

West of Scotland Cancer Network



Consolidated Regional Work Plan 2015/2016

- Year End Position

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West of Scotland Cancer Network: Consolidated Regional Work Plan 2015/16



This high level plan sets out WoSCAN's programme of work for 2015/16. This work programme is aligned to national priorities and those being progressed by West of Scotland (WoS) NHS Boards. It aims to consolidate and build on work previously undertaken or ongoing, and to drive forward continuous improvements in care, outcomes and patient experience.

To inform this plan a regional workshop was held on the 5th February 2015 to review and consider the emerging national and regional priorities identified by the West of Scotland Cancer Network (WoSCAN), its constituent Managed Clinical Networks (MCNs)/regional groups and NHS Boards. A total of 51 people attended, including clinical leads, the regional cancer network, regional planning group, NHS Board cancer service and planning managers, local authorities, the Scottish Government Health Department (SGHD) and lay representatives. All WoS Boards participated in the workshop.

Regional priorities, which reflect the key elements of the national cancer strategy (Better Cancer Care, 2008), are aligned with the Healthcare Quality Strategy for NHSScotland (May 2010), and underpinned by the need to improve efficiency and productivity within cancer care, were agreed in the workshop and are incorporated within this plan.

1. Objectives to be carried forward from 2014/15 work plans

Regional work plan

- Chemotherapy electronic prescribing and administration system (CEPAS): upgrade to version 5.3.4; and complete work to determine the feasibility of implementing a CEPAS/TrakCare interface.
- Technology to support regional multidisciplinary team meetings: continue to work with eHealth colleagues to scope and develop technical solutions that support cross region working.
- Minimally invasive radical prostatectomy (MIRP): take forward regional recommendations to move from predominantly open procedures to minimally invasive procedures, consolidating surgical services in NHS Greater Glasgow and Clyde (NHS GGC) for the region; support development of full business case; and expedite training of local operators.
- Immediate breast reconstruction (IBR): complete scoping work via the Regional Planning Group to determine the extent of any regional work to be undertaken in 2015/16.
- Progress implementation of a model of care to support the management of malignancy of undefined primary of origin. Take learning from NHS Forth Valley work and extend to other NHS Boards.

2. Overarching regional priorities 2015/16

- Prevention/Reducing Risk, Early Detection and Access, including:
 - Optimise the use of 'teachable moments' in routine practice.

- Support national awareness campaigns and work with NHS Boards to manage demand, sharing learning across sites. Monitor progress with delivery against HEAT target (i.e. to increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25 per cent).
- Work with NHS Boards to maintain performance against national access standards.
- Diagnostics, including:
 - Monitor the regional use of percutaneous tumour ablation (PTA) techniques, ensuring provision of a robust regional service that was funded by WoS NHS Boards in 2014/15.
- Surgical Oncology, including:
 - Undertake targeted work around capacity and demand – initial focus MIRP and IBR.
 - Development of MIRP service (as noted in section 1).
 - IBR (as noted in section 1).
 - Review outcome data to assure the quality of care provided, particularly in those areas where lower volume surgery is undertaken.
 - Input to national work looking at the future sustainability of oncology services across NHS Scotland. Initial focus on the management of rare/complex cancer pathways, for example, Head and Neck cancer and oesophagogastric cancers.
- Specialist Oncology Services, including:
 - Undertake targeted work around capacity and demand – initial focus systemic anti cancer therapy (SACT). Initiate work to consider optimal future service delivery model(s) across the region.
 - Complete build and commissioning of service for The Lanarkshire Beatson satellite radiotherapy facility at Monklands Hospital (December 2015). Ensure optimisation of service delivery model through Project Board that is chaired by Janette Fraser, Director of Regional Planning.
 - Participate in national work to determine optimal pathways for clinical management of patients with rare cancers. Support the North of Scotland Cancer Network to establish more sustainable models of care and monitor contingency plans.
 - Embed the regional reporting model for SACT. Participate in national reporting.
 - Implement and assess models of care for the management of malignancy of undefined primary of origin (as noted above).
 - Continue to assess and assure compliance with CEL 30 (2012): Guidance for the Safe Delivery of Systemic Anti Cancer Therapy, progress a regional programme of peer review and support the development of action plans to address any issues that may be identified. 7 reviews have been scheduled for 2015/16.
 - Ensure appropriate clinical input to patient and clinician engagement (PACE) meetings convened by Healthcare Improvement Scotland.
 - Via the Regional Prescribing Advisory Sub Group provide advice to Area Drugs and Therapeutics Committees (ADTCs) and forward planning information timeously to NHS Boards regarding cancer medicines.

- Care after Treatment, including:
 - Work with NHS Boards, local authority and third sector partners to develop and test new models of care after treatment, facilitating the sharing of practice across the region and nationally and optimising the use of available resources and capacity. Progress successful Phase 1 (Total 4) and 2 bids (Total 7).
 - Participate in national evaluation programme, ensuring that robust evaluation of regional projects is in place from the outset.
 - Participate in work to raise awareness of the programme and work with colleagues to support transformational approaches to care delivery. Ensure alignment of regional work with the national programme.
 - Host regional Learn and Share event in autumn 2015.
 - Initiate preparatory work for Phase 3 bids (Spring 2016). Focus on spread from successful Phase 1 and 2 bids.
- Quality, including:
 - Continue to lead the national cancer quality programme, completing the baseline reviews of national Quality Performance Indicators (QPIs), and ensuring continued alignment of dataset and measurability documentation.
 - Assess performance against nationally agreed QPIs and publish reports in line with agreed regional and national reporting schedules.
 - Assure that improvement plans are in place to progress any actions identified.
 - Support NHS Boards to implement patient experience QPIs, sharing learning across WoS Boards.
 - Facilitate successful delivery of national patient experience survey, inputting to planning of content and methodology. Work with NHS Boards to develop local/regional action plans in response to survey results.
- Communication, Information and eHealth, including:
 - Publish a Cancer Edition of Health News.
 - Participate in national work stream progressing the modernisation of cancer intelligence in NHS Scotland.
 - Technology to support regional multidisciplinary team meetings (as noted in section 1).
 - Complete the upgrade to v5.3.4 of CEPAS (as noted above).
 - Commence scoping of requirements to support move to v6 of CEPAS.
 - Further develop electronic cancer audit system (eCase) to support data capture and reporting of nationally agreed QPIs. Agree and establish long term management arrangements for system support.

2.1 Overarching regional priorities that will be integral to individual MCN work plans

- **Quality assurance and improvement**
 - Maximise the use of clinical and service information to inform and drive pathway review and service improvement.

