for 2 years. Regional post based in BWoSCC.
- Core presentation on MSCC is available and being used across the region to raise awareness of MSCC and the guidelines. Training has included acute care (orthopaedics, emergency departments, radiology, oncology wards, cancer centre), primary care (GPs, DNs, physiotherapy back pain service), hospices and university (staff and students). Staff attending include doctors, nurses, physiotherapists and occupational therapists.
- Guideline summary available – included as handout in training sessions.
- Resource file being developed for clinical areas.

Audit

- Scotland-wide minimum core dataset now agreed. This involves whole patient journey from referral to diagnosis, treatment and discharge/transfer + some additional fields specific to WoS guidelines e.g. patient information and mobilisation plan.
- Data collection (12 month audit) via eCASE commenced 1st July 09. SG coordinating for GG&C / WoS. Local lead for each health board.
- Paper proformas to assist with data collection e.g. MRI (main route for identifying patients). Patients also identified via clinical and non-clinical bed managers in cancer centre.
- Audit of Beatson medical staff opinions and practices re mobilisation and positioning – final report now complete and has been disseminated. Recommendations include development of a proforma for patient mobilisation which will be piloted with the BWoSCC lung team (Lesley McAlpine).
- Knowledge of MSCC/guidelines has been audited in all trained nursing staff at the BWoSCC and compared with baseline done several years ago. Full report now available. Results show that whilst knowledge has improved in some areas, further work is required. Action plan being implemented.

Research

- Research study underway to determine patient information needs in relation to MSCC. Overall aim is to improve patient information for patients with MSCC / at high risk of developing it. Stage 1 of the study involves interviewing patients who already have a diagnosis of MSCC, to determine what information they wanted and what they received. Also their views on when MSCC information should be given. Staff (consultants, registrars, ward managers, CNSs, specialist radiographers) are being asked similar questions via a postal survey to determine their views as well as their information-giving practices. Stage 2 of the project involves focus groups with patients with lung, breast and prostate cancer. (Cathy Hutchison, Audrey Morrison, Ann Marie Rice & Alison Mitchell). Protocol has been supported by internal review processes and ethics and is being funded by Macmillan Cancer Support.

Ongoing MSCC work for 2010/2011

- Complete regional audit.
- Development of patient information cards to high risk patients.
- Implement action plan for improving staff knowledge.
- Develop and initiate mobilisation proforma.
- Complete patient information research.
- Continuation of training on request.

13 Beaton West of Scotland Cancer Centre: Specialist Oncology Services

Clinical Director Dr David Dunlop
General Manager Gary Jenkins

Specialist Oncology Services are provided from the Beatson West of Scotland Cancer Centre in Glasgow (BWoSCC) and on an outreach basis across the West of Scotland (WoS).
One of the major objectives of the Centre is to provide sustainable consultant led services across the WoS 52 weeks a year. This is to ensure that no patient experiences needless delays when being referred for an oncology consultation. A programme of work was taken forward throughout 2009 reviewing the placement, and staffing, of all clinics across the region. The aim of this exercise was to ascertain where single handed consultants were deployed, and to look at options for providing a planned model of cross cover in the event of leave or other absence. In excess of 40 clinic models were reviewed and from there, a series of options were developed looking at cross cover scenarios and other options. The final model was taken forward to the Regional Cancer Advisory Group to seek endorsement from all WoS Boards. The revisions were supported by all WoS Boards and a paper was developed to brief the Cabinet Secretary of the changes. Implementation of the model has begun and is expected to be complete by the end of 2010.

The introduction of the new cancer targets from January 2010 has also been a key focus area for the team at the BWoSCC. In tandem with the approach outlined above, considerable work has been undertaken looking at all patient pathways, from initial consultation to first definitive cancer treatment. This exercise was to ensure that no patient pathway for cancer treatment was planned in excess of 31 days from decision to treat to first treatment (except where clinically appropriate). A dedicated group has completed a review of all pathways for radiotherapy and chemotherapy and made revisions where appropriate. These revisions will be monitored on an ongoing basis to ensure they are effective and adhered to. To assist with monitoring, prospective weekly treatment waiting lists are now produced and the patient journey is monitored from their initial point of referral into the Centre through to first treatment.

Following on from the integration of NHS Glasgow and Clyde, Chemotherapy provision at the Vale of Leven and Inverclyde Royal Hospital came under the direct management of the BWoSCC from 01 April 2010. The integration will allow greater synergies between the BWoSCC, and the teams providing chemotherapy locally. New developments in this area are the repatriation of colorectal chemotherapy from the BWoSCC to Inverclyde Royal Hospital. Activity will continue to be monitored and future changes may see further repatriation of chemotherapy regimens if clinically safe to do so. The aim of the BWoSCC is to continue to provide as much local access as possible for patients.

Other key work streams throughout 2010 include the establishment of a working group to look at options for the management of Haematological Cancer Services across NHS GG&C, the strategic development of radiotherapy services, and further developing the clinical nurse specialist role within specialist oncology.

Living with cancer, including public and patient involvement

With regard to the ongoing work associated with ‘Living with Cancer’ and the ‘Patient Focussed Public Involvement - PFPI’ agenda, the following points identify key work streams in these areas:

- Further development work undertaken within the Information Centre at the BWoSCC dedicated to addressing the issues of equality and diversity. As part of this work there has been an increase in the number of volunteers who assist with way finding and other support to patients and visitors.
- Robust arrangements in place for interpreter services to ensure that patients have access to information regarding treatment choice and support.
- Contributing to the work of NHS Inform, initial meeting scheduled for 16 April 2010.
- BWOSCC web site focusing on patient information needs is now well established with plans to include MCN information.
- Supporting Macmillan Benefits Service by hosting teleconferences with patients in hard to reach areas, e.g. Western Isles. We will continue to explore options for using this media to enhance communications and services for patients.
- Pilot site for the Better Together Patient Experience Programme with the aim to improve services as a result of lessons learned from patient stories, staff diaries questionnaires etc.
- Programme of equality impact assessments well underway with patient involvement, this will continue throughout 2010 and is noted in the section below.
- PFPI awareness raising events held September 2009 and February 2010. These were well evaluated and our intention is to continue with these events.
• Introduction of Time to Care creating more time for senior nurses to spend with relatives at visiting times thus enhancing communications between the healthcare professionals and service users.
• Development and ongoing maintenance of a dedicated activity log monitored against the 10 national standards for community engagement.
• Further roll out of clinical nurse specialist led late effect clinics within Haemato-Oncology.
• Collaborative working with other healthcare providers to ensure all model of follow up care are explored to benefit the over patient experience.
• Rationalisation of services to ensure that cancer treatment can be delivered to local communities where appropriate and safe to do so.
• Ongoing collaboration with Friends of the Beatson Well Being Centre who provide a supportive and relaxing non clinical environment for inpatients.
• Ongoing support from Charitable partners including Friends of the Beatson, Macmillan, Cancer Support, Maggie’s Caring Centre, and Tak tent

**Improving the quality of care for cancer patients**

There are various aspects of the ‘Quality of Care’ agenda being developed and taken forward within 2010. Some of these aspects relate directly to the BWoSCC, whilst others have wider organisational impacts on the quality of cancer care. This section gives a brief overview of both these areas.

The NHS GGC Quality Improvement Group was established as a subgroup of NHS GGC Cancer Services Steering Group in 2009 with the following aims:

• To develop a NHS GGC Cancer Services Quality Improvement Work Programme
• To improve the effectiveness and efficiency of the cancer services provided in the Board

The work plan is structured around the 6 areas for quality improvement in *Better Health Better Care* which includes the 3 key domains of the *Quality Strategy for Scotland*. The 6 areas are Effective, Safe, Patient Centred, Timely, Efficient and Equitable. There are 26 action points in the work plan addressing a number of areas for quality and improvement in NHSGGC including compliance with national guidance, cancer audit reporting governance framework, progressing work of national cancer quality group, data quality & consistency, case ascertainment, referral from primary care, risk register, patient satisfaction / involvement in cancer services. There are also specific clinical projects included in the work plan, for example, the successful implementation of patient contact cards across NHSGGC, to alert them to the signs and symptoms of Malignant Spinal Cord Compression (MSCC) and facilitate early detection/treatment of the condition (requirement of NICE and WoS MSCC guidelines).

In December 2009, the Macmillan Day Case Unit (MDCU) at the BWoSCC was involved in a new scheme to measure quality, which was developed by Macmillan Cancer Support and endorsed by the Department of Health. It was one of 3 Scottish sites along with several cancer units in England. The MDCU successfully achieved the Quality Mark with high scores in all areas and received the award when the scheme was formally launched in London in January 2010.

A programme of Equality Impact Assessment Assessments (EQIA) is underway within NHSGGC. In direct relation to the BWoSCC, assessments have been completed in the following areas:

• Radiotherapy
• Simulator
• Out-Patient Department
• Macmillan Day Case Unit
• Matched Unrelated Donor (MUD) transplant service.

An EQIA assessment of GG&C Cancer Plan is currently in progress.

In relation to Quality Standards for Radiotherapy, the BWoSCC had an IR(ME)R inspection in 2009. The inspection looked at the management level procedures associated with medical exposures. This inspection went well; a further inspection is expected in 2010 looking at the departmental level procedures.
Also, in January 2010, the British Standards Institution inspected the Centre in relation to the prescribing, planning and delivery of radiotherapy and brachytherapy. The centre was awarded ISO 9001: 2008.

In relation to quality standards for Chemotherapy, Following successful completion of HDL compliance programme in NHS GG&C, the BWoSCC is contributing to regional HDL compliance programme. A manual in relation to HDL (2005) 29 is in the process of being updated. Staff continue to complete the accredited chemotherapy course at the BWoSCC which meets the training requirements of the Health Department Letter (HDL).

A process is now in place for the review of proposals for new chemotherapy nurse and pharmacy led services. The algorithm includes a process for review and endorsement by the Chemotherapy Management Group and Clinical Governance Group for all new proposals.

