Annual Report
April 2017 – March 2018

Jane Grant
Chair, Regional Cancer Advisory Group
Chief Executive, NHS Greater Glasgow and Clyde

Mr Seamus Teahan
Regional Lead Cancer Clinician
West of Scotland Cancer Network

Evelyn Thomson
Regional Manager (Cancer)
West of Scotland Cancer Network
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Foreword by the Regional Lead Cancer Clinician

I am delighted to introduce the 2017/2018 West of Scotland Cancer Network (WoSCAN) Annual Report. It has been another busy year and I hope you will find the report captures a sense of the breadth and quality of cancer care provided in the region.

Since its inception in 2001, WoSCAN has played a key role in facilitating relationships between our constituent managed clinical and specialist networks, regional NHS Boards, partners in health and social care, and the voluntary sector. This collaborative approach has become even more important as regional models of care evolve and helps ensure patients and carers remain at the centre the work we do.

I am especially pleased to note that the quality of care offered to cancer patients in the West of Scotland (WoS) has continued to improve as a result of work led regionally by WoSCAN. Following on from the introduction of national cancer quality performance indicators into routine practice in 2013, there are clear signs of improvement in performance against almost all targets measured. The network has a pivotal role in reviewing these indicators and other relevant outcome data and helping guide further improvement work as required. In addition WoSCAN continues to support work on clinical guideline development, horizon scanning and impact assessment of novel technologies and treatments, and work to embed the learning from successful Transforming Care After Treatment (TCAT) projects.

Working closely with colleagues in regional planning, WoSCAN has helped develop the cancer section of the regional delivery plan, which encompasses all aspects of healthcare. It is recognised that WoSCAN has a well-established track record of broad engagement and as such key recent work streams have been referenced as exemplars and possible models of collaborative working across the region. These projects, which include the regional review of systemic anti-cancer therapy, the regional introduction of robotic-assisted surgery and a review of urology service provision across the region are all being progressed. The overarching goal of this work is to build and maintain equitable, safe and sustainable services, which deliver the best possible care for cancer patients in the WoS. The changing needs of our population and the increased demand on all services will undoubtedly challenge us to consider the way we currently work and over the coming period there may be a need to change the way we deliver some care.

The considerable progress that has been made since our last report has been made possible because of the on-going commitment and efforts of all involved. I would like to take the opportunity to express my thanks to you all for your dedication and hard work over the last year.

I look forward to working further with you in the year ahead.

I hope you enjoy the report.

Mr Seamus Teahan
WoSCAN Lead Cancer Clinician
May 2018
1. **Introduction**

Cancer care has improved greatly in recent years, with people living longer and survival rates increasing for a range of cancers. As the West of Scotland Cancer Network (WoSCAN) we want to build on this good work with our partner organisations and continue to improve the care and experience of everyone affected by cancer across our region. We want everyone, no matter where they live, to have access to high quality care, treatment and support. By continually listening to people affected by cancer and the professionals who care for, treat and support them, we can learn and adapt our approach to improving services.

The care for cancer patients often involves a number of different organisations, and patients often have to repeat their story to many different professionals. The need to make care pathways as personalised and seamless as possible increasingly needs a more joined up approach across larger geographical areas than before and across traditional organisational boundaries. Over the past year a greater number of services have been reviewed and planned on a population basis at a national or regional level, and a number of inter Board strategic alliances have developed in order to drive change, optimise service provision and sustain high quality, safe services as local as is possible. This focus on natural patient flows and activity has also ensured that we remain focused on improving both outcomes and experience for people affected by cancer.

WoSCAN and its constituent Managed Clinical Networks (MCNs) has demonstrated its strength, driving system wide change through broad clinical consensus and generating change at a scale that individual organisations operating alone would find difficult to achieve. Strong clinical and managerial leadership across different health and care settings and in local communities continues to drive the delivery of improvements in cancer care. Looking at the whole pathway of care and fully utilising the data available to us, WoSCAN, and its MCNs, in conjunction with partners, will continue to identify areas for improvement, redesign pathways of care and challenge and change traditional models of care and clinical behaviours.

Beating Cancer: Ambition and Action (2016) continues to provide the direction of travel for the coming years, focusing on those areas that will drive world-class cancer outcomes across the country. WoSCAN’s work plan and that of its constituent MCNs are aligned with the evolving Regional Health and Social Care Delivery Plan and local NHS Board Delivery Plans, supporting delivery of the national cancer plan and organisations to work regionally and nationally to meet standards, reform pathways and plan and integrate services. Key areas of focus are prevention, reducing risk and early detection, access, diagnostics, treatment, living with and beyond cancer and quality.
2. Regional Cancer Advisory Group

The Regional Cancer Advisory Group (RCAG) acts as a forum for the development of regional solutions to common delivery problems and provides the forum for progressing the planning of cancer services on a regional basis. As regional planning and its delivery mechanisms further develop, the role/remit of the RCAG will evolve. Membership of the RCAG was refreshed in 2017/18 and a new Chair, Mrs Jane Grant, Chief Executive, NHS Greater Glasgow and Clyde appointed. Our year end consolidated regional work plan (see Appendix 1) details the extensive programme of work in relation to regional cancer services that has been taken forward. The section that follows highlights key work streams and activities that have been undertaken in 2017/18 across the region. These include:

2.1 Cancer Access Standards

Cancer referral guidelines are currently being reviewed nationally. Once issued current referral forms will require to be revised. Programmes of education and practical support for healthcare professionals will be developed and offered in conjunction with partner organisations, such as Cancer Research UK. This will include providing feedback to practices on referral patterns and compliance.

Delivery of cancer access standards remains challenging across NHS Scotland. Within the West of Scotland (WoS) all cancers combined for 62 days (urgent suspicion of cancer general practitioner referral to treatment) is 86.6% (3:4 Boards not achieved) and 95.4% for 31 days (decision to treat to treatment) for the last quarter of 2017 against a standard of 95%. Performance across the region does show some variance between sites and cancer types with the urological, head and neck, colorectal and upper gastro-intestinal 62 day cancer pathways being particularly challenging. Through the Managed Clinical Networks (MCNs) we are progressing work to review the cancer pathway for different cancers with the aim of minimising the number of patient attendances required (either within a Board or across the region) and working with partner Boards to ensure that effective inter hospital transfer arrangements are in place.

2.2 Detect Cancer Early and Screening

The Detect Cancer Early (DCE) programme has focussed predominantly on breast, lung and colorectal cancer. During the first 5 years of the programme we have seen a 9.5% shift (to December 2016) with 25.7% now diagnosed at stage 1 in WoS. The biggest improvement has been seen in relation to lung cancer and in those areas where screening for breast cancer were lower. Table 1 below shows the levels of improvement across the region broken down by NHS Board. Work is now ongoing in other areas, specifically in relation to melanoma.

<table>
<thead>
<tr>
<th>Table 1: Stage 1 Diagnosis</th>
<th>Ayrshire &amp; Arran</th>
<th>Forth Valley</th>
<th>Greater Glasgow &amp; Clyde</th>
<th>Lanarkshire</th>
<th>WoSCAN</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010/11</td>
<td>39.8%</td>
<td>42.2%</td>
<td>36.7%</td>
<td>37.8%</td>
<td>38.2% (1473)</td>
<td>+7.3%</td>
</tr>
<tr>
<td>2015/16</td>
<td>42.5%</td>
<td>43.3%</td>
<td>40.2%</td>
<td>40.4%</td>
<td>41%</td>
<td></td>
</tr>
<tr>
<td>Colorectal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2010/11</td>
<td>18.8%</td>
<td>18.2%</td>
<td>19.7%</td>
<td>19.4%</td>
<td>19.3%</td>
<td>-18.2%</td>
</tr>
<tr>
<td>2015/16</td>
<td>16.3%</td>
<td>19.5%</td>
<td>15.7%</td>
<td>13.6%</td>
<td>15.8%</td>
<td></td>
</tr>
<tr>
<td>Lung</td>
<td></td>
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<tr>
<td>2010/11</td>
<td>13.5%</td>
<td>14.2%</td>
<td>13.2%</td>
<td>14.9%</td>
<td>13.7%</td>
<td>40.4%</td>
</tr>
<tr>
<td>2015/16</td>
<td>17.1%</td>
<td>14.8%</td>
<td>20.4%</td>
<td>19%</td>
<td>19.2%</td>
<td></td>
</tr>
</tbody>
</table>