- Clinical audit: assess performance against nationally agreed QPIs, work with NHS Boards to improve data capture, produce regional comparative performance reports, work with NHS Boards to agree local action plans and ensure that regional actions are progressed.
- o Maximise the use of established MCN educational events/clinical fora to promote best practice and drive improvement in care delivery.
- **Clinical guidelines**
 - o Develop, update and support implementation of agreed clinical management guidelines. 16 are due for review in 2015/16 with 9 reviews initiated in 2014/15 still to be completed.
- **Care after treatment**
 - o Review and update follow up guidelines for Renal, Lung, Skin, Gynaecological, Neuro-oncology, Head & Neck and Bladder. Initiate review for other cancers.

2.2 Regional priorities that will be progressed by individual MCNs and other established regional groups/networks

(Full detail contained within individual work plans that can be sourced via WoSCAN website www.woscan.scot.nhs.uk when finalised (May 2015)).

Progress Status	Description
BLUE	Completed – objective achieved.
GREEN	On track to be completed within timescales.
AMBER	Some delay, but expected to be completed (e.g. will be complete within 1-2 months of original timescale).
RED	No progress or major delay in implementation (e.g. delay of 3 months or more).

3. Regional Work Plan 2015/16

Table 1: Regional Level

<p>3.1 PREVENTION, REDUCING RISK and EARLY DETECTION</p> <p>3.2 ACCESS</p> <p>3.3 DIAGNOSTICS</p>
<p>3.1 Prevention, Reducing Risk and Early Detection</p> <ul style="list-style-type: none"> WoSCAN predominantly plays a supportive role in cancer prevention and early detection, with most actions relating to these being delivered through primary prevention plans developed nationally and operationalised locally. Early work to explore how the Primary Care Cancer Network could support and promote the implementation of CEL 01 (2012) Health Promoting Health Service was undertaken in 2014/15 which included: a review of the published literature and a regional survey exploring ‘the opportunities of teachable moments in practice.’ Recommendations arising from this work are now being considered by the short life working group. During 2014/15, under the auspices of the Scottish Cancer Taskforce, national social marketing campaigns for breast, colorectal and lung cancers were revised. The revised bowel campaign results indicate an encouraging increase in kits (9%) returned to the Scottish Bowel Screening Centre. The revised lung campaign includes a symptoms based call to action with NHS Boards prospectively monitoring chest x-ray referrals. Regional breast screening campaigns have also been established. Data from 2012/13 combined (year 2) was published on the 29th July 2014. The data shows encouraging improvements in recording of cancers at stage 1 (4.7% increase) from baseline data. The full impact of the Detect Cancer Early (DCE) social marketing campaigns will not be apparent until the 2014/15 staging data is available. In 2015/16 a marketing plan for the ‘wee c’ strategy will be developed. This will be a long term legacy of the DCE programme working with charity partners to change public perception of cancer. National screening programmes continue to be centrally funded and coordinated and delivered through local NHS Board screening services. This includes compliance with Healthcare Improvement Scotland standards for breast, colorectal and cervical screening. From 1st April 2016, the age range and frequency of cervical screening will change for routine screening to 3 yearly from age 25 and 5 yearly from age 50-64 (currently 3 yearly from 20-60 years). <p>3.2 Access</p> <ul style="list-style-type: none"> Significant work continues to be undertaken by WoS NHS Boards to maintain compliance with cancer access standards, with work continuing to be undertaken to assure compliance in those cancers not nationally reported. In the quarter ending 30th September 2014, 3 of our 4 WoS NHS Boards did not meet the 62 day standard (NHS GGC, Forth Valley and Ayrshire and Arran). Performance was improved for the 31 day standard with 3 out of 4 Boards meeting this standard with NHS GGC reporting borderline performance at 94.9%. Scottish Referral Guidelines for Suspected Cancer were finalised in 2014 for implementation. Local referral protocols were reviewed and amended to incorporate any changes required for referral pathways via SCI Gateway by the end of December 2014. Performance status has also been included as a result of work undertaken regionally to improve the quality of referrals to inform patient management. <p>3.3 Diagnostics</p> <ul style="list-style-type: none"> Genetics services continue to be coordinated nationally via 4 centres of which Glasgow is one. Primary Care Cancer Genetic Referral Guidance was reviewed in 2014/15 to help reduce the number of unsuitable referrals to the regional genetics service. The impact of this will be reviewed in 2015/16. A national molecular pathology group is now well established, overseeing the implementation of new molecular tests. WoSCAN is inputting to this work.

- A review of percutaneous tumour ablation services was undertaken and additional regional funding secured to ensure sustainability of the regional service.

Specific activities that will be taken forward regionally via the Network and its constituent MCNs and Regional Groups, in conjunction with WoS Boards in 2015/16 are detailed below.

Issue	Actions	Lead	Due	Outcome	Updated Position
Health improvement CEL 01 (2012)	Support clinical teams to deliver health improvement opportunities, supporting implementation of CEL 01 (2012), and agree areas where further targeted regional work should be considered.	PCCN (Primary Care Cancer Network)	Mar 16	<ul style="list-style-type: none"> ▪ Teams better equipped to deliver interventions. Targeted activity scoped and defined. 	<ul style="list-style-type: none"> ▪ 15/16 Objective defined for PCCN SLWG and MCNs (Breast/ Colorectal/Prostate). Current community-based health behaviour intervention training scoped and a regional “train the trainer” workshop held on 27th August 2015. With the support of the lead cancer GPs, the working group members will deliver a ‘test of change’ using the training packages with a small number of practices in each NHS Board area. Will c/f into next work plan. <div style="text-align: right; border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">GREEN</div>
Detect cancer early	<p>Continue to assess the impact of national and local awareness campaigns on early detection and service provision, ensuring that local intelligence is shared across NHS Boards.</p> <p>Review performance data to inform future action that is required to support delivery of HEAT target.</p> <p>Continue to monitor the impact of the DCE Programme on delivery of cancer access standards, initiating regional action where required to support local NHS Boards to continue to deliver against standards.</p>	<p>Cancer Managers</p> <p>Cancer Managers</p> <p>Cancer Managers</p>	<p>Ongoing</p> <p>Oct 15</p> <p>Ongoing</p>	<ul style="list-style-type: none"> ▪ Shared intelligence and learning across NHS Boards. ▪ Local/regional action plan(s). ▪ Continued delivery of cancer access standards. 	<ul style="list-style-type: none"> ▪ In Scotland, for the two year period 2013 and 2014, the percentage of people diagnosed with breast, colorectal and lung cancer (combined) at the earliest stage (stage 1) was 24.7%. In Scotland, there was a relative 6.5% increase in the percentage of people diagnosed at stage 1 for breast, colorectal and lung cancer (combined) between the baseline (2010 and 2011 combined) and year 3 (2013 and 2014 combined). This represents a 1.5 percentage point increase from the baseline. The final year HEAT target (year 4 2014/15 combined) will be published 26/07/16. <div style="text-align: right; border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">GREEN</div>