With regard to Practice Development, Research and Education Unit (PDERU), there is a virtual unit at the BWoSCC, which is now formalised, and is overseen by a steering group which has developed a detailed work plan to improve and further develop practice in clinical areas. The work plan, which is reviewed quarterly, includes progressing the Scottish Patient Safety Programme and Clinical Quality Indicators.

14. West of Scotland Boards

14.1 NHS Ayrshire and Arran (NHS A&A)

Health Improvement
- Nutrition in Cancer – staff education project.
- Roll out of Distress Thermometer in primary and secondary care.
- Participation in Macmillan sponsored Health and Wellbeing pilot project.
- Macmillan Body Image Project.
- Formal Education Project for Cancer Starting May 2010.
- Macmillan Money Matters in collaboration with Local Authorities.

Prevention
- Cervical screening programme.
- Bowel screening programme.
- HPV vaccination programme.
- 2 dimensional Breast screening programme ready to start pending radiologist appointment.

Imaging and Diagnostics
- Participation in bid for 2nd PET scanner in WoS.
- Development of fast track CT referral for patients with suspected lung cancer.
- Rationalisation of use of CT Colonography to aid staging of colorectal cancers.
- 2 dimensional breast screening programme ready to start pending radiologist appointment.

Treatment

Surgical Services
- Participation in regional discussions regarding the future provision of complex cancer surgery, in particular Ovarian, Upper GI and Maxillo Facial.
- Laparoscopic cancer surgery continues to develop locally.
- Endoscopic laser therapies under development.

Chemotherapy Services
- Preparation ongoing for CEPAS implementation.
- Participation in regional HDL 29(2005) audit.

Specialist Oncology Services
- Completion of FRMC implementation anticipated by April 2010 with transfer of specialist gynaecology to the Victoria Ambulatory Care Hospital.
• Ongoing local review of specialist oncology clinics and day ward provision.

Living with Cancer
• Participation in Macmillan Cancer Support sponsored health and wellbeing pilot project.

A&A have been selected to pilot this ambitious project in which aims to test the ideas of an innovative post treatment multi-disciplinary clinic which will be supported by volunteers across all aspects of the service. The vision is that everyone who has had a cancer diagnosis and is living with cancer will have access to an innovative Health and Wellbeing Clinic, providing comprehensive and holistic support to enable them to lead as normal a life as possible. The outcomes of this pilot will be assessed with that of other pilots across the UK to assess the usefulness of this model of care.

• Cancer Rehabilitation Programme which commenced Feb 2010

The programme has the potential to improve functional ability, psychological well being and quality of life for patients with cancer during and following treatment. It is anticipated that the psychological morbidity which sometimes follows discontinuation of an intense period of hospital clinic attendance will be improved, that the requirement for crisis contacts with clinical nurse specialists and primary care team members will be less frequent. It is expected that there will be opportunities for patients to build supportive relationships with each other and that this mutual support will lead to improvement in well being.

• Patient Focus and Public Involvement (PFPI) – numerous activities in this field in A&A, list below not exhaustive.

  • Ongoing facilitation of the patient/carer panel (working group) for cancer services.
  
  • Buddy support - Cancer patients providing one to one support for patients diagnosed with cancer. Existing cohort have been in place for a year with successful outcomes in supporting patients. New cohort have been trained, one to one interviews and disclosure Scotland procedure to be completed thereafter the new cohort will be embedded into practice.
  
  • Body image project - patients and carers have been involved in focus groups and are on a working group to help the project lead develop a body image workbook for patients.
  
  • Health literacy project BWoSCC – NHS A&A patients and carers have been involved in focus groups to help the West of Scotland Cancer Centre Dietetic Department ascertain the type of information patients and carers require when seeking dietetic advice. A workbook has been produced and circulated to patients to enable their input into the final draft of the workbook.
  
  • Better together programme - consultation with patients, carers and voluntary sector to ascertain their experiences
  
  • Breast care nurse follow-up - survey distributed to patients to ascertain their satisfaction with the service provision.
  
  • Breast cancer care standards for metastatic cancer patients - consultation with patients in order to ascertain their views on the standards produced and if they are relevant at local level, if not the standard patients would like to see provided locally.
  
  • Cancer strategy NHS Ayrshire & Arran - involvement of patients and carers in a meeting with the Clinical Director for Cancer Services and the Cancer Services Manager to discuss their thoughts and views on the service provision within NHS A&A and learn from their experience and any concerns they may have re service review.
  
  • Information and support directory for cancer patients - all cancer support organisations within NHS A&A were asked to provide information on the service they provide and how
Prompt card - This is produced by NHS Ayrshire & Arran Patient/Carer Panel for Cancer Services to enable patients and their support partners to note questions they may otherwise forget to ask when attending for appointments.

Improving Quality of Cancer Care for Patients

- Roll out of distress thermometer in primary and secondary care

This initiative aims to improve holistic care of cancer patients by addressing distress in a timely fashion to reduce the burden for the patient, their wider social network and the NHS as a system in the longer term. The project will also add to the evidence base for the distress thermometer by using stringent research methodology – the randomised controlled trial and aiming to publish in a high profile journal.

- Nutrition in Cancer – staff education project.

Within NHS A&A a proactive healthcare team will be created through the development of an education/training programme which focuses on the nutritional care of people affected by cancer. Through the programmes development the project aims to ensure that those involved in local delivery of cancer services have the knowledge, skills and confidence to deliver good nutritional care to people affected by cancer.

Delivery

Workforce

- Funding agreed for appointment of breast radiologist and urology specialty doctor here, to date neither post has been appointed to.
- Work ongoing to improve the care of cancer patients admitted as emergencies.

eHealth

- Introduction of e-vetting across all Cancer teams, initial pilot by head & neck ongoing.
- CEPAS implementation.
- Board area wide plans for electronic patient management system (PMS) ongoing. Development of A&A plan to implement regional cancer tracking and integrated MDT database once available.

Priorities for 2010/11

- Appointment of breast radiologist.
- Identify clinic space for additional consultant to support colorectal cancer oncology clinic.
- Strategies for nurse/pharmacist led chemotherapy or follow up clinics for haematopo-oncology patients.
- Streamline lung cancer pathway to enable CT scan before 1st out patient appointment.
- Explore shared care model of follow up for prostate cancer patients and also to develop advanced nurse practitioner (ANP) role involving a major part diagnostic assessment.
- Review of pathways and streamline / minimise delay from referral to diagnosis.
- To ensure patients are involved in all discussions within A&A with regard to cancer strategy and provision of cancer services.

14.2 NHS Forth Valley

Health Improvement

- NHS Forth Valley continue to provide smoking cessation services and have introduced a smoke free homes project.
- The Cancer Service is considering a cancer rehabilitation programme, as part of the living with cancer agenda.
- Equally Well is being rolled out in the 3 Forth Valley community health care partnerships (CHPs) and the bowel screening group are considering how to strengthen links between CHPs and the bowel screening service in order to improve screening uptake.
An equality and diversity study was undertaken in the cancer service and the learning will be used to inform service change and development.

Patient experience projects in the cancer service are being undertaken, supported by the regional team and the outputs will be used to inform service change and design.

**Prevention**
- The bowel screening group are considering how to strengthen links between CHPs and the bowel screening service in order to increase screening uptake.
- Implementation of the human papilloma virus (HPV) immunisation programme is progressing to plan.
- Urgent cancer referral protocols continue to be reviewed and refined to support access to acute care along with reviewing the cancer pathways for each tumour site regularly.

**Imaging and Diagnostics**
- Waiting time for diagnostics have been reduced to a maximum of 4 weeks and are generally shorter for patients referred urgently with a risk of cancer.
- Endoscopic ultrasound now available to Forth Valley Upper GI patients in Glasgow.
- Endobronchial ultrasound now available to lung cancer patients in Forth Valley.
- Forth Valley is working with regional partners to extend access to PET CT by procuring a 2nd scanner for the west of Scotland.
- Additional pathways have been developed for thyroid cancer, brain tumour, below neck lumps and neck lumps.
- A dedicated neck lump clinic has been established in Forth Valley.

**Treatment**

**Surgical Services**
- Forth Valley patients have surgery at the new regional ovarian cancer in Glasgow, though the majority of their care i.e. diagnosis, pre-op and post-op care are provided locally.
- Sentinel node biopsy is now in place for patients having breast surgery in Forth Valley.
- Forth Valley is working with regional partners to review the clinical model for upper GI resection surgery.
- Forth Valley is working with regional partners to review the clinical model for free tissue transfer in relation to head and neck cancer.

**Chemotherapy Services**
- Forth Valley is implementing the recommendations of the west of Scotland review of chemotherapy and will participate in regional audits of compliance with safety and quality standards during 2010.
- Plans are in place for the relocation of Forth Valley’s day case chemotherapy service from Falkirk and District Royal Infirmary to Forth Valley Royal Hospital in July 2010.
- Plans are being developed for the implementation of CEPAS in Forth Valley as part of the regional roll out.
- A review of the chemotherapy service including access and capacity has been undertaken and has informed planning for the move to the new hospital.
- Protocols are in place in the acute hospital and primary care for cancer emergencies including neutropenic sepsis and further refinements are planned locally to improve access to laboratory service for primary care and out of hours to prevent unnecessary hospital visits for cancer patients.

**Specialist Oncology Services**
- The West of Scotland review of Specialist Oncology has been implemented in Forth Valley with further minor changes planned to improve 52 week a year access to Specialist Oncologists.

**Other**
- Forth Valley are exploring the feasibility of adapting the ONCOALERT principles in emergency care as part of the redesign of emergency admissions pathways in NHS Forth Valley. Initial steps have been taken to strengthen communication between emergency care and the cancer tumour site specific teams, in order to improve the care of cancer patients admitted in an emergency and place these patients in the most appropriate specialist ward.
Living with Cancer

- Following a stakeholder event in June 2009, a Forth Valley Living with Cancer Action Plan was agreed and implementation is being led by a Living with Cancer sub-group of the Cancer Board, which includes patients and public in the membership.
- Patient information and support needs have been scoped and have informed proposals for a cancer support and information service in Forth Valley.
- Discussions are progressing with 3rd sector organisations, regarding provision of cancer support and information services and potential sites are being explored.
- The Macmillan Money Matters benefits advice service is in place within the 3 local authorities.
- A patient experience project is being undertaken in the chemotherapy day unit by the WoS Cancer Better Together Patient Experience team and the lead cancer team are exploring further projects for the team to undertake. The outputs will be used to inform service change and development.
- The Forth Valley Cancer Patient and Public Involvement Group meets quarterly and has contributed to a wide range of areas in 2009/10 including patient information, service change and the Living with Cancer action plan.