National cancer screening programmes are changing. Quantitative faecal immunochemical testing (qFIT) was rolled out nationally in late 2017. Early indications are
suggestive of increased uptake with significant impact seen on diagnostic services with 100% increase in positive tests resulting in further investigation. Prior to this no WoS Board met the 60% target for colorectal screening uptake. Cervical screening uptake is higher in women who have received Human Papilloma Virus vaccination and live in more affluent areas. In all WoS Boards uptake is lower overall in younger age groups. The latest reported uptake of cervical screening for the year 2016-2017 for the WoS was: NHS Ayrshire and Arran 74.8%, NHS Forth Valley 75.9%, Greater Glasgow 70%, NHS Lanarkshire 74.5%, an increase on previous year. Human Papilloma Virus testing will be introduced to the cervical screening programme in 2019/20. Breast screening overall has decreased 0.6% in the 2013-16 period, with all 4 WoS Boards showing a downward trend. 2 of the 4 WoS Boards do not currently meet the 70% uptake target (NHS Greater Glasgow and Clyde and NHS Lanarkshire). NHS Boards have plans in place to tackle variations in screening uptake, implementing recent evidence and working with the DCE Programme.

Through the Network we continue to support national campaigns and work with colleagues to develop practice profiles to help inform where future work is best targeted both at population and community levels.

2.3 Diagnostics

A number of challenges have presented during 2017/18 as a result of increased demand and also workforce vacancies. Work has been initiated to review the specialist workforce required for specific aspects of the services where there are known vulnerabilities (e.g. breast radiology and interventional radiology), seeking to identify regional solutions to ensure optimal service provision and service sustainability. Work is ongoing nationally to determine the future service requirements for the provision of positron emission tomography – computed tomography imaging, maximising the use of existing capacity within the region. Work is also continuing to pursue integrated diagnostic reporting solutions, particularly in relation to the reporting of haematological malignancies in conjunction with laboratory colleagues. Molecular diagnostics is an area of rapid advancement with significant implications for cancer management. Horizon scanning and forward planning processes have been developed in relation to companion diagnostic testing in conjunction with colleagues regionally and nationally.

2.4 Surgical Service Provision

A key action within Beating Cancer: Ambition and Action is to apply the National Clinical Strategy to Cancer Services. Attention to date has focused primarily on urological cancer services and is being progressed through the 3 Regional Health and Social Care Delivery Groups.

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

- The regional Minimally Invasive Radical Prostatectomy service was established in April 2016. The service will be up to full complement of surgical staff in March 2018, ensuring greater service resilience. Early outcome data is excellent with the majority of cases now being undertaken robotically. A national review of outcome data under the auspices of the National Cancer Quality Steering Group is planned for spring 2018.

- Work to inform the future service configuration of urological cancer services has been undertaken and will likely lead to a reduction in the number of units performing some types of surgery. A business case for a national service for regional peritoneal lymph node dissection is awaiting final approval. Funding has been secured to take forward the development of a regional renal multidisciplinary team meeting.
Three clinical cases for the expansion of robotic surgery have been submitted and health technology assessments have recently reported for renal cancer and trans oral resections. These cases will be further considered by RCAG and the regional Health and Social Care Delivery Board. The case for rectal cancer has yet to be considered.

RCAG have supported taking forward work to determine the case for developing a regional liver service. This work is being led by the regional Health and Social Care Delivery Group Specialist Services’ Planning Group.

In the coming period there will be a need to revisit some established models to ensure they remain ‘fit’ for future requirements given changing patterns of demand and complexity (e.g. gynaecological-oncology) and other services such as cancer ear, nose and throat services and upper gastro-intestinal cancer surgery.

2.5 Specialist Oncology Services

Systemic Anti-Cancer Therapy (SACT): WoSCAN has set out a strategic direction for SACT delivery that will be presented to the Regional Health and Social Care Delivery Group in April 2018 following a period of engagement. Phase 1 of this work was approved in 16/17 and a number of actions, including moving to a two stop delivery model and smoothing out peaks and troughs in service delivery, have already been successfully progressed. National funding was also secured to support further development of non medical prescribing. Following approval, implementation planning will be progressed.

WoSCAN reported high overall regional compliance with Chief Executive Letter 30(2012) safe handling standards. Action has been taken to resolve any outstanding issues. Healthcare Improvement Scotland is currently refining the audit tool before further rounds of regional peer review audits are undertaken. These audits will be co-ordinated by the Regional SACT Executive Group and will commence in early 2019.

Horizon scanning information was issued to NHS Boards in December 2017 to inform forward planning for 2018/19. This is kept under regular review. The demand for Patient and Clinician Engagement meetings remains high with meetings being held monthly and significant numbers of new drugs being approved. The latter culminates in significant workload relating to the development and approval of protocols and clinical management guidelines (CMGs) via the Regional Prescribing Advisory Subgroup. Electronic prescribing is now well embedded in practice across the region. SACT protocols and associated CMGs have been kept under review and developed/updated when required.

The pharmacy clinical support model has been reviewed and funding secured to future proof this. WoSCAN continues to keep a watching brief on V6 of ChemoCare® development and inputting to the national user group that informs future development of the software. There will be a requirement to transition to new software at some point but the timeline is unclear at present. At this stage WoSCAN does not believe that this version of the software is developed enough to meet our operational requirements. A demonstration of the new software has taken place and work has commenced to scope the implications of transitioning to the new version.

Acute Oncology: A regional audit was undertaken to inform development of a future regional service delivery model. The findings from this audit are currently being reviewed and data modelled to inform potential service delivery options. Early learning from the service implemented at the Queen Elizabeth University Hospital is also being used to inform
developments, as is experience from units elsewhere in the UK. The regional acute oncology guidelines are currently being refreshed.

Radiotherapy: National funding to support two new clinical oncology consultant appointments was secured in 2017/18 and recruitment is progressing. This will further support regional service provision and the implementation of peer review. Extensive work has been undertaken within the Beatson West of Scotland Cancer Centre to deliver access standards and manage capacity efficiently with work ongoing to increase the volume of treatments planned and delivered at the Lanarkshire Beatson. The national radiotherapy subgroup of the National Cancer Clinical Services Group continues to provide the strategic direction for the development and delivery of radiotherapy services across NHS Scotland. Colleagues from the Beatson WoS Cancer Centre actively participate in this group.

2.6 Quality
All aspects of WoSCAN’s work plan are aligned with the dimensions of quality set out in the national quality strategy with work ongoing in a diverse number of areas, already outlined. In addition, work is ongoing in relation to: taking forward the implementation of the regional Psychological Therapies and Support Framework in conjunction with partner organisations; progressing European accreditation for the regional Neuroendocrine Tumour (NET) service; and supporting the progression of the development of a national networked model for mesothelioma.

There are a number of sets of national quality performance indicators (QPIs) that services report against on an annual basis. While overall accountability for performance sits with NHS Boards, responsibility for analysing and reporting data sits regionally. Reports are published annually and action plans developed and progressed both regionally and locally (depending on action identified). Overall performance against QPIs is generally good but there are areas where specific improvement actions have been identified. These have led to changes in practice, for example, patient selection for some treatment modalities, changes in clinical management guidelines, diagnostic reporting and improving access to some treatments where uptake was lower than expected. Other data point to the need to consider further service reconfiguration due to low volume of cases for certain procedures, further supporting the need for the work previously outlined in relation to some surgical services. QPI reports are published on www.woscan.scot.nhs.uk.

WoSCAN is working with its partners in the Innovative Healthcare Delivery Programme and Scottish Cancer Registry and Intelligence Service, to take forward the development of cancer dashboards that will enable more ready use of the large amounts of data already collected. This will be turned into intelligence so that it can be used to drive change and support improvement, thus enabling our clinical leaders and MCNs to better direct service improvements.

2.7 Living with and Beyond Cancer
NHS Boards review data and MCNs review pathway specific data from the National Cancer Patient Experience Survey when published. Findings from the last survey highlighted care planning, information and shared decision making as key areas for improvement. Since then a number of improvements have been taken forward and the work of the Transforming Care after Treatment (TCAT) Programme, noted below, also seeks to address these. The survey is due to be repeated in 2018.

