Activity Report
May 2014 – April 2015

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Executive Summary

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

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

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

MCN Objectives
The Colorectal Cancer MCN has made progress and delivered a number of key objectives:

- **Regional Clinical Audit**
  National Quality Performance Indicators (QPIs) were used for the first time to assess the quality of service provision, based on 2013 clinical audit data. Overall, results for West of Scotland (WoS) Boards compare well nationally and instances where individual QPI targets were not achieved this does not represent challenges for WoS Boards alone.

- **Guideline Development and Review**
  The MCN has undertaken a comprehensive review of the Colorectal Clinical Management Guideline during 2014/15; aligning the systemic anti-cancer therapy aspects of the guideline with current practice.

- **Education**
  The MCN convened an education meeting in April 2014 which focussed on the management of early disease: bowel screening; diagnosis and staging; colonoscopy and polyp cancers.

- **Transforming Care after Treatment (TCAT)**
  TCAT project developments have been communicated to members and latterly the MCN is more closely involved in developments in NHS Ayrshire & Arran, where initial work with breast cancer patients is now being considered for extension to colorectal cancer.

- **Profiling of Interval Cancers**
  This work showed no evidence to indicate that interval cancers are more biologically aggressive than those that develop in the rest of the population; therefore it is more likely that these interval cancers are a result of limitations of the current screening test.

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

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

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

The MCN continues to support and develop the clinical service for colorectal cancer patients and management of this patient group relies heavily on close collaboration between surgeons, radiologists, pathologists, oncologists and clinical nurse specialists who comprise the 7 multi-disciplinary teams (MDTs) within the region.

Of the 1,601 new diagnoses of colorectal cancer recorded by the MCN clinical audit programme in 2013/14, approximately one third are rectal cancers. Incidence rates for colorectal cancer have remained relatively unchanged over the last decade and the disease is most prevalent in those aged over 60 years. Surgery remains the key component of treatment which has curative intent.

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

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

MCN Governance

The Advisory Board comprises representation from clinical specialities involved in the management of patients with colorectal cancer, from the four constituent WoS NHS Boards. Dr Siobhan Fraser, Consultant Pathologist, has replaced Dr Fraser Duthie and Mr Eddie Leung has replaced Mr Felsenstein as NHS Ayrshire & Arran Clinical Lead. Dr Dawn Storey, Consultant Medical Oncologist and Aileen Roy, Clinical Nurse Specialist, have both joined the Board as additional speciality representatives.

2. MCN Workplan and Activities (reporting period 05/2014 to 04/2015)

2.1 Core Objectives

Regional Clinical Audit

National colorectal cancer specific Quality Performance Indicators (QPIs) have been used for the first time to assess the quality of service provision, based on 2013 clinical audit data. Comparative results, for all Scottish Boards, were presented at the National Colorectal Cancer Education Event held in Perth in January 2015. Overall, performance results for WoS Boards compare well nationally and instances of where the target for individual QPIs was not achieved, this did not represent challenges for WoS Boards alone. A national report containing these comparative performance results is currently being prepared and is expected to be published in June.

Guideline Development and Review

Development and updating of Clinical Management Guidelines (CMGs) remains a core component of MCN activity and the MCN has undertaken a comprehensive review of the Colorectal CMG during 2014/15. The main focus of the review process has been to align the systemic anti-cancer therapy aspects of the guideline with current practice and completion of the process was deferred until advice regarding the use of Cetuximab had been issued in February 2015. The revised guideline will be presented to the Regional Prescribing Advisory Group in June.
Education
The MCN convened an education meeting in April 2014 which focussed on the management of early disease. Presentations included bowel screening, radiological imaging in diagnosis and staging and colonoscopy and the management of polyp cancers.

Transforming Care after Treatment (TCAT)
TCAT project developments have been communicated to the MCN members and raised with the MCN Advisory Board for discussion. Latterly the MCN has been able to increase awareness further through closer involved in developments in NHS Ayrshire & Arran, where initial work with breast cancer patients is now being considered for extension to colorectal cancer.

2.2 Individual MCN Objectives

Profiling of Interval Cancers
Analyses of linked clinical audit and bowel screening data were undertaken to attempt to characterise apparent interval cancers. This work identified no evidence to indicate that interval cancers are more biologically aggressive than those that develop in the rest of the population and therefore these are more likely due to limitations of the current screening test.

2.3 Other MCN Activities

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

3. Quality Assurance / Service Improvement

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

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

Audit and Governance Process

The clinical audit process captured 1601 new cases of colorectal cancer for 2013. These data have been used to measure quality of clinical care provided, utilising national cancer QPIs.

Following analyses of the regional data by the WoSCAN Information Team and reporting of provisional results, local multi-disciplinary teams were required to critically review and verify their own results before presentation or publication. Results from all Scottish Boards were collated and a national comparative presentation of performance was provided at a meeting in Perth in January 2015.
ISD are currently working on a national report of these results, which is scheduled for publication in June. Following publication of the report and in accordance with agreed governance procedure, Boards will be asked to produce an Action/Improvement Plan in response to the key findings and actions identified in the report. Initial responses are required to be submitted to the Regional Information Manager within two months of publication of the audit report. All actions should be progressed and monitored via local Board governance structures.

**Action/Improvement Plan Progression**

All Boards will return local action/improvement plans in response to the audit report and progress against these specific Board actions and any regional actions identified as a priority by the MCN Clinical Lead and Manager, will be monitored throughout the year by the Advisory Board.

**Escalation Process**

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

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

The MCN work plan identifies outcomes that improve the quality of patient care and overall efficiency and was published in early May. Below are the priorities to be progressed in the coming year:

**Core Objectives**

- Complete the review of Colorectal Cancer Clinical Management Guidelines and undertake a review of the Regional Follow-up Guideline;
- Continued participation in the rolling programme of regional education events;
- Support delivery of the national cancer quality programme for 2015/16 ensuring adherence to agreed governance processes;
- Review the regional service map for colorectal cancer service provision; and
- Continue to support the Transforming Care after Treatment programme of work.

### 5. Conclusion

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

The Colorectal Cancer MCN remains focussed on improving quality of care through effective and efficient models of service delivery. Clinical audit plays a critical role in underpinning this, enabling regular comparative assessment of performance and quality assurance of treatment and care provided by individual MDTs. This year the QPIs for colorectal cancer were utilised for the first time to measure service performance and comparative results and overall performance of WoS Boards compares well nationally. The national report, which will contain these comparative performance results and the service challenges they identify, is currently being prepared and is expected to be published in June.

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

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

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

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