Improving Quality of Cancer Care for Patients

- All cancer teams present audit data to the multi-professional Cancer Board annually and governance systems are in place both locally and regionally to respond to any challenges or issues identified by the audit data.
- The Cancer Board continue to support and encourage clinical trials accrual and uptake, with a review of clinical trials organisation planned for 2010.
- Work is progressing locally to set communication standards for healthcare professionals in primary and secondary care.
- Communication skills training continue to be rolled out across Forth Valley.
- The SBAR tool is being rolled out as a means of improving the quality of care at handovers of care between health care professions and at the transfer of patients between care sectors.
- Minimum standards of care for palliative patients being cared for at home have been agreed with the 3 local authorities.
- Forth Valley has consistently met and exceeded the existing 62 day cancer target during 2009/10.

Delivery

Workforce

- A cancer workforce plan has been completed as part of Forth Valley’s workforce in transition work stream, to support implementation of the Integrated Healthcare Strategy.
- Clinical nurse specialist objective setting and performance management arrangements are in place.
- The impact of increased demand for chemotherapy on the workforce has been considered as part of the review of day case chemotherapy, in preparation for the relocation of services to Forth Valley Royal Hospital.

eHealth

- Continued good use of eHealth solutions have been supported in Forth Valley including e-referral and e-triage.
- Preparations are in place for the roll out of CEPAS to Forth Valley.
- With regional partners, Forth Valley is reviewing the potential roll out of regional MDT and waiting times systems.
- Forth Valley is represented on the national group evaluating C-Port.

Priorities for 2010/11

- Improve linkages between Cancer Services in Forth Valley and Keep Well projects in the 3 CHPs.
- Identify ways of improving uptake of bowel screening, particularly in most deprived areas.
- Achieve and maintain acceptable waiting times for endoscopy and imaging modalities – current waiting times for CT (11 days) and MRI (2-3 weeks) need to be reduced.
- Recruit replacement consultant pathologist.
- Implement sentinel node biopsy fully in Forth Valley.
• Ensure clinical model for ovarian cancer is implemented effectively.
• Improve access to CNS input for patients diagnosed with neurological cancers and develop pathways.
• Establish regular skin cancer MDT meetings.
• Ensure there are clear referral routes from all MDTs to specialist palliative care.
• Implement partnership minimum standards in palliative care, being piloted in 3 CHPS, to increase number of patients dying at home & reduce crisis admissions.
• Implement Living and Dying Well action plan in acute hospitals.
• Implement system to enable blood tests to be undertaken for suspected neutropenic sepsis in out of hours primary care service.

14.3 NHS Greater Glasgow and Clyde (NHS GGC)

Health Improvement
A breadth of prevention programmes have been taken forward in 2009/2010, including:

• The adoption of the Glasgow Tobacco Strategy with local plans implemented.
• Acute sector pharmacists during routine patient interactions encourage suitable patients who smoke to seek smoking cessation assistance.
• Well established community pharmacy smoke-free programme have expanded access with additional level of support in the Keep Well sites.
• Smoking education/cessation sessions continue to be delivered within community sessions including black and minority ethnic (BME) locations.
• Initiatives are being taken forward to reduce the exposure of children under 5yrs to second hand smoke (SHS) in the home & car.
• A disability action plan of the Glasgow physical activity strategy has been developed - more active more often.
• The Glasgow physical activity strategy ‘Lets Make Glasgow More Active’ 2007-2012 is being implemented. This sets out to encourage concerted and co-ordinated action to increase the levels of physical activity among people in Glasgow – particularly those least active.
• A strategic implementation group has close links to community planning, partnerships and the Commonwealth Games group.
• An acute alcohol action plan has been developed and is being implemented.
• A FAST alcohol screening and delivery of brief interventions to patients through a Community Pharmacy in the South-West CHP is being delivered.
• A joint alcohol policy has been developed in partnership NHSGGC, local authority & police.
• Alcohol interventions commenced in accident and emergency departments.
• A plan to increase physical activity opportunities has been developed with disability sport
• An obesity service for people with a learning disability commenced in March 2009.
• NHSGG&C was awarded funding from Equally Well to support the obesity service development, and physical activity developments over 3 years.
• Better Patient Experience Programme is well underway.
• The HPV immunisation programme is being delivered in primary care and public health and with GP practices.
• The Risk and Exposure to Sun national programme, supported by community pharmacy participation and the community pharmacist contract is underway.

Prevention
Cervical Cancer Screening
• Local call/recall programme is ongoing as well as monitoring, research and communications. National and local groups have been established.
• Service currently involved in, and supporting, research and studies.
• HPV programme learning disability is represented at Board wide public health screening uptake meetings, to support targeted approaches to improve uptake by people with a learning disability.
• Glasgow Pilot established to contribute to the Cervical Cytology Laboratory Review Group on the future laboratory requirements.
• Screening included in the new cancer target from March 2010.

Bowel Screening
• The roll out of the programme commenced in 2009.
• Health information specialist in learning disability attends bowel screening communication meetings to ensure the needs of people with a learning disability are being considered to optimise uptake.
• Development of nurse endoscopists as part of the bowel cancer screening programme is in place.
• Primary Care linked Learning Disability nurse support is provided for people with a learning disability where required, and promote uptake through health check domiciliary visits.
• Links with Local GP Medical Committee have been established to facilitate interface with primary care to deliver and facilitate improved uptake rates.
• IT system developed to produce performance monitoring reports, and NHSGGC public health directorate is leading development of evaluation criteria for IM&T functionality, including ongoing work with NHSGGC Clinical Governance for IT system evaluation for Quality Improvement Scotland standards.

Breast Screening
• The two-view mammography programme implementation began in 2009.
• Formal links have been made with Breast Screening Services to support increased uptake and enhance experience and understanding for people with learning disabilities.
• BSSG Digital mammography has been established.

Referral and Diagnosis
• Successful implementation of waiting targets have been achieved, and, as a priority, work has already started to drive forward delivery of two new targets identified in Better Cancer Care, i.e. by December 2011, implement 62 days from referral to treatment for any patient urgently referred with a suspicion of cancer or through a national screening programme, and a 31 days from decision to treat for urgent with a suspicion of cancer patients, whatever their route of referral.
• Oral cancer research study examining the younger patient’s journey through NHS pre-diagnosis is complete.
• The referral management programme is ongoing.
• Redesign of referral and investigations pathways to reduce unnecessary delays in place for lymphoma.
• A programme to develop a local enhanced service for cancer care in primary care underway and cross matching bloods carried out by some local practices.
• National steering group to promote and co-ordinate research established and work ongoing.

Imaging and Diagnostics
Diagnostic services are actively involved in revising patient pathways and leading the way in the introduction of ‘Community Diagnostics’. Considerable collaborative work has been undertaken with Community Health Care Partnership (CHCPs) to improve communication and encourage a more efficient use of Laboratory and Imaging services. Many diagnostic results are now available to all GPs through the SCI Gateway.

Waiting times within the diagnostic service continue to fall and the additional capacity provided by 2 MRI scanners in the recently opened new Stobhill and Victoria hospitals are adding further benefits to patients, providing timely access to diagnostic services.

A PET CT scanner is now fully operational within the BWoSCC, and capital funding for a second PET CT scanner has been secured; with running costs of the second scanner being further considered by West of Scotland Boards. A plan for installation and implementation of the PET CT service will be developed once funding for the running costs has been identified. A PET-CT central booking service has been developed. Research opportunities are being developed with Glasgow University and NHSGGC, including relating to the PET scanner and funding of research.

Building of a state of the art laboratory facility on the Southern General Hospital site commenced and will be operational in 2012. This will facilitate centralisation of all pathology services for GGC onto one site.

Treatment
The NHSGGC Cancer Services Steering Group (CSSG) continues to meet routinely to oversee the development and priorities for cancer service, and to monitor developments of service. A Cancer Framework and a draft Cancer Plan 2010/13 have been developed. In addition, key sub-groups of the
CSSG also continue to meet routinely. These are the Quality and Improvement Sub-Group, the Clinical Leads Group, the MDT Development Group, and a Primary Care/CH(C)P Interface Group.

**Living with Cancer**

Work is already underway to provide staff with knowledge and skills to support individuals to self care, e.g. brief intervention skills, knowledge of support services, and inequalities sensitive practice training. Additionally, a supported self care framework has been developed for any person affected by cancer including, provision of patient information in various formats from cancer information and patient information centres.

In addition, NHSGGC is developing availability of services for income maximisation, employability/vocational rehabilitation, literacy, transport, housing, social care, mental health and lifestyle, access to patient education programmes and peer support, and ensuring service users are involved in the development and delivery of services and information. Other progress of note includes:

- A dedicated Information Centre established at the BWoSCC has been successful. In addition, a late effects clinic has been established.
- Appointment of adolescent post to help with transfer from paediatric services to adult services
- Nurse led long term conditions clinic in place.
- Opportunities in place for Macmillan Cancer Support to attend senior nursing meetings within NHS GGC.
- Macmillan Benefits Service piloted and now established in the BWoSCC.
- Patient care plans include a financial situation assessment.
- Ongoing support and partnership with Macmillan service.
- Support programmes for people living with cancer developed e.g. "Moving Forward" programme for haematology patients and carers post treatment.
- Roll out of patient information cards for patients at risk of developing malignant spinal cord compression developed as per WoS and National Institute of Clinical Excellence guidelines.
- An evaluation of the "rapport training" was undertaken as part of the cancer continuing professional development initiative, and a training plan developed and implemented.