Some MCNs have sought to get a better picture of their patient experience and have run bespoke surveys (e.g. sarcoma) where numbers completing the national survey did not allow
any conclusions to be drawn. Patient experience feedback has also been actively sought as part of regional work streams such as SACT and used to inform service development.

The national TCAT Programme awarded funding to support work being taken forward in the WoS across 11 projects spanning health and social care. The programme is due to complete and report in December 2018. However, learning to date clearly demonstrates the added value of a number of interventions which, when delivered together, can greatly improve experience and coordination of cancer care: for example, holistic needs assessments, treatment summaries, cognitive rehabilitation and practice nurse-led cancer care reviews in primary care. In the coming period we will look to embed these tools/approaches as standard, aiming for high quality, equitable services throughout the region.

Through the cancer MCNs a review of follow-up practice was previously undertaken and a regional audit demonstrated high levels of compliance with the guidance during the first year of follow-up. The review introduced a risk stratified approach to follow-up. It is however timely to revisit this work and build on it, combining the learning from the TCAT programme. There has been a shift in focus away from medically led follow-up care to holistic, risk stratified pathways. The result of this is improved quality and experience and a significant reduction in the number of out-patient appointments as demonstrated through redesign of breast care follow-up. In the coming year we will also begin to look further at other cancer follow-up pathways.
3. Managed Clinical Networks

Managed Clinical Networks (MCNs) were established as a means of delivering equitable, high quality, clinical care to all cancer patients. In addition to nine regional MCNs, three rarer cancers organised as national MCNs are also hosted within the West of Scotland Cancer Network (WoSCAN) and partner with the North of Scotland Cancer Network (NOSCAN) and South East of Scotland Cancer Network (SCAN).

The sections that follow provide an overview of progress against key objectives for each MCN during 2017/18.

3.1 Brain and Central Nervous System Cancer Managed Clinical Network

**Clinical Lead:** Dr Avinash Kanodia (until November 2017)  
Mr Imran Liaquat (from November 2017)

**Manager:** Mr Lindsay Campbell

The Brain and Central Nervous System (CNS) Cancers MCN continues to support and develop the clinical service for patients diagnosed with cancer of the brain or CNS each year in Scotland. In 2016 there were 329 cancers recorded, 59% of which were male and 41% female. Management of patients continues to rely on the coordinated delivery of treatment and care via five specialist centres across Scotland (Aberdeen, Dundee and Inverness in the north; Edinburgh in the south east; Glasgow in the west). The majority of treatment is non-curative, a high proportion of patients present with advanced disease, with five year survival of 15.4%.

**National Guidelines for Equity of Care**

The MCN has participated in NHS England’s development of a single guideline for primary brain tumours and cerebral metastases with publication planned for July 2018. The Scottish guideline will then be developed. The MCN’s guidelines on epilepsy and genetics are being reviewed to reflect current practice.

**Learning and Sharing Best Practice**

The British Neuro-Oncology Society meeting was held in Edinburgh in June 2017 with content from basic science through to quality of life issues. Early detection of brain tumours is being progressed by the MCN to match the improvements achieved in children in the UK.

The Supportive and Psychological Care Subgroup continued to focus on the needs of carers through research (holistic needs assessments (HNA)) and the support available through the charities (counselling and groups). The next focus is on provision of a key worker in each of the fourteen Health Boards.

The annual neuro-oncology imaging research meeting of the Scottish Imaging Network supported by the MCN took place in September 2017. This meeting is gaining a strong national reputation and is the basis of a growing network of researchers in Scotland and across the UK.

The annual scientific meeting of the Scottish Radiotherapy Research Forum (for all cancers) was in Stirling in November 2017 with brain/CNS cancers continuing to feature prominently.

The MCN annual education event took place in Glasgow in November 2017. There was an update on the initial use of the 7 Tesla magnetic resonance imaging scanner; it is the first in Scotland and is based in the Imaging Centre of Excellence in Glasgow. The event also considered developments in the care of the older adult; these will be reflected in the new, single clinical management guideline (CMG).
Quality and Service Improvement
The report of the 2016 quality performance indicators (QPIs) was published in December 2017 and it is encouraging neuro-oncology access, radical radiotherapy planning and maximal surgical resection targets were consistently met by all regions. Case ascertainment must improve and this is the focus for the fourth year of reporting.

The 2015 actions were completed and the 2016 actions are in progress, while the review of the QPIs through the national programme based on the first three years of reporting is complete and awaiting publication.

The MCN analysed Cancer Registry data from 2001 to 2015 and it shows an average of 407 patients diagnosed each year with small variations by NHS Board between incidence and the 2011 census. This data will be utilised for the review of the Scottish referral guidelines for brain/CNS cancer during 2018/19.

External Scrutiny
The MCN is reviewed every five years by National Services Scotland and the latest review was successfully completed in December 2017. The MCN continues to meet the criteria for national designation and demonstrate achievement of the quality standards. This review also considered the MCN being managed by their National Network Management Service and concluded the existing management through WoSCAN will continue for the next five years.

National Multi-Disciplinary Working
The MCN has focused on improving the operation of the four multi-disciplinary teams (MDTs) with the Aberdeen/Inverness and Dundee MDTs reviewing complex cases with the Edinburgh centre. Aberdeen is supporting Inverness as a consultant clinical oncologist could not be recruited in Inverness. The north of Scotland is reviewing cancer services aiming to provide care as close to the patients and carers as possible.

The Glasgow centre is developing its neuro-oncology neuro-rehabilitation service (already operational in the Edinburgh centre) in partnership with third sector organisations. Also, a weekly combined oncology-surgery assessment clinic for oligometastatic patients and low grade gliomas is now operational. Neurosurgeons are now sub-specialising with four nominated to manage the oncology workload.

NHS Forth Valley are reviewing their patient pathway with the Edinburgh centre to sustain their single point of contact for patient and carers while sharing care with the Glasgow centre when this is best for patients and carers.

Clinical Trials
New research, led by Dr Paul Brennan at the University of Edinburgh, is to help general practitioners (GPs) identify brain tumours at an earlier stage which may improve the longer term outcomes.

Next 12 Months - Opportunities Identified
In addition to the core work of the MCN – education, audit, service mapping, and guideline management - in the coming 12 months the following key objectives will be progressed:

- The Supportive and Psychological Care Subgroup are focusing on ensuring a single point of contact for the patient and their carers.
- Expanding the successful pilot of early detection of brain/CNS cancer from the Edinburgh centre to the other four centres.
3.2 Breast Cancer Managed Clinical Network

Clinical Lead: Ms Iona Reid
Manager: Mr Tom Kane

The Breast Cancer MCN continues to support and develop the clinical service for approximately 2300 breast cancer patients per annum in the West of Scotland (WoS). Breast cancer is the most common cancer in women in Scotland with approximately 4700 new cases diagnosed annually, accounting for 15.1% of all cancers. The incidence rate of breast cancer continues to rise with a 6% increase over the last decade. This may be attributed to the higher prevalence of known risk factors among the female population such as long standing changes in fertility, increasing levels of post-menopausal obesity and increases in alcohol consumption. In spite of the increase in incidence of breast cancer, mortality rates from breast cancer have decreased by 17.5% over the last 10 years. Significant improvements have been achieved in long term survival with around 88% of women surviving 5 years based upon current Information Services Division (ISD) data. Early detection of breast cancer through a national screening programme, improvements in diagnosis and staging of breast cancer and improved treatment interventions are all likely factors in survival.

Implementation of Regional Follow-up Guidelines

The provision of follow-up to appropriately support patients diagnosed with breast cancer, has been a key focus of the work of the MCN in recent years. As noted, the numbers of patients who are diagnosed with breast cancer is increasing and ensuring they have access to appropriate levels of follow-up, with access to care when needed, is essential. The updated Breast Follow-up Guideline was published in July 2017 and the MCN Advisory Board has been monitoring progress by NHS Boards to ensure that the guidelines are fully adopted. As the follow-up guideline is implemented, there will be a progressive reduction in the number of times patients are seen or examined by clinicians. Patients now benefit from a more supportive, holistic and person-centred follow-up model; they still have the ability to be seen rapidly by clinicians if they have any concerns. A major benefit of the new guideline is for clinicians to be able to spend more time with those patients who require it. The MCN is now exploring the use of administrative models/IT solutions to ensure the guidance is fully utilised across the WoS.