Access	Continue to monitor compliance with access standards across the region, identifying areas where specific regional action may be required to support local NHS Board delivery.	Cancer Managers	Ongoing	<ul style="list-style-type: none"> Initiation of collaborative cross Board working to support local delivery of access standards. (<i>Cross reference Detect Cancer Early</i>). 	<ul style="list-style-type: none"> Work in progress via Cancer Managers Forum. All Scotland performance against 62 day standard 90.3% and for 31 day standard 94% for September 2015. Pressure points are head & neck, upper GI, lung and urology for the 62 day standard. 	GREEN
	Complete refresh of regional inter hospital transfer policy.	Cancer Managers/RMC	May 15	<ul style="list-style-type: none"> Updated policy. 	<ul style="list-style-type: none"> Policy refreshed. Shared with other regions. 	BLUE
Molecular testing	<p>Horizon scan and define molecular testing requirements to inform future service planning.</p> <p>Input to national work to define/agree sustainable service models for future testing.</p> <p>Support the introduction of new tests across the region, ensuring equity of access.</p>	<p>RMC/MCN Clin Leads/Man</p> <p>RA/RMC</p>	Ongoing	<ul style="list-style-type: none"> Forward look information available to inform service planning. Agreed model for service provision. Supports timely and efficient introduction into practice. 	<ul style="list-style-type: none"> For 2015/16 incorporated into service map updates with horizon scan across the patient pathway. Update will be sought by end of December. February 2016 position and no emerging technologies/future service implications at present for MCNs. National group established and overseeing approval of new tests into practice. Regional input to national group. 	<p>BLUE</p> <p>GREEN</p>

3.4 TREATMENT

Future sustainability of clinical pathways has come to the fore during 2014/15, particularly in the north of Scotland. This has led to unplanned service pressures on pathways in both the east and west of Scotland. Work to better understand current pathways, capacity and demand, and define optimal service models/clinical management guidelines to be initiated nationally and progressed in 2015/16. WoSCAN will input to this work.

Issues	Actions	Lead	Due	Outcome	Updated Position	
National service models/descriptors	Input to national work looking at optimal service configuration, ensuring appropriate level of input from WoS NHS Boards and MCNs.	RPD/RMC	tbc	<ul style="list-style-type: none"> Nationally agreed service models/descriptors. 	<ul style="list-style-type: none"> National SLWG to review head and neck services convened. Terms of reference and remit defined. Group next meet in June 2016. 	GREEN

3.4.1 MULTI DISCIPLINARY TEAM (MDT) MEETINGS

Issues	Actions	Lead	Due	Outcome	Updated Position
Head and Neck Cancer MDT	Take forward agreed reconfiguration of current MDTs (reducing from 3 MDTs to 2).	SR/HW	Oct 15	<ul style="list-style-type: none"> 2 fully functioning MDTs established in practice for the region with optimal attendance at both. 	Proposed model of two centralised, weekly, non-VC MDT meetings endorsed by RCAG 25/06/15. MDTs in North and South Glasgow fully functioning since first week in September with optimal attendance at both. Initial 6 week review at Advisory Board meeting on 23/10/15. Minor IT issues addressed, job planning issues resolved and ongoing refinement of outcome form. BLUE
Regional Small Renal Mass MDT	Develop a proposal for the formation of a regional small renal mass MDT.	GO/TK	Dec 15 Re-baselined Dec 16	<ul style="list-style-type: none"> Proposal for consideration by Regional Cancer Clinical Leads Group (RCCLG). 	Discussed at December RCCLG. Agreed need for further development. Steering group, affirmed support in Feb 2016. Will c/f into next work plan. GREEN

3.4.2 SURGICAL ONCOLOGY

Work is ongoing in a number of areas, including for example:

- A number of exemplar pathways to support implementation of enhanced recovery after surgery (ERAS) have been developed to support Boards progress implementation of ERAS locally. ERAS is now at an advanced stage of implementation in a number of specialties.
- Work to progress the implementation of MIRP is at an advanced stage. Agreement in principle has been reached by WoS NHS Boards to move forward with robotic surgery in 2015/16.
- Variance in levels of access to IBR remains evident. Detailed work to better understand service requirements has been undertaken in 2014/15. This will be concluded in 2015/16.

Specific activities that will be taken forward regionally via the Network and its constituent MCNs and Regional Groups, in conjunction with WoS Boards in 2015/16 are detailed below.

Issues	Actions	Lead	Due	Outcome	Updated Position
Enhanced Recovery After Surgery	Continue to share best practice across the region/specialities to support the rollout of ERAS, in particular for urological and endometrial cancers.	KC	Mar 16	<ul style="list-style-type: none"> ERAS pathways implemented in practice. 	<ul style="list-style-type: none"> Gynaecology implementation group in NHSGGC developing action plan to address operational gaps requiring to be addressed to facilitate introduction of ERAS. Will c/f into next work plan. <div style="text-align: right; border: 1px solid black; background-color: #d4edda; padding: 2px;">GREEN</div>
Immediate breast reconstruction	Complete scoping work, via the Regional Planning Group, to determine the regional work to be undertaken to optimise implementation of agreed clinical pathways.	RPD/RMC	Jun-15 Re-baseline when further information available.	<ul style="list-style-type: none"> Appropriate access to specialist plastic surgery input across the region. Optimal use of specialist resource. 	<ul style="list-style-type: none"> Local models developing in both NHS FV and NHS Lanarkshire. NHSGGC currently reviewing breast service provision and reconfiguring services. Once full regional picture is known this will determine any future work required.
Radical prostatectomy	<p>Develop business case to support the delivery of a regional robotic MIRP service and submit to the Regional Planning Group for consideration.</p> <p>Determine and agree transition plan to move to MIRP from open procedures.</p> <ul style="list-style-type: none"> Determine training requirements and initiate training. Establish referral pathway. Establish regional MDT. 	RPD/RMC	Apr 15 tbc	<ul style="list-style-type: none"> Clearly defined, agreed and costed optimal service model. Agreed transition plan with clear timelines for implementation. 	<ul style="list-style-type: none"> Completed and approved by Regional Planning Group. Regional group under chairmanship of Dr Iain Wallace overseeing development of operational pathways/service model. Regional service will be operational by April 2016. <div style="text-align: right; border: 1px solid black; background-color: #d4edda; padding: 2px;">GREEN</div> <div style="text-align: right; border: 1px solid black; background-color: #cfe2f3; padding: 2px;">BLUE</div>
Volume/outcome	<p>Review regional performance, particularly in relation to:</p> <ul style="list-style-type: none"> Oesophagogastric cancer 	RLCC/IM	In line with audit reporting schedule	<ul style="list-style-type: none"> Assurance of quality of care provision. 	<ul style="list-style-type: none"> Upper GI Quality Performance Indicator analysis completed July 2015 and result discussed widely at a national meeting November 2015.