**Improving Quality of Cancer Care for Patients**

There is a wide variety and breadth of quality and audit work ongoing within NHSGGC and in partnership with West of Scotland Boards, including supporting development of regional and national audits:

**Quality and Audit**

- Annual compliance checklist for HDL 30 (Led by pharmacy) and annual report to RCAG
- For compliance with HDL 29 NHSGGC audits underway with support from cancer care pharmacists in GGC.
- Regional and local clinical effectiveness audits led by pharmacy.
- Local audit and WoSCAN audit programme ongoing.
- Ongoing data collection in GGC (July 09 -10) for malignant spinal cord compression dataset.
- Gynaecology oncology MCN audit of the pathway of ovarian cancer and endometrial cancer patients.
- Audit of post of care coordinator employed to smooth the pathway for ovarian cancer patients.
- Audit to identify what proportion of patients attending a one-stop gynaecology clinic subsequently require admission for required procedures to be carried out under anaesthetic Report May 2009.
- Chemotherapy quality and safety standards being supported by nurse/pharmacy-led prescribing as part of the WoS review of chemotherapy.
- Service working with MCNs and Clinical Effectiveness Team to support definition of key quality indicators for cancer services.
- NHSGGC Control of Infection Policy updated and robust structures put in place to monitor compliance.
- NHS GGC’s Cancer Services sub group has been established to address the cancer quality and improvement agenda in GG&C. The detailed work plan being addressed and takes cognisance of regional and national work and policy.
**Capacity and Demand**
- Consultant colorectal surgeons led training fellowship in laparoscopic colorectal surgery completed. WoS hospitals developing levels of Laparoscopic Colorectal Surgery with Stobhill and Southern General Hospital services now well established.
- Capacity planning work undertaken by strategic review of chemotherapy (2007) being built up and developed.
- CPORT and other capacity planning models being progressed.
- CPORT and CEPAS action plan developed and in implementation.
- 4 tier radiographer structure implementation ongoing.
- Draft capacity plan for BWoSCC developed in response to radiotherapy activity planning 2011-2015 report.

**Patient/Stakeholder Information - New Drug Treatments/Therapy**
- Information produced by Cancer Medicines Group on processes from license to formulary with patient friendly narrative in preparation.

**Long Term Conditions and Palliative Care**
- Work has already commenced to provide and manage care and support for people who live with long term conditions.
- Improved access to palliative care, including delivering better end of life care is being addressed through the Liverpool Care Pathway.
- NHSGGC is working in partnership to deliver the Macmillan Pharmacy PC Demonstrator. This will focus on building links between local pharmacists, members of the multidisciplinary team and demonstrating the potential for pharmacists to be the lead care manager where appropriate.

**Delivery**

**Workforce**
NHSGGC’s workforce has a significant role to play in the delivery of Better Cancer Care; An Action Plan (2008). A Force for Improvement published by the Scottish Government Health Department in 2009 sets out five key ambitions related to the five core workforce challenges for the 21st century:
- NHSGGC has developed a Workforce Plan for effective delivery of services. The Workforce Plan also indicates how the NHS Career Framework will be used to shape and develop the future workforce. To support workforce development, NHS Education Scotland (NES) has developed a capability framework for cancer care. The framework has been designed to be used by staff at different levels to identify learning needs.
- NHSGGC’s workforce is likely to undergo significant change in the future, characterised by a shift of workforce resources from indirect to direct care, including the re-profiling of the workforce skill mix and the creation of new roles, offering career advancement for professionally qualified staff as well as other disciplines of staff. Service re-design will be linked to improved standards and quality of care, and new role development.
- NHSGGC has developed a comprehensive training and development programme for all staff, and will continue to develop training and education plans that fit the organisation’s strategic direction for cancer services. These will include training and development that reflects workforce requirements, service models and service design, and to ensure staff are suitably trained for the roles and the skill mix required to support better outcomes for patients.

**eHealth**
Developments in health information and technology are a major support to streamlining information, making information more readily accessible for diagnosis, treatment and care, and to speed up communications between primary and secondary care, improving access to services for patients. Areas of progress, and for which work is ongoing are:
- Implementation of a WoS Chemotherapy System (CEPAS) for adult care initially, including paediatric care as a second phase.
- Implementation of CPORT – a chemotherapy capacity and demand modelling system.
- MDTs - development of an in-house IT system to support management and operation of MDTs achieved. A formal Project Initiation Document (PID) has been approved, which means that final modifications to the electronic system and roll out of the system to specialty MDTs are planned in 2010. Rationalisation of MDTs is also already underway, as is work to ensure MDTs are Quality Improvement Scotland Standards compliant.
• The successful development of a Cancer Waiting Times (CWT) system.
• SCI Gateway has been rolled out to GP practices, and rationalisation of cancer related referral templates continues to be taken forward. The development of cancer referral templates is being taken forward in line with national guidance and a Pilot of tertiary referrals via SCI Gateway.
• E-triage has been implemented, supporting speedier vetting of referrals and improving communications to GPs.
• Health information and technology supports the breast screening programme and digital mammography.
• Work continues towards implementation of the single Patient Management System (PMS), across NHSGGC to include clinical tools, accident & emergency and Order Comms.
• Work towards establishing a data warehouse is ongoing, which will provide improved data on the patient journey and supporting the delivery of the patient access targets.

Priorities for 2010/11
• Develop and delivery laboratory pathology business case.
• Establish service for the management of impalpable breast lesions at the Royal Alexandra Hospital, Paisley.
• Expand nurse endoscopy services, and upper GI cancer nurse specialist roles.
• Expand endoscopic ultrasound service provision.
• Ongoing review of gastroenterology oncologist service provision for Clyde, planned review of Clinical Nurse Specialist roles, e.g. stoma care nurse, Inverclyde Royal Hospital, as part of oncology nurse specialist team.
• Implementation of the regional model for specialist ovarian cancer treatments/care.
• Develop referral pathways for Head & Neck Tumours using SCI Gateway.
• Develop role of skin cancer clinical nurse specialist, and increase role of nurses in skin surgery techniques.
• Review impact of potential increase in prostate cancers due to screening by GPs and patient demand and develop capacity plan to meet demand.
• Address increasing treatment complexity for radiation treatment planning and delivery/verification, increased demand for intensity modulated radiotherapy in prostate cancer, and increased use of chemotherapy in bladder cancer especially in the neo-adjuvant setting.
• Planned expansion of specialist nurse/nurse cystoscopist services.
• Support delivery of the NHSGGC palliative care service, e.g. better end of life through the Liverpool Care Pathway.
• Develop primary care chemo-blood service to avoid hospital attendance.
• Continue to develop electronic systems to support service delivery, local and regional: SCI Gateway to improve vetting of referrals, E-triage, E-tertiary referrals and inter-hospital referrals.
• Repatriate patient management and treatments to appropriate local services – as close to the patients home as possible, including chemotherapy repatriation.
• Implement and roll out paediatric chemotherapy system.
• Put in place single-system protocols for acute specialist services.
• Review capacity and working practices for radiotherapy pathways.
• Review nurse led clinics and role of clinical nurse specialists.
• Implement service specialty developments as outlined in NHS GGC Cancer Plan.
• Increase participation in clinical trials.
• Review NHSGGC internal cancer audit supporting schedule and services.
14.4 NHS Lanarkshire (NHSL)

Health Improvement
Progress continues to be made with Smoking Cessation, Pregnant Women and trained midwives along with tobacco services for adolescents.

In terms of NHSL’s Children’s Healthy Weight Strategy we are working closely with North and South Lanarkshire Councils and we aim to increase NHSL’s uptake of the programme as a significant number of children did not respond to invitations. HPV immunisation – provisional figures at the start of 2009 show that around 93% of S2 girls, 85% of S5 girls and 78% of S6 girls received at least one dose of HPV vaccine. School-based programme will include a further catch up for S4 & S5 in 2009/10.

Prevention
Cervical screening
As at 1st April 2009, NHSL uptake over 5 years was 78.5% against national target of 80%. We will look at the use of Scottish Cervical Call Recall System (SCCRS) to determine how to improve update and invitations etc.

Bowel screening
Implemented in NHSL August 2009. Monitoring of referrals and uptake in place to ensure that NHSL is within the anticipated number of referrals. Bowel Cancer Champions in place.

Imaging and Diagnostics
NHSL Board priorities for 2010/11 are:
- Support the development and implementation of national protocols for PET/CT scanning
- Participate in determining regional requirements for the future service provision of EBUS.
- Monitor the impact of the bowel screening programme on diagnostics.

Treatment
Surgical Services
Continued monitoring of access to appropriate sessions for inpatient, OPD and day cases.

Chemotherapy Services
- CPORT being piloted in NHSL.
- Local data being entered and local intelligence retrieved.
- Anticipate go live with CEPAS in WOSCAN in summer 2010.

Specialist Oncology Services
A review of specialist oncology services is currently underway as per WoS RCAG, to enable 52-week consultant cover. Lung oncology option paper to management team in April 2010 with stakeholder events planned for May and June. Thereafter, assuming Cabinet Secretary approval, move to implementation in September 2010. This will allow lung oncology to be delivered 52-weeks per year consistent with a consultant-led service.

Living with Cancer
- Macmillan Cancer Support / Citizen Advice Bureau partnership established. Outreach clinics and home visits provided.
  Referral to service varies across tumour groups. We will work towards ensuring that patients and carers, irrespective of tumour groups, are offered referral to Macmillan / CAB.
- Better Together update – The west of Scotland patient experience cancer pilot has, in partnership with senior cancer nurses embarked upon a lung cancer project, which involved the three lung oncology clinics across NHSL. The project will collect the experiences of those receiving and delivering care at each of the sites and this information will help inform the service review. Recruitment and data collection will continue until the end of March.
- Other projects are being considered within the Cancer Division, including a novel approach to patient, carer and public involvement.
- A number of local initiatives / services are available within Lanarkshire to support patients, carers and family members who are “living with cancer”, such as drop in centres; complimentary therapies; work is ongoing within this area of cancer service development.