Learning and Sharing Best Practice

A successful full day regional education event was held in November 2017. The meeting was well attended with representation from all disciplines in the WoS. Education events focus on areas where a need has been identified to improve clinical practice, subjects that are topical in medical literature and link into the ongoing work of the MCN. The meeting centred on the challenges associated with the diagnosis and management of invasive lobular cancer.

Guideline Development and Review which may lead to an Innovative Regional Multidisciplinary Team Meeting

The MCN is currently reviewing the Breast Cancer CMG, incorporating new treatments recommended by the Scottish Medicines Consortium (SMC). Work is also ongoing to review two existing clinical guidance documents (CGDs): Management of the Axilla in the Neo Adjuvant Setting and Recommended use of Mammograms after Pulmonary Thromboembolism. A third CGD, on prophylactic mastectomy, commenced development. However, during discussion with the Family History Subgroup and the Advisory Board, it was agreed that there was a need to go beyond creating a CGD and look towards developing a Regional Risk Reduction Surgery Mastectomy MDT Meeting. The numbers of patients that require a risk reduction mastectomy are small and therefore surgeons see such patients on an infrequent basis. The potential benefits include:
allowing a comprehensive review of each case through an MDT focused on risk reduction surgery;
- supporting clinicians and patients through complex clinical decisions;
- providing a framework for developing guidance in this area;
- developing consistency in decision making; and
- aiding data capture to inform clinical practice.

The development of this regional MDT, subject to the support of the Regional Cancer Advisory Group (RCAG), will take place over the next year. It is likely to meet quarterly with a small number of clinicians, including representation from breast surgeons, plastic surgeons, breast care nurses, genetics and psychologists. It should be noted that other areas across the UK already have such processes in place.

**Quality and Service Improvement**

The report of the 2016 clinical audit data reporting performance against 11 national breast cancer QPIs was issued to NHS Boards in January 2018. The results illustrate that some of the QPI targets set have been challenging for NHS Boards to achieve, however it is encouraging that targets relating to non operative diagnosis, pre-operative assessment of the axilla, surgical margins, re-excision rates and 30 day mortality following neo-adjuvant and adjuvant chemotherapy were consistently met by all NHS Boards in 2016. Where targets have not been met, NHS Boards have provided detailed comment indicating valid clinical reasons or in some cases patient choice or co-morbidities which have influenced patient management.

**Next 12 Months - Opportunities Identified**

In addition to the core work of the MCN – education, audit, service mapping, and guideline management - in the coming 12 months the following key objectives will be progressed:

- work with the NHS Boards to ensure that the approved follow-up guideline is fully implemented across the region, making use of administrative models/information technology solutions;
- complete the review the existing Breast Cancer CMG;
- complete the review of existing CGDs; and
- develop a Regional Risk Reduction Surgery Mastectomy MDT Meeting.
3.3 Colorectal Cancer Managed Clinical Network

Clinical Lead: Mr Andrew McMahon
Manager: Mr Kevin Campbell

Incidence rates for colorectal cancer have fallen over the last decade, however the disease is most commonly diagnosed in the over 65 age group and the increasingly ageing Scottish population means the number of new cases annually is projected to rise; 1525 new cases were reported via the regional audit for the year to 31 March 2017. Treatment and care for these patients is delivered by 6 local MDTs across the region and well planned and coordinated delivery of treatment and care requires close collaboration of professionals from a range of specialities. Surgery, often as part of a multi-modal package of care, remains the primary curative treatment for colorectal cancer. Early patient presentation and diagnosis is crucial to improving survival outcomes and continuing efforts are being made to promote increased uptake of bowel screening to support this strategy. It is hoped that this will be supported through the recent introduction of a new, simplified, screening test. Patient survival at 5 years following diagnosis is now around 60%, having increased by over 20% in the last 25 years.

Standardising Radiological Reporting of Rectal Cancer
Review of the radiological guidelines for staging of rectal cancer resulted in revisions to the content to optimise recommended imaging techniques. Additionally, a revised standardised reporting proforma, containing a reduced data set aimed at improving reporting of these critical investigations, was recommended and work was undertaken to support implementation, ensuring regional consistency in reporting.

Patient Access to Clinical Trials
The MCN education event, convened in April 2017, offered an opportunity to update MCN members on current clinical trials, including UK-wide trials presented by guests from outwith the WoS; this raises a wider awareness of treatment opportunities for patients. In addition the programme included an update from the regional Transforming Care After Treatment (TCAT) programme activities and outcomes of the first formal review of the national QPIs.

Clinical Quality Assurance and Service Improvement
Overall performance of the 4 WoS NHS Boards in 2016/17, against the colorectal cancer QPIs, was generally very good, however they illustrate that some QPI targets have been challenging for NHS Boards to achieve and there remains room for improvement around a number of areas. It is encouraging that targets relating to radiological diagnosis and staging were met by all Boards. Where QPI targets were not met, NHS Boards have reviewed individual cases and in the main these investigations indicate valid clinical reasons or that, in some cases, patient choice or co-morbidities have influenced patient management. Action plans have been developed in response to findings and progress is being monitored by the MCN Advisory Board.

Holistic Needs Assessment and Treatment Summaries to Support Patient Rehabilitation
The baseline assessment of current regional practice indicated some existing local utilisation of components of the TCAT approach to supported rehabilitation for cancer patients. A workshop, organised by the colorectal clinical nurse specialists, considered the suitability of HNA and treatment summaries and the learning from the various TCAT projects and the potential for extending use of these regionally. Further work is now required to define risk-stratified follow-up care and assess the applicability of HNA and treatment summaries to support improved patient pathways.
Effective IT Support for Multidisciplinary Team Working
The 3 sector MDTs in NHS Greater Glasgow and Clyde (NHSGGC) now all have limited operational and administrative support provided by the local NHSGGC MDT application. This generic MDT application is not tailored to provide the specifics necessary for colorectal cancer patient review and unfortunately is no longer a supported product and therefore there is no scope for the adaptation required to deliver a complete solution. The MCN is keen to contribute to development of a single scalable MDT solution for all cancer MDTs which is capable of adaptation to the specific needs of individual tumour groups. Work has been initiated regionally through RCAG to progress this.

Liver Resection: Scoping the Requirements for a West of Scotland Regional Service
The MCN is contributing through a short-life working group established to consider requirements for a liver surgery service in the WoS. The group is currently considering various options for service delivery and potential approaches to implementation, based on projected patient numbers suitable for liver resection.

Next 12 Months - Opportunities Identified
In addition to the core work of the MCN – education, audit, service mapping, and guideline management - in the coming 12 months the following key objectives will be progressed:

- contribute to the MDT eHealth work being led by NHSGGC, in order to deliver an eHealth solution which supports the operational requirements of colorectal cancer MDTs regionally;
- support, as appropriate, introduction of quantitative Faecal Immunochemical Test (qFIT) for patients with colorectal symptoms in order to reduce the number of patients requiring colonoscopy investigation;
- contribute to work to determine requirements for a liver resection service in the WoS detailing the clinical dimensions of a regional service, resource requirements, patient pathways and expected numbers;
- undertake a regional audit of the pathway for molecular testing and contribute to the debate regarding future strategies;
- contribute to the evidence-base for ‘watch and wait’ for those patients having a complete response to neo-adjuvant chemo-radiotherapy; and
- contribute, through retrospective audit of regional activity, to the evidence-base for management of T1 cancers removed via polypectomy.
3.4 Gynaecological Cancer Managed Clinical Network

Clinical Lead:  Mr Kevin Burton  
Manager:  Mr Kevin Campbell

Each year approximately 800 new gynaecological cancers are diagnosed in the WoS. Within this, the number of new cervical cancer diagnoses has risen in recent years, with some further increase projected. Endometrial cancer, having a recognised link with obesity, has notably been increasing significantly and is expected to continue to do so. These projections represent a significant additional capacity requirement and will help inform future service delivery planning.

A weekly regional MDT meeting, facilitated by video-conferencing technology and a bespoke information technology system, provides the forum for review and planning of treatment and care for all gynaecological cancer patients across the region. Complex gynaecological malignancy often requires a multi-modal approach and surgery, provided both locally and by the specialist surgical team in NHSGGC, remains a key component of effective patient management.