	Consider potential implications for the sustainability of other low volume / increasingly specialist services (align with national work noted above).	RPD/ RMC RLCC	Mar 16	<ul style="list-style-type: none"> Clear understanding of future priority areas to be reviewed. 	<ul style="list-style-type: none"> No specific work initiated as yet. 	BLUE
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3.4.3 RADIOTHERAPY

Work is ongoing in a number of areas, including for example:

- Building of The Lanarkshire Beatson is well underway with opening scheduled for December 2015 when 2 linear accelerators will be operational.
- Extensive work has been undertaken within the Beatson West of Scotland Cancer Centre (BWoSCC) to deliver access standards and manage capacity efficiently. Work will continue in to 2015/16 and beyond.
- WoSCAN, through the Director of Regional Planning, General Manager and Clinical Director for the BWoSCC have provided input to the national short life working group looking at the future sustainability of radiotherapy services across NHS Scotland. This work will be redefined in 2015/16 to focus on oncology services in their broader sense, spanning diagnostics, surgery and specialist oncology pathways.

Specific activities that will be taken forward regionally via the Network and its constituent MCNs and Regional Groups, in conjunction with WoS Boards in 2015/16 are detailed below.

Issue	Actions	Lead	Due	Outcome	Updated Position	
Completion of new build (The Lanarkshire Beatson) and service commissioning	Progress delivery of detailed project plan.	RPD	Oct 15	<ul style="list-style-type: none"> Building completed on schedule. Building and service commissioned. 	<ul style="list-style-type: none"> Service operational. 	BLUE
			Nov 15	<ul style="list-style-type: none"> Service fully operational. 		
Capacity planning and demand management	Continue to regularly review activity data and participate in NATCANSAT audit.	BWoSCC GM Spec Onc /DD	Ongoing	<ul style="list-style-type: none"> Maximise use of available capacity. Benchmarking performance with other UK Centres. 	<ul style="list-style-type: none"> Ongoing – data submitted. 	GREEN
	Continue to support the NHS Greater Glasgow and Clyde Acute Operating Division in driving forward redesign in radiotherapy.	RCAG	Ongoing	<ul style="list-style-type: none"> Progress made with agreed developments in a timely manner. 	<ul style="list-style-type: none"> Aligned with opening of new facility. 	GREEN
	Input to the national work to ensure safe, sustainable pathways are in place and robust contingency plans are agreed between Cancer Centres. <ul style="list-style-type: none"> Continue to assess impact of 	RPD/ BWoSCC GM Spec Onc/ DD	Ongoing	<ul style="list-style-type: none"> Clear pathways in place with robust contingency plans agreed between Cancer Centres. 	<ul style="list-style-type: none"> Work ongoing via Project Board. 	GREEN

	changes in other regions for WoS services, taking account of impact for other cancer services (e.g. surgery).				
Patient Experience	Review outcomes from national survey and agree specific actions to address any areas of improvement identified. Transfer learning to new satellite facility when operational (Dec 2015).	BWoSCC GM Spec Onc/ DD	May 15	<ul style="list-style-type: none"> ▪ Patient centred service provision across sites. 	<ul style="list-style-type: none"> ▪ Information fed into development. <div style="text-align: right; border: 1px solid blue; padding: 2px;">BLUE</div>

3.4.4 Systemic Anti Cancer Therapy (SACT)

Work is ongoing in a number of areas, including for example:

- WoSCAN facilitated a workshop in February 2015 to scope work around future service delivery model(s) that will be progressed regionally in 2015/16.
- WoSCAN initiated a rolling programme of work to assess compliance with this CEL 30 (2012) in 2014/15. This involves external peer review of services and will continue in 2015/16. 6 reviews were undertaken in 2014/15 with 7 scheduled for 2015/16.
- Horizon scanning information was issued to NHS Boards in December 2014 to inform forward planning for 2015/16. This is kept under regular review.
- In response to the New Medicines Review, Scottish Medicines Consortium (SMC) implemented the PACE (Patient and Clinical Engagement) process in 2014. PACE meetings have now been established with the local clinician nomination process managed through WoSCAN.
- Electronic prescribing has been embedded in practice across the four WoS NHS Boards. Oban and Lochgilphead have been added on as spoke sites in 2014/15. Work is ongoing to transition fully to business as usual and maximise benefits realisation. The regional reporting model has been agreed and is being implemented. The business case to support system upgrade has been approved and is being progressed (*cross reference section 3.7*).
- SACT protocols and associated clinical management guidelines have been kept under review and developed/updated when required.

Specific activities that will be taken forward regionally via the Network and its constituent MCNs and Regional Groups, in conjunction with WoS Boards in 2015/16 are detailed below.

Issue	Actions	Lead	Due	Outcome	Updated Position
Service delivery models	Develop regional action plan following workshop held in February 2015, setting out specific workstreams for progression in 2015/16.	Reg SACT Exec Grp	Jun 15	<ul style="list-style-type: none"> ▪ Clearly define programme of work. 	<ul style="list-style-type: none"> ▪ Phase 1 of project progressing nearing completion. Capacity modelling for prescribing, nursing, physical and pharmacy resource undertaken to quantify existing gaps in service provision. Interim report detailing output of modelling, gap analysis and recommendations for future work presented and approved by