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- Identified local leads for Scottish Patient Safety Alliance with local work streams e.g. MEWS (modified early warning system), hand hygiene, SBAR (situation, background, assessment, recommendation), patient safety, PVC (peripheral venous access) bundles.
- Regular monitoring of Cdifficile and methillin resistant staph aureus (MRSA) rates hospital-wide.
- 62-day target and 31-day target – procedures and processes in place and new database developed to capture information on all patients including positive screened patients.

Delivery

Workforce

Workforce modelling is ongoing to ensure right staff, in right place at the right time. In addition, a review of lunch oncology service provision is underway.

eHealth

- Organisational Development reviewing local access to Learn-pro to facilitate access e-learning.
- WOSCAN e-learning package for chemotherapy has been developed.
- WOSCAN e-learning Body Image package being developed.

Priorities for 2010/11

- Develop and implement literature on healthy lifestyle choices to inform risks of cancer.
- Raise awareness of skin cancer through a programme of GP education.
- Develop local information systems to capture the number of alcohol brief interventions delivered in the priority areas of primary care, accident & emergency and ante-natal care.
- Proactively work with the Stop Smoking Service and NHS staff and other key partners to encourage referrals and utilise local media to encourage self referrals.
- Support the development and implementation of national protocols for PET/CT scanning.
- Participate in determining regional requirements for the future service provision of endobronchial ultrasound.
- Monitor the impact of the bowel screening programme on diagnostics.
- Ensure that mechanisms are in place to report on cervical screened patients from March 2010.
- Review current patient pathway and update as required in order to meet new 31 day target.
- Support the proposed centralisation of haematology services on the Monklands Hospital site. Review current patient pathway and update as required in order to meet the new 31 day target.
- Progress discussions with Beatson Oncology Centre to increase the number of CHART radiotherapy slots available to NHS Lanarkshire. Review current patient pathway and update where required to meet new 31 day target.
- Provide ongoing support to the delivery of both general and specialist palliative care within Lanarkshire.
- Develop and implement an electronic referral system for the current nine tumour types by early 2010. Ensure primary care and Local Medical Council (LMC) colleagues are fully involved in process.
- Continue to deliver against Heat Targets for 62 and 31 day waiting times targets, develop local database to ensure weekly and monthly submissions to Scottish Government Health Department and Information and Statistics Division (ISD) are delivered on time.
- Participate in the development of a long term strategy for patient and public involvement - ensure link to patient experience programme.

15. Summary

This report has sought to reflect the significant amount of work that has been undertaken locally and regionally over the past year to further develop and improve cancer care in the west of Scotland. It highlights key achievements, work in progress and identifies some of the many challenges that we currently face. Working in partnership we will, over the coming year, be seeking to improve this further by focussing our efforts and activity on the priority areas identified within this report.

WoSCAN’s 10/11 work plan, once ratified by the Regional Cancer Advisory Group’s at its April meeting, will be accessible via the Network’s website www.woscan.scot.nhs.uk.
West of Scotland Cancer Network:
Consolidated Regional Workplan 2009/10 – Year End Position

This high level plan brings together in one document the key issues and priorities that will be addressed by the West of Scotland Cancer Network (WoSCAN), Regional Cancer Managed Clinical Networks (MCNs), Regional Groups and Speciality Networks during 2009/10. More detailed workplans that provide the basis for individual Network/Group activities, annual monitoring and reporting have also been prepared and agreed for each Network/Group. These can be accessed via Network/Group Leads and MCN Managers.

This document has been structured to reflect the main sections within Better Cancer Care (BCC) that was published in October 2008. Progress against this plan will be monitored by the RCAG and reported annually to the Regional Planning Group (RPG).

PREVENTION & EARLY DETECTION

This section of BCC focuses on primary prevention requirements based on a number of Scottish policy documents and has actions and targets relating to smoking, diet, alcohol, physical activities and inequalities. Targeted areas of work focused around cancer primary prevention include the national roll out of HPV Immunisation Programme, campaigns to raise skin cancer awareness and examining Health & Safety advice relating to occupational links to cancer along with funding into cancer prevention. In the main actions will be delivered through primary prevention plans developed nationally and operationalised by NHS Boards.

National screening programmes are centrally funded and coordinated and delivered through local NHS Board screening services. This includes ensuring compliance with NHS Quality Improvement Scotland (NHS QIS) standards.

WoSCAN will predominantly play a supportive role in this area. Specific activities that will be progressed at a regional level during 09/10 are detailed below.

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<th>Issue</th>
<th>Actions</th>
<th>Lead</th>
<th>Due</th>
<th>Year-End Position</th>
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<tbody>
<tr>
<td>2 view mammography – introduction to all screening rounds (Glasgow Centre 2009, Irvine Centre 2010)</td>
<td>• Agree funding distribution with NHS Boards via RPG for additional funding provided centrally to support symptomatic service. • Review impact on symptomatic service, implementation plans and cost implications. Identify potential funding gaps for surgical and oncological services. Submit any revised cost implications to SGHD to advise of shortfall in central funding.</td>
<td>RCAG</td>
<td>April 09</td>
<td>Funding secured and distribution agreed. 2 view mammography being implemented in NHS GG&amp;C, Glasgow screening centre, static and mobile units as planned for 09/10 onwards. Implementation in South West screening centre (Irvine) from April 2010 onwards.</td>
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<td>NHS A&amp;A/GG&amp;C/ Breast MCN</td>
<td>June 09</td>
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<tr>
<td>Develop literature on lifestyle choices to inform on risks of breast cancer</td>
<td>• Develop and implement via Breast Screening Services.</td>
<td>Breast MCN</td>
<td>Mar 10</td>
<td>In discussion with Health Promotion team regarding implementation of a training programme for screening radiographers.</td>
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<tr>
<td>Issue</td>
<td>Actions</td>
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| Sun awareness    | • Work with partners to raise awareness of skin cancer. In conjunction with British Association of Dermatologists determine potential to run a melanoma screening session alongside national event and progress if viable.  
   • Implement a rolling programme of GP education, audit impact (x 2 events to be held 09).                                                                 | Skin MCN  | tbc         | Letter sent to all GPs, via primary care leads, and all community pharmacists to highlight implementation. GP education programme continuing with two events held in 2009 and one in 2010. |
| Bowel screening  | • Support multidisciplinary training days for Health Board Teams hosted by NHS Ayrshire & Arran.  
   • Measure and compare outcomes of screen-detected patients with symptomatic presentation:  
     ❑ Initial overview assessment  
     ❑ Full comparative report                                                                                                                  | Col MCN   | Dec 09      | Training days have taken place hosted by NHS Ayrshire and Arran.  
   Unable to achieve this due to problems with (and extended time given to) verifying data and results of assessment against QIS Standards. Unlikely to have available resource now to undertake this work for 2007/08 cohort. |
|                  |                                                                                                           | Col MCN   | Nov 09      |                                                                                   |
|                  |                                                                                                           |           | Nov 10      |                                                                                   |
GENETIC AND MOLECULAR TESTING FOR CANCER

The current genetic service is coordinated nationally via 4 Centres of which Glasgow is one. Further development of this service will be taken forward at a national level via NSD. Work is to be taken forward at a national level to explore the role of molecular diagnostics and models for achieving integration of this into routine practice and also to explore the feasibility of national collection of tissue. WoSCAN will ensure appropriate input to these discussions.

The main focus of regional activity in this area during 09/10 relates to ensuring clear referral pathways are in place. Specific activities that will be taken forward in 09/10 are detailed below.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Actions</th>
<th>Lead</th>
<th>Due</th>
<th>Year End Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genetic screening</td>
<td>• Introduction of breast MRI for high risk/very high-risk familial breast cancer families.</td>
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<tr>
<td></td>
<td>• Following publication of CEL6(2009) prepare &amp; submit business case to RPG.</td>
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<tr>
<td></td>
<td>• Develop and agree clinical pathway, protocols for breast MRI imaging and service model.</td>
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</tr>
<tr>
<td></td>
<td>• Implement service.</td>
<td>Breast MCN</td>
<td>April 09</td>
<td>Clinical pathway and protocols now in place. MRI scans will be done locally. Genetics have now identified those patients who will be eligible for the service in each Health Board area.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breast MCN</td>
<td>Aug 09</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NHS Boards</td>
<td>Oct 09</td>
<td></td>
</tr>
<tr>
<td>Referral guidelines</td>
<td>• Issue regional guidance for primary care staff throughout WoSCAN and develop public information materials.</td>
<td>WoSPCN</td>
<td>July 09</td>
<td>Guidance has been completed and distributed via the national group.</td>
</tr>
</tbody>
</table>
REFERRAL & DIAGNOSIS

This section of BCC focuses on key components for cancer management, including: recognising and reporting symptoms early; expertise in identifying patients who require prompt referral; and rapid access to investigations and treatment. Significant work has already been undertaken in this area via the Scottish and Regional Primary Care Cancer Groups, MCNs and the Diagnostics Collaborative in conjunction with NHS Boards.

Specific activities that will be progressed at a regional level during 09/10 are detailed below. Further work to support delivery of the new cancer targets will be identified over the coming months as target definitions are finalised and national, regional and local delivery plans are further developed.

Target 1: 62-day target to treatment for all patients referred urgently with a suspicion of cancer and for screened positive patients.

Target 2: 31-day target from decision to treat to first treatment for all patients diagnosed with cancer irrespective of their route of referral.