Clinical Management Guideline Review
Regional Cancer Network governance policies required that a review of existing published MCN clinical management guidance be undertaken. Evidence reviews are now complete and recommendations drafted for ovarian, cervical and vulval cancer; review findings and recommendations for endometrial cancer are being prepared. A workshop is being scheduled to undertake final review of the evidence and recommendations and to assess the likely impact of these on current service provision; it is hoped to involve clinical staff from SCAN and NOSCAN in an attempt to achieve clinical guidance that is aligned across all three Regional Cancer Networks.

National Comparative Assessment of QPI Performance
The recent meeting, hosted by NOSCAN, facilitated a national comparison of QPI performance results and an opportunity to critically appraise both the results and the measures used for assessment; the WoS, generally, compared well with other regions. More recently, the ovarian cancer QPIs have undergone formal review (3 year); input was received from a number of MCN members to support the review process.

Cancer audit continues to underpin much of the regional development and service improvement work of the MCN and the regular reporting of activity and performance has been fundamental in assuring the quality of care delivered across the region. Results presented within the latest clinical audit report (data to 30 September 2016) illustrate that some of the QPI targets have been challenging for NHS Boards to achieve and there remains some scope for improvement. It is, however, encouraging that ovarian QPI targets relating to computed tomography or magnetic resonance imaging prior to treatment, histological/cytological diagnosis prior to starting neo-adjuvant chemotherapy and histological diagnosis prior to starting neo-adjuvant chemotherapy for ovarian cancer were all consistently achieved. In cervical cancer, 56 day treatment time for radical radiotherapy and chemo-radiation treatment were achieved across the region. Action plans developed in response to findings are being monitored by the MCN Advisory Board.

Education
The success of the education programme can be attributed to the continued support and participation of the MCN members and their input to the topical and varied programmes for these events. Most recently, presentations on pre-habilitation and pre-assessment were of particular interest and these may offer areas worthy of further exploration. There are two events planned in the programme for 2018.
Holistic Needs Assessment and Treatment Summaries to Support Patient Rehabilitation
The baseline assessment of current regional practice indicated limited local utilisation of components of the TCAT approach to support rehabilitation for cancer patients. A workshop, organised by the clinical nurse specialists, considered the suitability of HNA and treatment summaries and the learning from the various TCAT projects and the potential for extending use of these regionally. Work is planned to test the use of HNA with ovarian cancer patients and to define risk-stratified follow-up care and assess the applicability of HNA and treatment summaries to support improved patient pathways for identified groups.

Gynaecological Cancer MDT Review
The MCN initiated a review of the regional MDT meeting. The operational processes that underpin the MDT functions have evolved as the MCN has matured. Digitalisation of radiology and the development of electronic patient records have enabled real time access to patient data across the network. Identification of cases for discussion has improved, leading to greater consistency in the management of cases. However, as the MDT has evolved and patient numbers have increased, time for individual patient discussions is being constrained.

A process of engagement with MDT members has begun in order to modernise the MDT process. It is anticipated that the outcomes of this work will deliver better information at the point of MDT discussion, increase the time available for discussion of complex cases, engage with other specialties to participate in management decisions and use clinical network data to establish treatment protocols requiring MDT ratification rather than full discussion. At an early stage, this review process has already identified a need to upgrade the technologies that support the information management functions of the regional MDT process.

Next 12 Months - Opportunities Identified
In addition to the core work of the MCN – education, audit, service mapping, and guideline management - in the coming 12 months the following key objectives will be progressed:

- utilise learning from the TCAT programme to revise models of follow-up care, considering the applicability of HNA and treatment summaries and tailoring requirements for specific patient groups;
- contribute significantly to the MDT eHealth development work being led by NHSGGC, in order to ensure that the delivered eHealth solution supports the functional requirements of the regional Gynaecological Cancer MDT and is fit for application to other tumour-groups; and
- formalise regionally, existing local arrangements for multidisciplinary approach to complex surgical debulking to reduce regional variation in patient management and improve outcomes.
3.5 Haemato-oncology Managed Clinical Network

Clinical Lead: Dr Mark Drumm
Manager: Mrs Heather Wotherspoon

Non-Hodgkin lymphoma is now the eighth most commonly diagnosed malignancy in Scotland and together with Hodgkin lymphoma accounts for over 45% of all haematological malignancies registered in WoS. Approximately 1200 haematological malignancies are registered each year across the five NHS Boards in the WoS. The effective management of these patients continues to rely on the coordinated delivery of treatment and care achieved by the close collaboration of professionals from a range of specialties, with seven local MDTs complementing the well established Regional Haemat-oncology MDT.

New Risk-stratified Model of Follow-up for Patients with Curative Lymphomas Endorsed for Regional Implementation.

This year saw the successful conclusion of work to review and redesign Haematology Follow-up Services within WoS, resulting in a more supportive, holistic and person-centred follow-up model for patients with curative lymphomas. The new risk-stratified model was endorsed by RCAG in June 2017 and has been incorporated into the revised regional lymphoma follow-up guideline. The updated guideline has reduced planned follow-up from 5 years to 2 years and has also introduced the use of HNAs and treatment summaries in the follow-up pathway to improve support for patients transitioning from acute to community/self care. The pathway has been implemented in NHS Ayrshire & Arran, NHS Forth Valley and NHSGGC. Implementation in NHS Lanarkshire and NHS Dumfries & Galloway is planned for 2018. Over the coming year, the MCN will continue to liaise with local NHS Boards to ensure that the revised pathway becomes fully embedded in clinical practice.

Optimising Patient Care through Consistency in Clinical Practice

The MCN continues to expand its published clinical document portfolio, with over 27 CMGs/CGDs currently available covering all the major types of haematological malignancies. The MCN has worked closely with the WoS Cancer Pharmacy Network to develop a patient information sheet on generic imatinib for patients with chronic myeloid leukaemia following the end of the original patent protection in December 2016. MCN members also continue to participate in the review and update of systemic anti-cancer therapy protocols. During the last year, early CMG review has been triggered by recently published UK guidance and clinical trials data in addition to SMC approval of a number of new haemat-oncology drugs. Review of a number of regional CMGs has been delayed pending publication of updated British Society of Haematology guidance.

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<tr>
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West of Scotland Cancer Network
Final – Published WoSCAN Annual Report and Work Plan 2017/18 v1.0 21/05/2018
Streamlined Testing for Haematological Malignancies
Work is ongoing through the MCN Molecular Diagnostics Subgroup to develop a regional diagnostic pathway for acute myeloid leukaemia and plans are in place to extend this work to include testing pathways for myeloproliferative neoplasms and lymphoma. The NHSGGC Molecular Diagnostic Pathway Development Joint Working Project continues to develop new testing strategies, including development of next generation sequencing, which could potentially transform the diagnosis and management of a number of haematological malignancies. Clinical reporting of next generation sequencing results is being developed and a submission to the Molecular Pathology Evaluation Panel to support Scotland wide testing pathways for myeloid malignancy testing is currently being prepared.

Clinical Trial Activity in WoSCAN
Clinical trials are a cornerstone of haematologic-oncology and the MCN Clinical Trials Subgroup continues to actively work towards embedding trials in day-to-day clinical practice to improve patient outcomes. Regional clinical trial recruitment has recently been compromised due to limited medical staff time to support clinical trial activity. However, with funding secured from NHSGGC (including research and development) for a fulltime haematology clinical trials consultant, the future for clinical trial availability and accessibility across WoSCAN is promising.

Activity Associated with other Haematological Malignancies
Over the last 10 years, ‘other’ haematological malignancies not included in the QPI programme have consistently accounted for over 40% of all blood cancers and have a major impact on the haematologic-oncology service as a whole. Work is currently being undertaken with pharmacy colleagues and ChemoCare® analysts to review prescribing activity across the region in relation to chronic lymphocytic leukaemia and myeloma to identify any variations which may require further investigation. Clinical trials activity for these ‘other’ malignancies will also be reported to reflect ongoing activity within the MCN. A report is scheduled for publication in May 2018.

Quality and Service Improvement
The third year of lymphoma QPI data was included in a National Lymphoma QPI Audit Report published in November 2017. This contained results for the assessment of performance of lymphoma services for patients diagnosed with lymphoma in Scotland between 2013 and 2016. Although overall performance against the 11 QPIs was generally good across all NHS Boards, no individual NHS Board met all 11 targets. In WoS, pressures on radiology and MDT resources have affected performance against a number of QPIs. However, it is anticipated that the appointments of MDT co-ordinators in NHS Lanarkshire and NHSGGC will lead to an improvement in performance against the MDT QPI target in next year’s results.