	<p>Utilise CEPAS reports to support Boards and MCNs to better understand cancer medicines utilisation, monitor uptake of new cancer medicines, refine horizon scanning predictions, support pharmaco-epidemiological studies and better understand patient outcomes.</p> <p>Maintain the prescribing guidelines section of the WoSCAN intranet site.</p> <p>Complete review and update of extravasation regional guidelines and publish revised guidelines.</p>	<p>RPASG</p> <p>Reg SACT Exec Grp</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Jun 16</p>	<ul style="list-style-type: none"> Suite of reports available from CEPAS. Readily accessible regional prescribing guidance. Revised regional guideline published. 	<ul style="list-style-type: none"> Reporting commenced. Number of requests increasing. Link in with work re future service delivery models. GREEN Site maintained. GREEN Guidelines published and distributed. BLUE
Clinical management guidelines (CMGs)	<p>Review and update relevant CMGs in line with timescales agreed and regional governance process.</p> <ul style="list-style-type: none"> 16 CMGs scheduled for review and updating in 2015/16. 9 reviews initiated in 2014/15 have still to be completed. 	MCN Man/ Clin Leads	In line with agreed governance process/ timeline	<ul style="list-style-type: none"> CMGs reviewed and updated to reflect current evidence based practice. 	<ul style="list-style-type: none"> Work underway in line with published review dates. GREEN
Safe administration of systemic anti cancer treatments (SACT)	<p>Continue regional peer review process for assuring compliance with CEL 30 (2012) in line with agreed schedule.</p> <ul style="list-style-type: none"> Royal Hospital for Sick Children (RHSC) Beatson West of Scotland Cancer Centre (BWoSCC) New Victoria Hospital (NVH) Hairmyres Hospital Crosshouse Hospital Vale of Leven Hospital Inverclyde Royal Hospital Stobhill <p>Complete development of supportive care protocols to support NHS Board compliance with CEL 30 (2012).</p>	<p>Reg SACT Exec Grp</p> <p>RPASG</p>	<p>May 15</p> <p>Aug 15</p> <p>Sept 15</p> <p>Oct 15</p> <p>Nov 15</p> <p>Jan 16</p> <p>May 16</p> <p>Jun 16</p> <p>Mar 16</p>	<ul style="list-style-type: none"> Reports of compliance with CEL 30 (2012) for each site delivering SACT. 	<p>Audits completed since last report:</p> <ul style="list-style-type: none"> Hairmyres - 10/11/15 Crosshouse - 25/11/15 RHSC – 16/12/15 Vale of Leven 24/02/16 <p>Further audits scheduled: Inverclyde Royal Hospital – 24/05/16</p> <p>Nausea and vomiting guidelines updated. Tumour lysis in development. Others aligned with local policies within boards given their wider applicability e.g. neutropenic sepsis, hypersensitivity, diarrhoea/ constipation. GREEN</p>

Efficiency	Complete impact assessment through monitoring of prescribing trends of the use of LHRH analogues in prostate cancer.	RPASG	Mar 16	<ul style="list-style-type: none"> Evidence of compliance with regional guidance issued in 2012/13. 	<ul style="list-style-type: none"> Work in progress. 	GREEN
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<p>3.4.5 Acute Oncology</p> <p>Work is ongoing in a number of areas, including for example:</p> <ul style="list-style-type: none"> All 4 WoS NHS Boards now participate in the national 24 hour telephone triage model in conjunction with NHS24. The BWoSCC participate during out of hours only, operating its own internal system during working hours. An expert clinical group has been established to oversee and manage clinical policies and protocols. A regional guideline for the investigation, diagnosis and management of metastatic malignancy of undefined primary of origin has been developed and agreed. Implementation of this guidance will be taken forward in 2015/16 with NHS Forth Valley being the early implementer site. <p>Specific activities that will be taken forward regionally via the Network and its constituent MCNs and Regional Groups, in conjunction with WoS Boards in 2015/16 are detailed below.</p>
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Issues	Actions	Lead	Due	Outcomes	Updated Position	
National Helpline	<p>Input to national Expert Advisory Group, ensuring appropriate regional input.</p> <p>Share learning across sites/region, ensuring alignment of patient information.</p>	RMC/ Nominated Board Leads	Ongoing	<ul style="list-style-type: none"> Robust service model that supports acute oncology management. 	<ul style="list-style-type: none"> Group met in November. Emerging operational issues to be explored as part of a facilitated workshop e.g. Scottish Ambulance Service response times. Regional data recently reviewed with good performance demonstrated. 	GREEN
Management of cancer of undefined primary of origin (CUP)	Implement agreed regional guidance. Pilot in NHS GGC and NHS Forth Valley initially.	Board Cancer Leads/ Managers	Mar 16	<ul style="list-style-type: none"> Regional guideline implemented in pilot sites and evaluated to inform wider roll out. 	<ul style="list-style-type: none"> Progress with NHS Forth Valley CUP Team Pilot has been limited by oncology resource to support additional clinic time. Further work required, in conjunction with Specialist Oncology Services, to assess feasibility of additional clinical sessions to support implementation of CUP teams in local Boards. Any work required will be re-scoped. 	BLUE

3.5 CARE AFTER TREATMENT

- Significant work is ongoing at a local level in relation to support for patients/carers living with and/or surviving cancer, which individual members of the network input to.
- During 2012/13, a national programme of work around transforming care after treatment (TCAT) was initiated. This programme is underpinned by non-recurring funding (£5 million over 5 years) from Macmillan Cancer Support. Four Phase 1 bids have been submitted from the WoS and approved, and work has been undertaken to develop detailed project plans. In Phase 2 priority was given to developing bids in conjunction with primary care and local authorities. 7 bids from the WoS have been successful and full work up of these bids has commenced. Submission of Phase 3 bids has been delayed until Spring/Summer 2016 to allow time for Phase 1 and 2 bids to be implemented and partly evaluated.

Specific activities that will be taken forward regionally via the Network and its constituent MCNs and Regional Groups, in conjunction with WoS Boards in 2015/16 are detailed below.

Issue	Actions	Lead	Due	Outcome/Deliverables	Updated Position
Transforming care after treatment	Input to the work of the national programme board.	RLCC/ RMC	Ongoing	<ul style="list-style-type: none"> ▪ Continued regional input to national programme. 	<ul style="list-style-type: none"> ▪ Attendance maintained at both the national programme board and operational/core group.
	Support implementation of project plans for successful phase 1 bids, ensuring appropriate regional input via WoSCAN and relevant MCNs: <ul style="list-style-type: none"> ▪ NHS Ayrshire & Arran (Breast) ▪ NHS Forth Valley (Prostate) ▪ NHS Greater Glasgow and Clyde (Breast) ▪ NHS Lanarkshire (Lung) 	SW/NSM CR/DP ST/SC (FV) KO/JW (GGC) MS/JMcP (Lan)	Ongoing	<ul style="list-style-type: none"> ▪ Clearly articulated project plans. ▪ Scope for shared learning across projects optimised. ▪ Roll out plans should pilots demonstrate success. 	<ul style="list-style-type: none"> ▪ Updated project plans have been requested for November meeting of ISG. 4 updated project plans received.
	Support development of robust project plans for successful Phase 2 projects, ensuring appropriate regional input via WoSCAN: <ul style="list-style-type: none"> ▪ North Ayrshire Council ▪ East Dunbartonshire Council ▪ NHS Greater Glasgow and Clyde ▪ NHS Lanarkshire/North and South Lanarkshire Councils ▪ NHS Lanarkshire ▪ Renfrewshire Council 	SB SC (ED) CH MK KC RD VT PR			<ul style="list-style-type: none"> ▪ Establishment of integrated local development project steering groups now completed. WoSCAN input provided by SW/NSM and MCN Managers. ▪ Updated project plans have been requested for November meeting of ISG. All 7 updated project plans received. ▪ Anticipate implementation by 31st