<table>
<thead>
<tr>
<th>Issue</th>
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<th>Due</th>
<th>Year End Position</th>
</tr>
</thead>
</table>
| e-Referral | • Ensure that the HEAT target for the use of electronic referrals is met within cancer services: aiming for 80% by April 10 and 90% by Dec 10.  
• Review referral proforma in use across the region and increase use of cancer referral proforma for urgent referrals from 24% to 60% across WoSCAN.  
  □ Incorporate stratified risk based referral and ‘watchful wait’ in line with National Bowel Cancer Group development.  
  □ Further develop referral guidance and patient pathways for the management of cervical lymphadenopathy.  
• Ensure that referral patterns for patients with suspected cancer are in line with national standards, and comparable with the rest of Scotland. Analyse information obtained from cancer enhanced services from GP practices across Scotland. | WoSPCN | Dec 10 | Being progressed by local lead cancer GPs, currently on target at 91.1% in December 2009. Variation in referral proforma used has been examined and analysis presented to lead cancer GPs. National strategy not released until January 2010. Included in MCN work plan for 2010/11. Patient pathways complete and further work now progressing via the Regional Waiting Times Group. Audit of all patients with cancer referred by a GP has been completed and results presented to the network. Analysis of all urgent referrals by GP’s complete. |
| | | WoSPCN | Dec 10 | |
| | | Col MCN | May 09 | |
| | | H&N MCN | April 10 | |
| | | Haem Onc MCN | | |
| | | WoSPCN | June 09 | |
| PET/CT | Support development and implementation of national protocols for PET/CT scanning.  
| Monitor and review referral practice and utilisation.  
| Development of business case for 2nd scanner within the west of Scotland. | MCN Man/Clin Leads Op GM/RCAG NHS GG&C/RCAG | Ongoing Bi-monthly tbc | National protocols developed and being implemented in line with agreed business case. Regular reviews submitted to RCAG. As of February 2010 access time from receipt of referral to report is 15 days. Business case for second scanner submitted to RPG for consideration and approval. |
| EUS (upper GI Cancer) | Review current diagnostic pathway and service provision.  
| Determine regional requirements for future service provision and develop business case to support this. | Upper GI MCN | Sept 09 | Business case developed and forwarded to RPG for consideration and approval. |
| EBUS (lung cancer) | Review current diagnostic pathway and service provision.  
| Determine regional requirements for future service provision. | Lung MCN | Dec 09 | Review of current diagnostic pathway and service provision complete. Feasibility assessment underway in Lanarkshire regards purchasing the necessary equipment. |
| MRI (colorectal) | Define MRI protocol and structured reporting proforma | Col MCN | June 09 | Further revisions made to protocol. Item for discussion at the Colorectal MCN Advisory Board meeting in March 2010. |
TREATMENT

This section of BCC focuses on the main treatment options for cancer.

SURGERY

The importance of cancer surgery is clearly stated, as is the need to maintain local expertise wherever possible and ensure that patient outcomes are comparable across Scotland. Work has been undertaken during 08/09 to agree regional service models for the management of ovarian cancer and complex head & neck cancers where microvascular surgery is required. Implementation of these new service models will be taken forward during 09/10 with respective MCNs leading work around the new clinical service models that will be put in place. Specific reference is made to the need to better understand new technology advancements. WoSCAN will ensure appropriate input to national discussions and initiate specific regional work that is required.

CHEMOTHERAPY

An extensive review of chemotherapy services across the region has already been undertaken. The focus of activity during 09/10 will be on progressing outstanding actions relating to the implementation of the recommendations made. This includes establishing a consistent regional process for assuring compliance with HDL(2005)29 Implementation of a regional chemotherapy prescribing and administration system (CEPAS) and a capacity/scenario-planning tool (CPORT) will also greatly support the safe delivery of chemotherapy and service planning. WoSCAN already have a robust regional process to support the introduction of new cancer medicines into routine clinical practice. Further work will be undertaken nationally during 09/10 in relation to exceptional circumstance prescribing (not only for cancer) and WoSCAN will fully participate in this work.

RADIOTHERAPY

The Scottish Radiotherapy Advisory Group lead the planning of services, taking into account new technologies, Health and Safety requirements and workforce planning. There is however a need to ensure that this work is clearly linked back to RCAG and the RPG to ensure that robust discussions have taken place and agreed actions are supported by local Boards and financial plans. This will be progressed with the new Clinical Director and General Manager for the Beatson West of Scotland Cancer Centre in 09/10. From a regional perspective there is also a need to begin to consider where any additional radiotherapy facilities may be sited in the future.

Specific activities that will be progressed at a regional level during 09/10 are detailed below.
<table>
<thead>
<tr>
<th>Issue</th>
<th>Actions</th>
<th>Lead</th>
<th>Due</th>
<th>Year End Position</th>
</tr>
</thead>
</table>
| Ovarian surgery | • Define and agree clinical pathways, protocols etc that will underpin the delivery of the regional surgical service (including local work up and follow-up).  
• Support implementation of new service configuration. | Gyn MCN | Aug 09 | Pathways agreed. Follow-up to be addressed at education meeting May 2010. Full complement of additional surgical services now available. Existing service transferred to new unit at the end of Oct 2009, nursing staff appointments in place Jan 2010. Additional consultant post to be advertised, in interim being covered by existing consultants. |
| Microvascular surgery (head & neck cancer) | • Finalise and agree regional service model with all West of Scotland Boards.  
• Define and agree clinical pathways, protocols that will underpin the delivery of the regional surgical service (including local work up and follow-up). | NHS GG&C | tbc | Discussions on-going with NHS Ayrshire & Arran to finalise service model. Work being progressed by regional maxillo-facial group with input from MCN. |
| Penile cancer service | • Develop business case for regional service. | Uro MCN | June 09  
**Deferred to 10/11** | Discussions taken place with clinical colleagues in each Board and General Manager of Urology in GG&C. MCN currently developing the detail and defining scope of proposed regional service. |
| Access to sentinel node biopsy (Breast cancer) | • Establish access to sentinel node biopsy in all Board areas.  
• Confirmation of pathway of roll out to all patients. | NHS Boards  
Breast MCN | Dec 09  
Mar 10 | Sentinel node biopsy now available in all Health Board areas. |
| Laparoscopic colorectal surgery | • Determine current activity across the region and measure and report outcomes.  
☐ Initial overview of assessment.  
☐ Comparative report produced. | Col MCN | Nov 09  
Nov 10 | Regional and national assessment complete, this identified no real issues for further assessment. |
<p>| Management of advanced colorectal disease | • Develop and agree regional strategy | Col MCN | Aug 10 | Audit of patients presenting with advanced disease to MDTs across the region commenced. Audit due for completion end June 2010. Audit results will then be used to inform regional strategy. |
| Chemotherapy | • Progress implementation of regional recommendations arising from the strategic review of chemotherapy services. Actions are grouped under Strategic Management, Governance, Chemotherapy Demand and Chemotherapy Delivery. Key actions include: | Regional Steering Group | | Implementation of actions arising from strategic review progressing, Boards have returned monitoring template detailing progress to date with actions. Comprehensive report on progress given to Oct RCAG. |</p>
<table>
<thead>
<tr>
<th></th>
<th>Action</th>
<th>Responsible</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Develop &amp; implement a consistent regional process for monitoring HDL compliance.</td>
<td></td>
<td>Dec 09</td>
</tr>
<tr>
<td>2</td>
<td>Complete development of Clinical Management Guidelines (CMGs).</td>
<td>PAG</td>
<td>Mar 10 (Deferred June 10)</td>
</tr>
<tr>
<td>3</td>
<td>Review and update pathways and algorithms to take account into account any changes since original report was published.</td>
<td>PAG</td>
<td>Oct 09</td>
</tr>
<tr>
<td></td>
<td>• Develop regionally agreed supportive care guidelines: chemotherapy induced nausea &amp; vomiting and prevention of tumour lysis syndrome.</td>
<td>PAG</td>
<td>May 09</td>
</tr>
<tr>
<td></td>
<td>• Develop other supportive care guidelines: bisphosphonates.</td>
<td>PAG</td>
<td>May 09</td>
</tr>
<tr>
<td></td>
<td>• Issue advice to Area Drug &amp; Therapeutic Committees in response to SMC/NICE Guidance within 3 months of publication.</td>
<td>PAG</td>
<td>On-going</td>
</tr>
<tr>
<td><strong>Radiotherapy</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>• Review output from Scottish Radiotherapy Advisory Group. Assess regional implications and further work that requires to be undertaken.</td>
<td>BWoSCC CD/GM</td>
<td>Dec 09</td>
</tr>
<tr>
<td></td>
<td>• Evaluate RPORT (capacity planning tool being developed by the Department of Health) for regional use once available and determine implications of deployment.</td>
<td>BWoSCC CD/GM &amp; Reg Bus Anal</td>
<td>tbc</td>
</tr>
</tbody>
</table>

Regional HDL process, involving external assessors developed. Process taken to RCAG in Oct 09 for sign-off and stakeholder event for Boards held in Nov 09. HDL compliance audits due to commence in April 10 and be complete by Sept 10. CMGs for all common cancers currently under development. 21 CMGs ratified by PAG and ADTC’s, 5 awaiting ratification by PAG. Delay in updating pathways due to pharmacy commitments regarding CEPAS roll-out. Supportive care guidelines for the use of bisphosphonates developed and ratified by PAG. Further supportive care guidelines including chemotherapy induced nausea and vomiting currently under development. Advice issued to Boards/ADTC’s within 3 months of guidance being issued. Advice accepted by all Board ADTC’s.