Although acute leukaemia QPIs were implemented in July 2014, publication of the first audit report was deferred until 3 years of data was analysed to try to address the small patient numbers associated with certain QPIs. The first WoS audit report will be issued April 2018, with the first ISD national report scheduled for publication later in the year.
National Quality Performance Indicator Review
Following formal review, the revised lymphoma QPIs were published in January 2018. Two new QPIs have been included, focusing on the treatment response in Hodgkin lymphoma and maintenance therapy for follicular lymphoma.

More recently, MCN members have been participating in the formal review of acute leukaemia QPIs, considering potential refinements to the current QPIs to ensure that they remain clinically relevant and focused on areas which will improve the quality of acute leukaemia services across Scotland. This also provides an opportunity to consider future new QPIs.

Learning and Sharing Best Practice
This year’s education event enjoyed a multi-disciplinary programme, including clinical, laboratory and pharmacy presentations. The meeting also welcomed a presentation from neurosurgery on metastatic disease affecting the spine, of particular relevance to the management of patients with multiple myeloma. This has improved referral pathways to this important service.

Next 12 Months - Opportunities Identified
In addition to the core work of the MCN – education, audit, service mapping, and guideline management - in the coming 12 months the following key objectives will be progressed:

- rationalise and co-ordinate testing for haematological malignancies in the WoS;
- develop a robust, sustainable process of evaluating real world outcomes of novel agents in multiple myeloma; and
- undertake an initial survey to map nurse led clinics and activity across the region with a view to sharing best practice.


3.6 Head and Neck Cancer Managed Clinical Network

Clinical Lead: Mr Stuart Robertson (until November 2017)  
Mr Jim McCaul (from November 2017)

Manager: Mrs Heather Wotherspoon

Head and neck cancer is the sixth most common cancer in Scotland (2015), accounting for 4.1% of all cancers. Within the WoS, approximately 600 patients per annum are diagnosed with head and neck cancer. The Head and Neck Cancer MCN continues to support and develop the clinical service for these patients through the two regional MDTs which serve 2.46 million people across the 4 NHS Boards in the region. Over the last year, the MCN, with the support of the Advisory Board, has continued to work closely with local and regional clinical and management teams across the WoS to progress the work plan objectives and drive consistency of practice across the region.

Guideline Development and Review

Six published CMGs, covering all the major types of head and neck cancer, are currently under review following the publication of the latest edition of the Union for International Cancer Controls/American Joint Committee on Cancer staging system (TNM 8). A new guideline on the management of terminal haemorrhage in head and neck cancer has recently been developed and is currently going through the approval process for regional implementation. Work is also underway to expand this guideline to other cancer patient groups. These regional documents continue to promote consistency in clinical practice throughout the WoS and optimise delivery of care.

Work is ongoing to ensure that the WoSCAN Oral Screening Pathway Guideline is aligned to the recently published Restorative Dentistry-UK clinical guideline ‘Predicting and Managing Oral and Dental Complications of Surgical and Non-Surgical Treatment for Head and Neck Cancer’. National funding has been secured to facilitate implementation of a restorative dentistry service to NHS Forth Valley and NHS Lanarkshire and discussions are currently underway locally to agree a service model which will ensure equitable service provision to all patients across the WoS.

Trans-Oral Robotic Surgery

Trans-Oral Robotic Surgery (TORS) is widely available to head and neck cancer patients across England and Wales, in keeping with published UK clinical guidelines. The aspiration of the MCN is to secure access to TORS for WoS patients also. The clinical case for a regional TORS service was endorsed in principle by RCAG Core Group members in September 2016 and a business case was developed. Scottish Health Technologies Group advice issued January 2018 has been discussed through RCAG and short-life working groups are currently being established to reach a regional agreement on the way forward for expansion of the robotic service.

Person-Centred Follow-up

During the last year, the WoS Head and Neck Cancer Nurses Group have been working towards the implementation of HNAs in the head and neck cancer patient pathway to improve patient recovery and well being, following treatment for cancer. Following initial work to map the current use of HNAs across the four Boards, work has now been initiated to extend their use, based on current learning and experience, to ensure region wide delivery of patient-centred care.

Quality and Service Improvement

The third year of head and neck cancer QPI data was reported in December 2017, using clinical audit data relating to patients diagnosed with head and neck cancer in the twelve months between 1 April 2016 and 31 March 2017. It is encouraging to note that targets
relating to pathological diagnosis, imaging, MDT discussion and intensity modulated radiotherapy were consistently met by all Boards. Whilst other QPI targets continue to be challenging, there were notable improvements in performance with regards to pre-treatment oral assessment and nutritional screening across all Boards. Results also indicated good performance in relation to 30 and 90 day mortality rates following surgery, radical radiotherapy and chemoradiotherapy treatments. More recently, MCN members have been participating in the formal QPI review process, considering potential refinements to the current QPIs to ensure more useful and clinically relevant QPIs, particularly in relation to smoking cessation, speech and language therapy and oncology. These will be discussed at the QPI finalisation meeting in May 2018, with publication of revised QPIs later in the year.

Learning and Sharing Best Practice
A successful regional Head and Neck Cancer MCN Event was held in November 2017 and enjoyed a multi-disciplinary programme, with presentations from clinical staff across the MCN. The third year of QPI clinical audit data was also presented, attracting a wide ranging and open discussion. This also provided an opportunity for MCN members to consider possible revisions to the current QPIs and propose new QPIs in advance of the formal review meeting. This year the MCN looks forward to hosting a national education event to engage with colleagues throughout Scotland.

Head and Neck Cancer MCN Research Subgroup
The inaugural meeting of the MCN Research Subgroup took place in August 2017 with wide representation of all staff groups involved in the management of patients with head and neck cancer. Throughout the year, the MCN will continue to work towards strengthening and supporting clinical research activity across the WoS and streamline processes in early course.

Next 12 Months - Opportunities Identified
In addition to the core work of the MCN – education, audit, service mapping, and guideline management - in the coming 12 months the following key objectives will be progressed:

- collaborate with Cancer Research UK Facilitator team in WoS to support ear, nose and throat head and neck referral guidance work in NHSGGC;
- formalise the assimilation of morbidity and mortality reviews into the Regional Head and Neck Cancer MDTs to enhance the delivery of safe effective care;
- work with RCAG to determine the future development of TORS; and
- participate in the planned regional review of oral maxillofacial surgery and ear, nose and throat services for the WoS.
3.7 HepatoPancreatoBiliary Cancer Managed Clinical Network

**Clinical Lead:** Prof Stephen Wigmore  
**Manager:** Mr Lindsay Campbell

The HepatoPancreatoBiliary (HPB) Cancer MCN continues to support and develop the clinical service for patients diagnosed with cancer of the liver, pancreas, gallbladder, bile duct or duodenum each year in Scotland. In 2016 there were 698 pancreas, 535 liver, 266 gallbladder/bile duct and 31 duodenum cancers recorded (1530 in total). Management of patients continues to rely on the coordinated delivery of treatment and care via five specialist centres across Scotland (Aberdeen, Dundee and Inverness in the north; Edinburgh in the south east; Glasgow in the west). The majority of treatment is non-curative, a high proportion of patients present with advanced disease, with five year survival of 3.8% for pancreatic cancer.

**National Guidelines for Equity of Care**

The pancreatic/duodenal cancer guideline is in review to reflect neo-adjuvant treatments through clinical trials, developments in adjuvant treatments and continuing improvements to investigations and staging. The gallbladder/bile duct cancer guideline is currently being updated to include developments in adjuvant treatments and adoption of TNM 8 classification of malignant tumours from January 2018.

**Learning and Sharing Best Practice**

The MCN’s first education event, focussing specifically on hepatocellular carcinoma (the most common form of liver cancer), took place in Glasgow in September 2017. The programme covered the whole patient pathway from surveillance or screening through investigations, transplantation, resection and adjuvant therapy to following up patients using Skype.

Pancreatic Cancer Action developed an [e-learning module on pancreatic cancer for pharmacists and pharmacy support staff](#) in October 2017 to promote early detection across the UK. The MCN is including this module within the Scottish pancreatic/duodenal cancer clinical management guideline.