	<ul style="list-style-type: none"> West Dunbartonshire Council <p>Develop and agree the 15/16 regional action plan.</p> <p>Building on the work completed to date, progress the agreed regional action plan during 2015/16 with focus on:</p> <ul style="list-style-type: none"> Engagement with people affected by cancer. Communication. Education. <p>Initiate work to support submission of Phase 3 bids.</p> <ul style="list-style-type: none"> Support development of bids. Plan for wider roll out of phase 1/2 bids should projects demonstrate success. 	<p>MHAWJ PB</p> <p>SW/NSM</p> <p>SW/NSM</p> <p>SW/NSM</p>	<p>Apr 15</p> <p>In line with project plan</p> <p>Mar 16</p>	<ul style="list-style-type: none"> Regional action plan presented to and endorsed by the regional TCAT ISG. Change in clinical practice that is transformative with a cultural shift away from traditional models of care to more person centred models that focus on recovery and health and well being. Regional portfolio of bids that embrace the ethos of the national programme. Shared learning. 	<p>March 2016.</p> <p>GREEN</p> <ul style="list-style-type: none"> Approved by steering group and updated quarterly. BLUE National cancer experience panel members aligning with local development projects. Clarification was sought on acceptable/alternative local methods of engagement with people affected by cancer; position is that projects must clearly demonstrate effective engagement. BLUE Communication management plan signed off by steering group. BLUE TCAT included in MCN education event programmes. BLUE Regional Learn & Share Event scheduled for 23/09/15 was well attended and positively evaluated. BLUE Early discussions held nationally re: approach to Phase 3 and proposal to be developed for December National Programme Board meeting. No bids for new projects in Phase 3, focus is on roll out of the existing projects' outcomes. BLUE
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				and be signposted to a range of support services.	<ul style="list-style-type: none"> Anticipate launch of refreshed NHS inform and personalisation tool in summer 2016. 	GREEN
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<p>3.6 QUALITY</p> <ul style="list-style-type: none"> All aspects of WoSCAN's work plan are aligned with the dimensions of quality set out in the national quality strategy. WoSCAN continues to lead on the national cancer quality programme with discussion ongoing with Health Department colleagues around the future sustainability of the programme. In line with CEL 06 (2012) reporting against QPIs commenced in 2013/14. In line with CEL 06 (2012) and regional governance processes NHS Boards will be required to submit data for analysis and develop action plans in response to publication of QPI performance data. A pilot of the national review process will be undertaken in 2015, focussing on breast cancer where 2 years worth of data will be available. <p>Specific activities that will be taken forward regionally via the Network and its constituent MCNs and Regional Groups, in conjunction with WoS Boards in 2015/16 are detailed below.</p>
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Issue	Actions	Lead	Due	Outcome/Deliverables	Updated Position
National QPIs	<ul style="list-style-type: none"> Continue to manage the delivery of the National Cancer Quality Programme. <ul style="list-style-type: none"> Undertake baseline reviews in line with agreed schedule. Ensure datasets and measurability criteria are tightly controlled, ensuring alignment with nationally agreed quality performance indicators (QPIs). Ensure eCase development continues to meet technical requirements to support Boards to meet their reporting requirements. 	RMC/IS IM eHealth Prog Man	In line with timelines set out in agreed national work programme	<ul style="list-style-type: none"> Small sets of nationally agreed QPIs, with national datasets and measurability criteria developed and successfully implemented. 	<ul style="list-style-type: none"> Dataset review process now complete. Baseline review process progressing to plan. Process for formal 3 year QPI review developed. QPI formal review commenced for breast, prostate and renal cancer QPIs. <p style="text-align: right;">GREEN</p> <ul style="list-style-type: none"> QPI reporting requirements are met through the provision of user accessible Standard QPI reports based on ISD measurability documents. Boards also have the ability to use SSRS (reporting tool) to create their own ad-hoc

	<ul style="list-style-type: none"> Support the transition from project delivery to business as usual functions. <ul style="list-style-type: none"> Secure adequate resource to sustain the programme. Continue to take forward the work programme of the National Cancer Quality Operational Group. Participate in the national pilot of agreed governance framework (3 yearly review). 	RMC/IS	Aug 15		<p>reports and to download data if required to Access or Excel. Interest in developing a standard interface to eCASE (e.g. to feed a Board Dashboard) has been registered with eCASE executive.</p> <p style="text-align: right;">GREEN</p> <ul style="list-style-type: none"> National Cancer Quality Programme Coordinator in post. On-going discussions with Scottish Government regarding recurrent funding of the programme to ensure sustainability. <p style="text-align: right;">GREEN</p> <ul style="list-style-type: none"> Breast cancer QPI governance pilot complete, with report issued to RCAGs and NHS Boards. Lessons learned exercise undertaken with project plan now being revised to accommodate learning. <p style="text-align: right;">BLUE</p>
Clinical audit	<p>Optimise the use of available resource regionally and locally:</p> <ul style="list-style-type: none"> Support local reporting through development of SSRS and ad hoc reports. Deliver training for users in SSRS. Further streamline regional reporting, ensuring close alignment with national reporting schedule. <p>MCN audit reports issued to the service in line with agreed timetable for reporting and agreed Network Governance Framework, ensuring that any action that requires to be taken is undertaken timeously.</p>	IM	In line with agreed programme	<ul style="list-style-type: none"> Annual assessment of service quality, patient outcomes and performance. Regional comparative reporting. Agreed action plans to address areas where performance requires to be improved. Improve efficiency and optimise resource utilisation. Quality assurance and improvement reports issued to service to inform service provision and redesign. 	<ul style="list-style-type: none"> Standard reports developed in line with regional and national reporting schedules. Regional download schedule underway. Audit reports produced with clear actions identified. <p style="text-align: right;">GREEN</p> <ul style="list-style-type: none"> Audit reports issued in line with agreed schedule and governance framework. <p style="text-align: right;">GREEN</p>