Work currently being undertaken by BWoSCC looking at capacity, on behalf of the national group. Detailed planning and full option appraisal will be undertaken once additional national capacity requirements are identified. National Radiotherapy Advisory Group are reviewing the use of RPORT in England with a view to implementation in future.
<table>
<thead>
<tr>
<th>Specialist Oncology Service Provision</th>
<th>RCAG</th>
<th>Aug 09</th>
<th>Work progressing to take forward extant regional strategy with further work to revise strategy underway. Paper submitted to RCAG in January 2010 detailing ongoing service redesign in provision of regional specialist oncology services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Progress phase II of FRMC review: Update regional strategy &amp; agree future direction.</td>
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<tr>
<td>❑ Agree scope, methodology &amp; timelines for completion (e.g. current activity, future demand, changes in patient management, workforce etc).</td>
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</tr>
<tr>
<td>MDTs</td>
<td>RC/MCN Man</td>
<td>Aug 09</td>
<td>Report of MDT activity produced, discussed at RCCLG with agreement for further work to be progressed within individual MCNs. Meeting held in February 2010. Advisory Board to assess further requirements of MDT development work. All documents and processes for the monthly complex case meeting standardised and distributed to all MDTs. Participation steadily increasing. GG&amp;C are currently assessing CWT/MDT implementation within Glasgow. Following that, discussion will be required on how CWT/MDT would work in the rollout to other WoS Boards.</td>
</tr>
<tr>
<td>• Undertake regional review of all cancer MDTs against NHS QIS core cancer standards via MCNs, building on work already undertaken locally and regionally.</td>
<td>Col MCN</td>
<td>Oct 09</td>
<td></td>
</tr>
<tr>
<td>• Progress regional MDT development programme using structure ‘case scenario’ format to support improving quality of the MDT review process.</td>
<td>H&amp;N MCN</td>
<td>Mar 10</td>
<td></td>
</tr>
<tr>
<td>• Progress development of complex case management meeting.</td>
<td>Reg Bus Anal</td>
<td>tbc</td>
<td></td>
</tr>
<tr>
<td>• Determine wider regional applicability of MDT system developed within NHS Greater Glasgow &amp; Clyde for other NHS Boards. Determine requirements for regional MDTs and scope work required to progress roll out.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Follow-up</td>
<td>RC/MCN Man/Clin Leads</td>
<td>Dec 09</td>
<td>Agreement that follow-up should be a priority area for inclusion in all MCN workplans for 2010/11.</td>
</tr>
<tr>
<td>• Review practice with regard to follow-up across all tumour types. (Link with work to be taken forward nationally via National Delivery Group)</td>
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</tbody>
</table>
**LIVING WITH CANCER**

A significant section of BCC is devoted to Living with Cancer where the focus is on a holistic approach to support patients/carers living with and/or surviving cancer. This includes health and well-being, self-care, financial support and decision support along with returning to work information, communication and psychological support. It highlights inequality issues and points the cancer community to learn from the Long Term Conditions Alliance.

Significant work is already ongoing at a local level in this area and a national group under the auspices of the Scottish Cancer Taskforce is in the process of being set up. WoSCAN will actively participate in this national group and will during the course of 09/10 more clearly define its remit in this area.

During 09/10 specific work that will be undertaken is noted below.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Actions</th>
<th>Lead</th>
<th>Due</th>
<th>Year End Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self care management</td>
<td>• Map work underway across the region.</td>
<td>RC/MCN Man tbc</td>
<td>Dec 09</td>
<td>Proforma, which maps work underway across the region, has been submitted to SGHD. Sandra White representing region on Living with Cancer sub group of Scottish Cancer Taskforce.</td>
</tr>
<tr>
<td></td>
<td>• Provide regional input to national Living with Cancer sub Group of Scottish Cancer Taskforce.</td>
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<tr>
<td></td>
<td>□ Determine scope of work to be undertaken regionally.</td>
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<tr>
<td></td>
<td>□ Progress regional actions/work.</td>
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<tr>
<td>Shared care</td>
<td>• Adopt shared care policies for follow up of low risk prostate cancer within each Health Board area.</td>
<td>WoSPCN/ Uro MCN</td>
<td>Dec 09</td>
<td>Shared care follow-up of prostate cancer continuing in NHS Forth Valley, an audit has been undertaken and results will be presented in 2010. Shared care now incorporated into wider WoSCAN follow-up project.</td>
</tr>
<tr>
<td>Advanced care planning</td>
<td>• Develop advanced care plans suitable for use within primary care; ensuring all GPs and nursing staff across WoSCAN have access to Advance Care Plan template and guidance.</td>
<td>WoSPCG/ PC MCN</td>
<td>June 09</td>
<td>Superseded by work progressing via national group.</td>
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</table>

WoSCAN Monitoring Report 2010
<table>
<thead>
<tr>
<th>Issue</th>
<th>Actions</th>
<th>Lead</th>
<th>Due</th>
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</tr>
</thead>
</table>
| Patient experience                | • Clearly define and progress implementation of an agreed programme of work to be taken forward in relation to chemotherapy and colorectal screening. (2 year cancer programme linked to National Patient Experience Programme  
• Progress Voices project.                                    | RCAG/NHS GG&C Health Imp. Team | Mar 11 | A programme of work focused around regional and local board level cancer priorities has been agreed and projects are established in each of the four health boards and regional services. To date experiences of just over 140 patients, carers and staff have been registered using a variety of methods of both recruitment and data collection. These experiences are currently being processed and analysed in order to extrapolate key themes which will be used to drive service improvement and redesign work.  
Palliative Care MCN disbanded and work now being progressed by local palliative care MCNs. |
| Patient & public involvement      | • Review, develop and strengthen the role of the Regional Partnership Forum to ensure more effective input to the work of the Network.  
• Determine long-term strategy for patient and public involvement. (Take forward in conjunction with Patient Experience work) | C Morran                   | Oct 09 | Meeting between Bill O’Neill, RLC, RC, Patient Experience team and Partnership Forum held in Dec 09 to discuss long-term strategy for WoSCAN’s Regional Partnership forum. |
| Patient information               | • Develop signposting for patients section within WoSCAN website.  
• Review, revise and reprint Network patient information booklets.  
• Develop and implement patient information cards for patients on cytotoxic chemotherapy and immunocompromised patients. | MCN Managers                | Aug 09 | WoSCAN website now live with updated patient information section.  
Patient information booklets for Lung, Colorectal, Gynaecological and Head and Neck Cancers have been revised, reprinted and distributed across region.  
Work commenced on revision of HepatoPancreatoBiliary cancer booklet.  
Patient information cards developed and now being distributed to patients routinely. |
| Research                          | • Determine the value of a structured exercise programme in cancer survivors.  
(Collaborative project with University of Stirling – CSO Grant application submitted) | Col MCN                    | tbc   | No funding available to progress at this time.                                     |
| Communication                     | • Publish and distribute regional communication skills training guide. | Psychosocial care reference group | June 09 | Communication skills guidelines developed and currently being distributed across WoSCAN. |
IMPROVING QUALITY OF CANCER CARE FOR PATIENTS

A key piece of work for the Scottish Cancer Taskforce is to develop a National Quality Improvement Programme. A national Quality Steering Group that will be chaired by Dr Bob Masterton, is in the process of being set up. WoSCAN is well placed to inform this programme of work and to deliver what will be required in terms of data analysis and reporting. Local Boards through regional MCNs currently participate in a national programme of comparative clinical audit and regularly review audit findings at both local and national events. The regional Network Office that undertakes data analysis and reporting supports this activity. There are however known limitations in current processes e.g. around duplication of data collection, data completeness, IT support and timely submission of data for analysis. During 09/10 each Board will need to assess the audit/tracking resources required to fulfil both the mandatory clinical audit requirements for all tumours/MCNs plus waiting times reporting, realigning resource where appropriate.

New cancer targets will be challenging to deliver and sustain. Work to support this activity requires to be refocused. The Regional Cancer Waiting Times Group will be reconstituted and a clear work programme developed in early 09. MCNs are currently reviewing and revising current referral and treatment pathways and follow-up practice. This work will be aligned with that being planned at a national level. Specific activities that will be progressed at a regional level during 09/10 are detailed below.

<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| Cancer standards and clinical audit | • Review and report MCN Clinical audit findings in line with agreed annual reporting schedule, highlighting actions that have been taken or are required to address any issues identified.  
• Complete implementation of recommendations from Network Audit, IM&T review.  
  - Review & further strengthen Network Governance Framework and monitoring arrangements.  
  - Undertake a review of datasets in line with national programme and undertake a review of all regional data fields to ensure continued relevance and ensure that only essential data is collected.  
  - Review audit methodology across region in conjunction with Cancer Service Managers and local Audit Staff.  
• Actively participate in the work of the National Quality Steering Group including, for example, development, implementation and review of cancer standards, defining national quality and governance frameworks. Lead on delegated pieces of work/defined work streams. Ensure appropriate Clinical input to development of standards and wider work programme.  
• Map current activity and review resources aligned to support clinical audit (region and Boards). | MCN Man/Clin Leads | Ongoing | Report to RCAG and RPG in June 2009.  
RC | Jul 09 | Governance Framework discussed and agreed at RCCLG. Further work now required to embed into working practices.  
Sen Info Off | Dec 09 | Review complete, this did not indicate wide variations in data sources. However, some health boards are utilising more electronic data sources than others.  
RLC/RC | Ongoing | Participation in National Cancer Quality Steering Group by RLC and RC. WoSCAN taking a lead in project management of renal and prostate cancer quality performance indicator development as part of the wider NCQSG work programme.  
Sen Info Off | May 09 | Baseline complete, report completed and circulated. |
### Guidelines & Protocols

- Undertake review of a number of regional guidelines and protocols to ensure that they remain current (detailed within individual Network work plans).
- Progress development of a range of guidelines and protocols (detailed within individual Network work plans).
- Implement robust document control system for regional guidelines and protocols and ensure that these are more readily available and can be accessed electronically.
- Completion of Clinical Management Guidelines for common cancers.

<table>
<thead>
<tr>
<th>Action</th>
<th>Timeframe</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undertake review of regional guidelines and protocols</td>
<td>As per work plans Dec 09</td>
<td>Work on-going in line with work plans.</td>
</tr>
<tr>
<td>Progress development of guidelines and protocols</td>
<td>As per work plans</td>
<td>Work on-going in line with work plans.</td>
</tr>
<tr>
<td>Implement robust document control system</td>
<td>As per agreed timeframe</td>
<td>Discussion regarding implementation of document management system on-going in conjunction with WoS eHealth Group. Paper based system being developed in the interim. CMGs for all common cancers under development. Regular updates to RCCL from PAG on progress.</td>
</tr>
<tr>
<td>Completion of Clinical Management Guidelines for common cancers</td>
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</table>

### Waiting Times

- Reconstitute Regional Cancer Waiting Times Group.
  - Agree new terms of reference, membership etc and coordinate the work of the group.
  - Agree and progress a regional programme of work.
- Ensure effective monitoring and reporting arrangements are in place. Provide regular reports to the RCAG, SGHD & NWTU, coordinating regional submissions where appropriate/required.
- Review and revise cancer pathways via MCNs (align with work being progressed via National Delivery Group).