The MCN’s annual education event in Perth, December 2017, discussed all HPB cancers, looked at how collaboration with the Innovative Healthcare Delivery Programme is realising a specification for a Scottish referral template and Qube (an innovative virtual world) may be suitable for the MDTs.

The Scottish surgeons will meet later this year in Glasgow to review mortality and morbidity outcomes while sharing best practice.

**Quality and Service Improvement**

The 2016 QPIs showed steady improvement with all five centres delivering adjuvant chemotherapy to more than 50% of pancreatic cancer patients after resection. All five centres exceeding the target of 15 nodes examined after pancreatic cancer surgery. Data capture of the number of lesions detected radiologically and Child-Pugh score for patients with hepatocellular carcinoma must improve and this is the focus for the fifth year of reporting. The actions from 2015 were completed and the actions from 2016 are in progress.

The MCN’s analysis of Cancer Registry data from 2001 to 2015 shows a steady increase in the number of patients diagnosed each year, from 990 to 1677 respectively, with small variations by NHS Board between incidence and the 2011 census. The incidence of hepatocellular carcinoma over these fifteen years has doubled while surveillance of patients with cirrhosis has improved yet survival has not improved. This is being investigated further in partnership with the universities, centres and NHS Boards.
The MCN monitors the HPB cancer waiting time standards and during 2017 both the 31 and 62 day standards were met. The MCN regularly reviews the patient pathway with each of the fourteen territorial Boards and NHS Fife recruited a clinical nurse specialist to further improve care with the Edinburgh centre by participating in that MDT in person.

The Glasgow centre is determining the requirements for a liver resection service in the WoS (liver resection services operate in the other two regions through the four centres). This work is being progressed regionally under the auspices of the WoS Health and Social Care Delivery Plan Programme Board.

**External Scrutiny**
The MCN is reviewed every five years by National Services Scotland and the latest review was successfully completed in December 2017. The MCN continues to meet the criteria for national designation and demonstrate achievement of the quality standards. This review also considered the MCN being managed by their National Network Management Service and concluded the existing management through WoSCAN will continue for the next five years.

**National Multi-Disciplinary Working**
The MCN has focused on improving the operation of MDTs as well as identifying Scotland-wide information technology applications, especially for liver cancer patients being considered for transplant at the Scottish Liver Transplant Unit in Edinburgh.

The Aberdeen, Dundee and Inverness MDTs continue to meet monthly to review complex cases while the transition to a weekly North of Scotland MDT is planned through the North of Scotland’s review of cancer services.

The Edinburgh MDT communicates the outcomes in real time to NHS Lothian colleagues only. After a successful pilot with NHS Forth Valley colleagues, communication times have been improved (to within 24 hours) and will be rolled out to the other twelve Boards in Scotland.

**Next 12 Months - Opportunities Identified**
In addition to the core work of the MCN – education, audit, service mapping, and guideline management - in the coming 12 months the following key objectives will be progressed:

- continue to improve the operation of the Edinburgh MDT for all patients referred for transplant suitability;
- continue to analyse hepatocellular carcinoma care in Scotland from 2001 to 2015 and determine outcomes and geographical variations; and
- input to work to determine the requirements for a WoS liver service.
3.8 Lung Cancer Managed Clinical Network

Clinical Lead: Mr John McPhelim (until January 2018)
Dr Joris van der Horst (from February 2018)

Manager: Miss Tracey Cole

In 2016, 2,493 new diagnoses were recorded through the regional lung cancer audit in the West of Scotland; 2,407 primary lung cancers and 86 mesothelioma. Management of these patients relies on well coordinated delivery of treatment and care achieved by the close collaboration of professionals from a range of specialties, configured as 7 MDTs. Lung cancer continues to be more prevalent in those over 60 years of age, with this category accounting for 88% of all new diagnoses.

Despite access to multiple lines of therapy beyond initial treatment and some observed decrease in mortality over the last 10 years, lung cancer patients continue to have one of the poorest survival rates. This is often attributed to late stage of disease at presentation therefore it continues to be a focus of the Scottish Government's 'Detect Cancer Early (DCE) programme'.

Leading National Management of Patients with Malignant Pleural Mesothelioma

A meeting of interested parties, in June 2017, established there was an appetite for standardisation of services across the country in respect of management of patients with malignant pleural mesothelioma. With assistance from Macmillan Cancer Support and Mesothelioma UK and using existing WoS practice as an exemplar, WoSCAN will lead the development of a national network to provide equitable support and services to mesothelioma patients across Scotland. A 'hub and spoke' model is being considered to facilitate access to services and clinical trials for patients across the country.

In parallel with this work, QPIs for malignant pleural mesothelioma will be developed under the auspices of the National Cancer Quality Programme.

Quality and Service Improvement

Regional analysis of lung cancer QPI data, for patients diagnosed in 2016, was published at the end of December 2017. The results demonstrate that on the whole patients in the WoS continue to receive a consistently high standard of care. Additionally, case ascertainment and data capture is of a high standard which enables robust assessment of performance. The results also illustrate however that there are some areas where targets remain challenging for NHS Boards to achieve and there is potential for improvement. Where QPI targets were not met, NHS Boards have reviewed individual cases; review has indicated valid clinical reasons for this and shown that in some cases patient choice or co-morbidities have influenced patient management. Action plans have been developed in response to findings and progress is being monitored by the MCN Advisory Board.

Guideline Review and Development

The CMGs for small cell lung cancer and non-small cell lung cancer required review, both in line with regional governance and also to take account of advances in therapies available to patients with lung cancer. A small working group was created to undertake this work which is progressing well and is expected to be completed early in the 2018/19 work plan.

Electronic Holistic Needs Assessment in NHS Lanarkshire

The NHS Lanarkshire TCAT project focused on assessing the holistic needs of patients after treatment using an electronic assessment tool. This tool helps to identify patient concerns and needs and directs them, as appropriate, within the health service setting or to social care or third sector partners. Within NHS Lanarkshire this model is also being tested with head
and neck and urological cancer patients. Consideration is being given to other mechanisms for effective use of HNA across the WoS in lung cancer patients.

**Next 12 Months - Opportunities Identified**
In addition to the core work of the MCN — education, audit, service mapping, and guideline management - in the coming 12 months the following key objectives will be progressed:

- improvement in the efficiency of the diagnostic pathway, particularly exploring the potential for improved staging at initial diagnosis with twin focus on more patient focused scheduling of key investigations (GP direct computed tomography request, pre booked / linked slots for positron emission tomography in advance of tissue) and improved quality of pre-treatment staging (in particular mediastinal staging by endobronchial ultrasound);
- continuing to progress and provide support to the development and implementation of a national mesothelioma network; and
- working within the National Cancer Quality Programme, manage the development of QPIs for malignant pleural mesothelioma.
3.9 Sarcoma Managed Clinical Network

Clinical Lead: Dr Ioanna Nixon
Manager: Mr Lindsay Campbell

The Sarcoma MCN continues to support and develop the clinical service for approximately 350 patients diagnosed with sarcoma each year in Scotland. In 2016/17 there were 292 cancers recorded in the third year of QPIs. Management of patients continues to rely on the coordinated delivery of treatment and care via five specialist centres across Scotland (Aberdeen, Dundee and Inverness in the north; Edinburgh in the south east; Glasgow in the west). The majority of treatment is surgical, with patients managed by the most appropriate MDT in collaboration with the Scottish Sarcoma MDT, with five year survival of 55%.

National Guidelines for Equity of Care
The positron emission tomography–computed tomography guideline has been updated to reflect the latest practice. The guidelines for bone and soft tissue are being reviewed to reflect the treatments currently available along with developing the guideline for fibromatosis. Regional guidelines for breast sarcoma and head and neck sarcoma are in development in the west (in partnership with the Breast Cancer and Head and Neck Cancer MCNs) utilising Cancer Registry data from 2001 to 2015.

Learning and Sharing Best Practice
Three Scottish education days were held in 2017 and the British Sarcoma Group conference took place in Birmingham, February 2018. Bone Cancer Research Trust held their first meeting of bone tumour patients and carers in parallel with the education day in Perth while GIST Support UK held their third meeting of gastro-intestinal stromal tumour patients and carers in parallel with the education day in Edinburgh. Each Scottish education day covered research, developments, current practice, partnership working with charities, reviews of QPIs and reviews of mortality and morbidity.