	Participate in Healthcare Improvement Scotland's assurance programme.	Breast MCNs	Apr 15	<ul style="list-style-type: none"> Service quality assurance. 	<ul style="list-style-type: none"> Participated in Breast HIS pilot review meeting. Various regional documents being reviewed and work ongoing with Regional Clinical Effectiveness Leads to ensure sufficient evidence available for future HIS review meetings. 	BLUE
	Agree and progress 2015/16 programme of work with West of Scotland Cancer Surveillance Unit.	DM/ IM/ MCN Clin Leads	May 15	<ul style="list-style-type: none"> Maximum use made of data available to inform and drive service improvement. 	<ul style="list-style-type: none"> Data sharing agreements progressed with WoSCSU. 	GREEN
Patient Experience	Support NHS Boards to implement national patient experience QPIs. <ul style="list-style-type: none"> Share models of good practice. Participate in Healthcare Improvement Scotland assurance programme. 	WoSCNG NHS Boards	Ongoing Apr 15	<ul style="list-style-type: none"> Supported implementation of patient experience QPIs. Assurance that patient experience is being used to inform/drive service improvement. 	<ul style="list-style-type: none"> Assessment of work undertaken in progress 	GREEN
	Participate in work to design a national Patient Experience Survey to be delivered in conjunction with Third Sector partners.	RMC	Aug 15	<ul style="list-style-type: none"> National survey content and methodology agreed to enable implementation late 2015. 	<ul style="list-style-type: none"> Survey undertaken: results awaited. 	BLUE
Regional/national guidelines	Review and revise regional guidelines and protocols in line with agreed timescales/processes.	MCN Man/ Clin Leads	In line with regional review dates	<ul style="list-style-type: none"> Regional/national guidelines reviewed and updated to reflect current best practice, including discontinuing some aspects of current practice, where appropriate. 	<ul style="list-style-type: none"> Work progressing in line with published review dates. 	GREEN
	Take forward regional implementation of neuroendocrine tumours (NET) guidance issued in early 2015.	IS	Dec 15	<ul style="list-style-type: none"> Implementation of nationally agreed guidance. 	<ul style="list-style-type: none"> Guidance available via WoSCAN website and being actively utilised by WoSCAN NET MDT. 	BLUE
Multidisciplinary Team Meetings	Establish and embed the regional neuroendocrine cancer MDT.	IS	Apr 15	<ul style="list-style-type: none"> MDT functioning formalised. 	<ul style="list-style-type: none"> MDT now established, with increasing number of patient referrals at each meeting. MDT Coordinator in place and NHSGGC MDT software being 	

					successfully utilised, with prompt outcomes available. BLUE
Neuroendocrine Tumours: eNET accreditation	Determine the feasibility of taking forward eNET accreditation within NHS Scotland.	IS	Dec 15	<ul style="list-style-type: none"> Plan for progressing accreditation agreed if endorsed nationally to proceed. 	<ul style="list-style-type: none"> Service map and gap analysis undertaken. Service development proposal supported by all 3 Regional Cancer Advisory Groups. Work on-going in conjunction with BWoSCC General Manager to further detail costings for national service/network approach. Intention to present paper at National Cancer Clinical Services Group in June 2016. GREEN
National and regional education programmes	Host national meeting for Head and Neck Cancer.	IM/MCN Man (HW)/Clin Lead	Dec 15	<ul style="list-style-type: none"> Successful meeting where nationally agreed QPIs are reported for the first time. 	<ul style="list-style-type: none"> Successful meeting held on 4 December '15, with Baseline Review meeting immediately after national meeting. Action note and link to data dashboard circulated. BLUE
	Contribute with programme development for national melanoma meeting and national urological cancers meeting.	MCN Man (TK)/ Clin Leads	Dec 15 Early 16	<ul style="list-style-type: none"> Tripartite agreement of national programme across Networks. 	<ul style="list-style-type: none"> Melanoma meeting completed. Planning for QPI meeting 31/03/16 continuing. BLUE GREEN
	Host regional tumour specific education events for national and regional MCNs.	MCN Man/ Clin Leads	Ongoing in line with agreed prog.	<ul style="list-style-type: none"> Successful education programme across a wide variety of topics with participation from multi-professional groups. 	<ul style="list-style-type: none"> 2015 schedule of events underway and planning in place for 2016. BLUE

3.7 DELIVERY

Regional & national working

- Delivery of this work plan and realisation of the benefits for patients is highly dependent on effective regional and national working. The terms of reference for key regional groups were reviewed and updated in 2014.

eHealth

- The regional cancer eHealth programme of work was refreshed in 2013/14. This continues to be will be taken forward in conjunction with eHealth Leads to ensure close alignment with other local, regional and national developments. Work will focus on support for regional and national MDTs, cancer audit, and electronic prescribing in the coming year.

Workforce

- New appointments to some MCN Clinical Leads were made during 2014/15. (i.e. urology, upper gastrointestinal, head and neck, and skin).

Specific activities that will be taken forward regionally via the Network and its constituent MCNs and Regional Groups, in conjunction with WoS Boards in 2015/16 are detailed below.

Issue	Actions	Lead	Due	Outcome/Deliverables	Updated Position
Cancer Edition of Health News	Publish a cancer edition of Health News.	RLCC/RMC	Dec 15	<ul style="list-style-type: none"> Regional cancer version of Health News published and disseminated across the WoS. 	<ul style="list-style-type: none"> Development reassessed and decision taken with communication leads not to progress this. Alternative communication channels being explored to support TCAT work. TCAT ISG homepage created on the WoSCAN Internet Site. <div style="text-align: right;">BLUE</div>
Cancer Intelligence	Participate in national work-stream progressing the modernisation of cancer intelligence in NHS Scotland.	RLCC/RMC	Ongoing	<ul style="list-style-type: none"> Regional input to shape national work-stream. 	<ul style="list-style-type: none"> National meetings have taken place. Output awaited re. next steps. <div style="text-align: right;">GREEN</div>
CEPAS (Chemotherapy electronic prescribing & administration)	Upgrade system to v5.3.4. Implement regional reporting model. <ul style="list-style-type: none"> Issue standard reports and evaluate usefulness of these reports. 	eHealth Prog Man CEPAS IM	Jul 15 Jun 15 Ongoing	<ul style="list-style-type: none"> Latest version of software implemented and working effectively. Reporting model agreed and implemented. 	<ul style="list-style-type: none"> ChemoCare v5.3.4 went live 1st August 2015. A reporting tool to automate reports was reviewed via webinar on 16th March. Costs and potential benefits will be reviewed with the CEPAS Executive in June 2016. <div style="text-align: right;">BLUE</div> <div style="text-align: right;">GREEN</div>

	<p>Complete work to determine feasibility of implementing a TrakCare/CEPAS interface.</p> <p>Scope the implications of future system upgrades to inform way forward.</p>	<p>JF (GGC)</p> <p>eHealth Prog Man</p>	<p>Apr 15 Jun 16</p> <p>Mar 16 Dec 16</p>	<ul style="list-style-type: none"> ▪ Agreement to proceed (or not) with interface. ▪ Clear understanding of future business requirements and implications of planned system developments. 	<ul style="list-style-type: none"> • Indication (to be confirmed) is that NHSGG&C do not wish to progress with the TrakCare to ChemoCare interface. NHS Lanarkshire need costs (capital & recurring) from system providers and GG&C HI&T (additional server) to make an assessment on requirement to proceed with an interface to their own TrakCare system. CIS (ChemoCare provider) have provided indicative costs, InterSystems (TrakCare provider) have yet to provide indicative costs. In addition, the interface would require a new technical platform which at this time, is part of the future implementation of V6 of ChemoCare for which no dates have been identified. • A demo of ChemoCare V6 (prescribing with limited scheduling capability) was given to the WoSCAN Business As Usual (BAU) team on the 02nd March by CIS. The complete scheduling module will most likely not be available until 2017. CIS have provided high-level costs – a request to CIS for a cost breakdown and supporting prescribing documentation has been made. <p style="text-align: right;">AMBER</p> <p style="text-align: right;">GREEN</p>
<p>eCASE (System that supports clinical audit)</p>	<p>Progress agreed development plan.</p> <ul style="list-style-type: none"> ▪ Align with national QPI development programme to 	<p>eHealth Prog Man/IM</p>	<p>In line with agreed project plan</p>	<ul style="list-style-type: none"> ▪ Sustainable national system to underpin clinical audit. 	<ul style="list-style-type: none"> ▪ Ongoing work continues to develop standard QPI reports and