<table>
<thead>
<tr>
<th>Action</th>
<th>Timeframe</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reconstitute Regional Cancer Waiting Times Group</td>
<td>May 09</td>
<td>RCWTG reconstituted and chaired by J Best, there have been four meetings of the group to date. Regional programme of work agreed and being progressed. Standing agenda item in RCAG meetings.</td>
</tr>
<tr>
<td>Agree new terms of reference, membership etc and coordinate the work</td>
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<tr>
<td>Agree and progress a regional programme of work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure effective monitoring and reporting arrangements are in place. Provide regular reports to the RCAG, SGHD &amp; NWTU, coordinating regional submissions where appropriate/required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review and revise cancer pathways via MCNs (align with work being progressed via National Delivery Group)</td>
<td>Sept 09</td>
<td>High-level pathways have been drafted by networks, these have been utilised in the development of the inter-hospital transfer policy.</td>
</tr>
</tbody>
</table>
Many of the actions/pledges identified throughout BCC are to be taken forward by the Scottish Cancer Taskforce. To influence and inform the work of this Group it is essential that we ensure that we have robust regional planning mechanisms in place and good 2-way communication between Boards, RCAG, RPG, MCNs, Regional Groups etc. It is also important to get agreement on this work plan and priorities and identify at an early stage any additional work that requires to be undertaken during the course of the coming year.

**e-HEALTH**

eHealth appears to form only a small part of BCC, highlighting the key eHealth products and the importance of IT systems to coordinating a complex pathway of care. Regionally we have a number of IT related developments underway that will support this e.g. NHS Greater Glasgow & Clyde’s MDT system and cancer waiting times system; CEPAS, CPORT, eCASE a tool to support cancer audit, eCASE to support bowel screening programme in some areas, and eCASE to support audit of malignant spinal cord compression. There are also new tools emerging such as RPORT, which is being developed by the Dept. of Health, and will support radiotherapy activity planning. In order to maximise the potential of developing IT a regional business analyst is in the process of being appointed to develop a regional cancer eHealth strategy and progress development in this area.

**WORKFORCE**

Recognising the difficulties of extracting the cancer workforce in many areas from the generic workforce we are working regionally with the Director of Workforce Planning to progress known workforce issues e.g. in relation to pathology. Where there are specific workforce issues relating to cancer these are being addressed/explored in more detail e.g. chemotherapy.

Specific activities that will be progressed at a regional level during 09/10 are detailed below.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Actions</th>
<th>Lead</th>
<th>Due</th>
<th>Year End Position</th>
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<tr>
<td>Regional planning</td>
<td>Further develop and integrate national cancer networks into the regional cancer planning processes.</td>
<td>RC/RCL</td>
<td>Sept 09</td>
<td>Meeting with National Services Scotland, Regional Cancer Networks and National Cancer Networks has taken place and agreement reached on how to move forward. This will be achieved through more robust processes for agreeing programmes of work and ensuring these are clearly communicated and taken forward in conjunction with SCT and Cancer Networks. Report submitted to RPG.</td>
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| WoSCAN Monitoring Report 2010 56 | • Support implementation of 09/10 investments.  
  - Agree deployment of additional oncologist resource.  
  - Agree & progress implementation plan for regional ovarian cancer surgery service.  
  - Agree clinical service model for breast MRI in high-risk women.  
  • Initiate and undertake prioritisation process for 10/11.  
  - Submit regionally agreed priorities to the Regional Planning Group. | RC/RCL | June 09 | Three appointments made as part of extant regional strategy, these will commence in early 2010.  
New service model implemented, still to appoint fifth consultant post, interim arrangements agreed.  
Consensus reached, capacity identified and service model now in place.  
Business cases for agreed regional priorities were submitted to RPG at the end of October. One proposal received.  
Discussion regarding PET/CT business case on-going. No cancer specific prioritisation meeting being held. |
| National planning | Further develop and integrate national cancer networks into the regional cancer planning processes.  
  • Agree and implement processes with 3 RCAGs.  
  - Convene national meeting with RCAG Clinical Leads, National MCN Clinical Leads & NSS to progress.  
  • Undertake work to support completion of national option appraisal exercise for sarcoma e.g. sourcing data and subsequently work with NSS to take forward implementation of ‘new'/agreed service model. | RC/RCL | Aug 09 | Meeting convened to explore and develop how to further integrate the work of SCT, Regional and National Cancer Networks and Regional Planning Groups. Decision made to establish robust process for objective setting and performance review for national networks.  
Option appraisal exercise has been completed and a proposal submitted to Board Chief Executives for approval. |
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<tr>
<td>eHealth</td>
<td>- Develop an agreed prioritised cancer eHealth programme of work in conjunction with Regional Heads/Directors of IM&amp;T.</td>
<td>RC/RCL</td>
<td>Aug 09</td>
<td>Prioritised workplan for 2009/10 developed &amp; agreed with WoS eHealth leads and presented to RCAG Oct 2009.</td>
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<td>- MDTs – monitor developments in NHS GG&amp;C and evaluate wider applicability and scope for implementation across the region.</td>
<td>RC/Reg Bus Anal</td>
<td>Dec 09</td>
<td>WoS boards have bid for infrastructure funds which will better support Video Conferencing, high speed data &amp; voice access between NHS Boards and, based on this, a pilot deployment of collaboration and video conferencing technology.</td>
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<td>- Chemotherapy e-prescribing (CEPAS) – progress regional implementation in line with project plan.</td>
<td>Project Board</td>
<td>In line with plan</td>
<td>Delays incurred due to a project 'gate' decision (to enable NHS to proceed into system testing) not being agreed. ‘Product Reviews’ have now been agreed, the outcome of which should enable an agreed gate decision. On successful completion of NHS testing, the system will be implemented firstly within BWoSCC, and then rolled out to other sites across the West of Scotland boards.</td>
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<td>- CPORT – participate in national project and evaluation. Determine plan for regional roll out if positively evaluated. Support implementation in NHS Lanarkshire (early pilot site).</td>
<td>RC/Reg CCP</td>
<td>Dec 09</td>
<td>CPORT has been implemented and evaluated in NHS Lanarkshire, further work being progressed to determine the key benefits of wider implementation. National group reviewing RPORT’s use in England with a view to implementation in Scotland in future.</td>
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<td>- RPORT - evaluate and determine regional implications/requirements.</td>
<td>BWoSCC</td>
<td>tbc</td>
<td>Work streams identified and development plans being prepared. Appointment made to second full-time applications developer position. This activity has been carried forward into the 2010/11 workplan.</td>
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<td>- ECASE</td>
<td>CD/GM &amp; Reg Bus Anal</td>
<td></td>
<td>CWT 31 day development has been completed; reports are being updated to reflect new development (&amp; additional reporting requirements).</td>
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<td>- Develop and agree regional/national development plan.</td>
<td>RC/MCN Man</td>
<td>Aug 09</td>
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<td>- Secure resource required to deliver plan and take work forward.</td>
<td>RC</td>
<td>Oct 09</td>
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<td>- Determine how/when ECASE can be interfaced with other clinical systems e.g. MDT system</td>
<td>Reg Bus Anal</td>
<td>Mar 10</td>
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<td></td>
<td>- Cancer waits system – assess NHS Greater Glasgow &amp; Clyde system for wider regional deployment.</td>
<td>Reg Bus Anal</td>
<td>Nov 09</td>
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Workforce

- Progress regional cancer workforce planning & development in conjunction with Regional Workforce Director & Regional Group. Focus 09/10: chemotherapy services.
  - Identify and review workforce pressures across MCNs/specialties, identifying any specific training and education needs that require to be addressed e.g. in relation to laparoscopic surgery. Take forward in conjunction with MCNs, Regional Workforce Director and NHS Education Scotland as appropriate.

- Establish Lead Clinician Development Programme based on identified need.
  - Undertake baseline assessment.
  - Draft programme developed and programme commenced.
  - Review uptake and ensure ongoing evaluation of the programme.

| RC/Reg WD | On-going | Review of nurse led chemotherapy services underway. |
| MCN Man/Clin Leads | | BWoSCC CD progressing review of medical workforce as part of specialist oncology services review. Chemotherapy workforce issues being progressed as part of RCISG Implementation Action Plan. |
| RCL/RC | April 09 | Baseline assessment of needs undertaken, priorities identified were influencing and networking with key stakeholders. First phase of development programme completed in December 2009 with an ‘influencing skills’ half day workshop. All sessions were well attended with a mix of network members attending. |

Abbreviations

| BCC | Better Cancer Care |
| BWOSCC | Beatson West of Scotland Cancer Centre |
| CD | Clinical Director |
| CGen | Cancer Genetics |
| Clin Lead | Clinical Lead |
| Col MCN | Colorectal MCN |
| GM | General Manager |
| Gyn MCN | Gynaecology MCN |
| H&N MCN | Head & Neck MCN |
| HaemOnc MCN | Haematology MCN |
| Health Imp Team | Health Improvement Team |
| MCN | Managed Clinical Network |
| MCN Man | MCN Manager |
| MDTs | Multidisciplinary Teams |
| NCQSG | National Cancer Quality Subcommittee |
| NHS QIS | NHS Quality Improvement Scotland |
| NHS GG&C | NHS Greater Glasgow and Clyde |
| NICE | National Institute for Clinical Excellence |
| Op GM | Operational General Manager |
| PAG | Prescribing Advisory Group |
| PC MCN | Palliative Care MCN |
| RC | Regional Co-ordinator |
| RCL | Regional Clinical Lead |
| RCISG | Regional Chemotherapy Implementation Steering Group |
| RCAG | Regional Cancer Advisory Group |
| Reg Bus Anal | Regional Business Analyst |
| Reg CCP | Regional Cancer Care Pharmacist |
| Reg WD | Regional Workforce Director |
| RPG | Regional Planning Group |
| Sen Info Of | Senior Information Officer |
| SMC | Scottish Medicines Consortium |
| Upper GI MCN | Upper gastrointestinal MCN |
| Urol MCN | Urology MCN |
| WoSCAN | West of Scotland Cancer Network |
| WoSPCN | West of Scotland Primary Care Network |
| WoSWTG | West of Scotland Waiting Times Group |