	<p>ensure regional capability to report against nationally agreed QPIs that will be a mandatory requirement for NHS Boards.</p> <ul style="list-style-type: none"> ▪ Transition to business as usual function. <ul style="list-style-type: none"> ▪ Take forward discussion with National Service Scotland. ▪ Review support model and Service Level Agreement. 	<p>RMC/eHealth Prog Man</p> <p>eHealth Prog Man</p>	<p>Jun 15 Jan 16</p> <p>May 15 Mar 16</p>	<ul style="list-style-type: none"> ▪ Agreement on future hosting arrangements. ▪ Service level agreement reviewed/updated. 	<p>update eCASE application in line with ISD dataset changes.</p> <p style="text-align: right;">GREEN</p> <ul style="list-style-type: none"> ▪ NSS Scotland took over technical support of eCASE from January 01st 2016. • Updated eCASE governance documents and draft SLA between NSS, WoSCAN, SCAN and NOSCAN were reviewed and approved at the eCASE Executive meeting on 15th Feb. <p style="text-align: right;">BLUE</p> <p style="text-align: right;">BLUE</p>
<p>Multidisciplinary Team (MDT) meetings</p>	<p>Work with eHealth colleagues to explore options for optimising regional working using technology. Assess applicability to better support regional/national MDTs managed via the WoS.</p>	<p>Regional eHealth Leads/ Prog.Manager</p>	<p>Mar 16 Ongoing</p>	<ul style="list-style-type: none"> ▪ Report detailing how current arrangements can be optimised to support clinical MDT meetings. 	<ul style="list-style-type: none"> ▪ NHSGGC and NHS Lanarkshire two-way portal launches are now estimated to go live with pilot users mid-April. The wider roll-out of the portal to portal solution to other west of Scotland Boards (Orion portal only) is scheduled for completion by July 2016. Information governance documentation, including an information sharing agreement and the datasets being shared by each of the Boards, is currently going through final review and approval. Service level arrangements across Boards, including service desk, are also being developed to support the portal to portal solution. Work will get underway May onwards to assess the feasibility to enable two way portal launching between NHS Forth Valley and both

					NHSGGC and Golden Jubilee National Hospital. GREEN
Cancer eHealth Forum	Maintain a regional forum that will, in due course, inform development of a refreshed regional cancer eHealth plan.	eHealth Prog Man	Ongoing	<ul style="list-style-type: none"> Regional forum, populated with local eHealth 'leads' for cancer continues to meet on a regular basis to keep abreast of current/potential future developments that may affect cancer care delivery. 	<ul style="list-style-type: none"> Dates for next meeting/ conference call are being canvassed – target April/ May. GREEN
Clinical Leads Development Programme	Establish development programme.	RLCC/RMC	Jun 15	<ul style="list-style-type: none"> Development programme initiated and session held on key topics. 	<ul style="list-style-type: none"> Programme commenced June 15. Requirement to reassess need and focus programme accordingly. Exploring potential to link into NHSGGC leadership development programme 90 min sessions. GREEN

Lead Abbreviations

BWoSCC GM Spec Onc/DD	Beatson West of Scotland Cancer Centre – General Manager Specialist Oncology / David Dodds, Acting Clinical Director Specialist Oncology Services	JMcP (Lan)	John McPhelim, Lung Cancer Lead Nurse, NHS Lanarkshire	Reg SACT Exec Grp	Regional Systemic Anti Cancer Therapy Executive Group
CEPAS IM	CEPAS Information Manager	KC	Kevin Campbell, MCN Manager	RPASG	Regional Prescribing Advisory Sub Group
CH	Chris Hewitt, Clinical Psychologist, NHS Greater Glasgow and Clyde	KO (GGC)	Keith Ogston, NHS Greater Glasgow and Clyde	RPD	Regional Planning Director
CR	Caroline Rennie, Macmillan Cancer Nurse Consultant, NHS Ayrshire & Arran	MH	Mary Holt, West Dunbartonshire Council	RLCC	Regional Lead Cancer Clinician
DM (WoSCSU)	David Morrison (West of Scotland Cancer Surveillance Unit)	MK	Martin Kane, Lanarkshire Council	RMC	Regional Manager (Cancer)
eHealth Prog Man	eHealth Programme Manager	MS (Lan)	Mhairi Simpson, Consultant Nurse, NHS Lanarkshire	SB	Stephen Brown, North Ayrshire Council
GGC	Greater Glasgow and Clyde	MCN Clin Lead	MCN Clinical Lead	SC (ED)	Sandra Cairney, East Dunbartonshire Community Health Partnership
GO	Gren Oades, Urology MCN Clinical Lead	MCN Man	MCN Manager	SC (FV)	Sandra Campbell, Consultant Nurse, NHS Forth Valley
HW	Heather Wotherspoon, MCN Manager	NSM	Network Service Manager	SR	Stuart Roberson, Head and Neck Cancer MCN Clinical Lead
IM	Information Manager	PCCN	Primary Care Cancer Network	ST (FV)	Seamus Teahan, Lead Cancer Clinician, NHS Forth Valley
IS	Iona Scott, Quality & Service Improvement Manager	PR	Pauline Robbie, Renfrewshire Council	SW	Sandra White, Clinical Lead Transforming Care after Treatment
JF (GGC)	Joanne Freel, Greater Glasgow and Clyde	RA	Ruth Adamson, Pathologist NHS Ayrshire & Arran	TK	Tom Kane, MCN Manager
		RC (GGC)	Russell Coulthard, Service Manager, NHS Greater Glasgow and Clyde	WJ	Wendy Jack, West Dunbartonshire Council
		RD	Rosalie Dunn, GP, NHS Lanarkshire	WoSCNG	West of Scotland Cancer Nurses Group
		RCAG	Regional Cancer Advisory Group		
		RCCP	Regional Cancer Care Pharmacist		

Work Plan prepared by Evelyn Thomson, Regional Manager (Cancer), West of Scotland Cancer Network