Quality and Service Improvement
The report of the 2015/16 QPIs was published in October 2017 while 2016/17 data was published in March 2018. It is extremely encouraging that all three regions have met the target level for primary flap reconstruction and 30 day mortality following curative treatment. Data capture of TNM staging and intent of surgery must improve and this is the focus for the fourth year of reporting. The actions from the second and third years are in progress. The review of the sarcoma QPIs through the national programme are in progress.

The MCN has analysed Cancer Registry data from 2001 to 2015 and it shows an average of 303 patients diagnosed each year with small variations by NHS Board between incidence and the 2011 census. This data will be utilised to analyse treatment across Scotland.

External Scrutiny
The MCN is reviewed every five years by National Services Scotland and the latest review was successfully completed in December 2017. The MCN continues to meet the criteria for national designation and demonstrate achievement of the quality standards. This review also considered the MCN being managed by their National Network Management Service and concluded the existing management through the WoSCAN will continue for the next five years.

National Multi-Disciplinary Working
Analysis of the Edinburgh and Scottish Sarcoma MDTs and Glasgow virtual clinic showed increasing activity and duplication between the MDTs has been eliminated. The patient referral template has been reviewed to further improve efficiency.
Transforming Care After Treatment
The national project for reintegration after cancer treatment (ReACT) completed in December 2017 and realised HNAs and treatment summaries for 51 patients (approximately one third of the teenagers and young adults diagnosed in that period). 14% of the patients had a bone tumour and 2% had soft tissue sarcoma. The assessments and summaries were manually written by the consultants and clinical nurse specialists and well received by patients, carers and GPs.

Scottish Bone Tumour Registry
The MCN (through this subgroup) has agreed the migration to a wholly digital Registry that will be accessible by all five specialist centres (currently only Glasgow) and populated by the clinicians and Scottish Sarcoma MDT Coordinator. The MCN subgroup is currently working with eHealth and information governance colleagues to realise this migration to sustain the third oldest bone tumour registry in the world (started in 1952).

Next 12 Months - Opportunities Identified
In addition to the core work of the MCN – education, audit, service mapping, and guideline management - in the coming 12 months the following key objectives will be progressed:
- continue the improvements in the operation of the sarcoma MDTs;
- migrate the Scottish Bone Tumour Registry to its wholly digital and networked environment; and
- develop the first Scottish sarcoma research strategy.
3.10  Skin Cancer Managed Clinical Network

Clinical Lead: Mr Roger Currie  
Manager: Mr Tom Kane

Malignant melanoma is the fifth most common cancer in Scotland (2015) accounting for 4.3% of all cancers. Incidence rates increased over the last decade by 33% in males and 10% in females. The primary recognised risk factor for melanoma of the skin is exposure to natural and artificial sunlight, especially but not exclusively at a young age. Between 1st July 2016 and 30th June 2017, a total of 605 cases of malignant melanoma were recorded through audit as diagnosed in the WoS. The Skin Cancer MCN also provides care for patients diagnosed with non melanoma skin cancers: squamous cell carcinomas and basal cell carcinomas. The combined numbers of these patients are in the region of 5400 annually.

Joint Working with Regional Skin Cancer Clinical Leads; Developing National Follow-up Guidelines for Skin Cancers

Malignant Melanoma comprises a comparatively small number of patients nationally. The Regional Skin Cancer Clinical Leads (WoSCAN, NOSCAN and SCAN) are now meeting twice per year to share ideas and agree ways in which to collaborate more effectively. One outcome of these meetings was the agreement to take a national approach to the follow-up of skin cancers. Work is underway to develop a National Malignant Melanoma Follow-up Guideline. Once completed and approved by each of the regional MCN Advisory Boards/Groups, the development of national follow-up guidelines for squamous cell carcinoma and basal cell carcinomas will be initiated. It is hoped that these follow-up guidelines will be the first of a number of examples of joint working which will lead to a more national approach to the management of skin cancers.

Improving Access to Clinical Trials/Increasing Focus on Research

The number of new drugs available to treat patients with advanced malignant melanoma has increased considerably over the last ten years. The Advisory Board members agreed that there would be benefit to patient care by developing a skin research subgroup to support the development of skin cancer research. The group has been formed; it has reviewed the current clinical trials taking place in the WoS and noted trials expected to commence internationally in skin cancer over the next few years. In doing so, the research subgroup is actively identifying opportunities for WoS patients to be entered into clinical trials.

Guideline Development and Review

The MCN Advisory Board takes ideas/recommendations from clinicians involved in providing care for patients with skin cancers. Plastic surgeons advised that there would be a benefit in developing a document to ensure that when dermatologists refer patients for surgery, previous biopsy sites have been clearly marked. A CGD, Identification of the Correct Site for Further Treatment with Surgery or Radiotherapy, was subsequently developed and sent to all clinicians in the WoS. It was also highlighted at the regional education event.

Learning and Sharing Best Practice

The MCN provides annual regional education events to provide an opportunity for members from various specialties to engage with colleagues from across the region. A successful half day education event was held in October 2017. A number of subjects were discussed, including: immunotherapy, new treatments for advanced melanoma – the experience in NHSGGC, the implications of the Scottish Intercollegiate Guidelines Network (SIGN 146 – Cutaneous Melanoma) and the most recent audit data. In particular, a session highlighting the benefit of utilising radiotherapy for skin cancers was well received; clinicians acknowledged that is a treatment modality which can be better made use of in future for patients. The MCN also supported the National Scottish Skin Cancer Annual Meeting.
Quality and Service Improvement
The report of the clinical audit data from July 2016 to June 2017, reporting performance against 11 national cutaneous melanoma QPIs, was issued to NHS Boards in February 2018. The results presented illustrated that some of the QPI targets set have been challenging for NHS Boards to achieve and there remains room for further service improvement, specifically around examination of lymph node basins and time to wide local excision. However it is encouraging that targets relating to diagnostic excision biopsy and BRAF status were consistently met by all Boards in 2016/17. Where QPI targets were not met, NHS Boards have provided detailed comment. The MCN Advisory Board is monitoring the returned action plans from the NHS Boards to ensure that appropriate steps are taken to improve standards. MCN members are currently participating in the formal Cutaneous Melanoma QPI review process, considering potential refinements to the existing QPIs to ensure they remain useful and clinically relevant.

Next 12 Months - Opportunities Identified
In addition to the core work of the MCN – education, audit, service mapping, and guideline management - in the coming 12 months the following key objectives will be progressed:
- complete the development of the National Malignant Melanoma Follow-up Guideline;
- develop national follow-up guidelines for squamous cell carcinoma and basal cell carcinomas; and
- assess the outputs of the National DCE Programme in respect of early diagnosis of malignant melanoma, assess the findings of the NHS Forth Valley DCE pilot project (training GPs to use specialist equipment to detect possible skin cancers) and its applicability in the WoS context, and take forward work as directed nationally.
3.11 Upper Gastro-Intestinal Cancer Managed Clinical Network

Clinical Lead: Mr Matthew Forshaw
Manager: Miss Tracey Cole

Over the last 10 years there has been a decrease in the incidence of upper gastro-intestinal (upper GI) cancers and in related mortality. However, there are still over 650 new patients diagnosed with oesophageal or gastric cancers each year in the WoS and in 2016, 452 new oesophageal and 206 new gastric cancers were recorded through the regional audit. Management of these patients relies on well coordinated delivery of treatment and care achieved by the close collaboration of professionals from a range of specialties, configured as four WoS NHS Board MDTs.

Quality and Service Improvement:
Quality Performance Indicators - National Comparison and Survival Analysis
In October 2017, WoSCAN hosted the Annual Scottish Collaborative Oesophago-gastric event in Forth Valley Royal Hospital. This provided an opportunity for the performance against the upper GI cancer QPIs of the three Regional Networks to be fully reviewed and discussed in a wide multi-disciplinary forum. Incremental year on year improvement has been observed in relation to upper GI cancer QPI performance in the WoS.

At this national gathering overall survival outcomes data were also provided by the ISD and the presentation of these results identified opportunities for further interrogation and analysis on a national basis. Further to the extensive re-analysis undertaken by ISD and Mr Forshaw, meetings have been held with all three Regional Cancer Networks in attendance to review and discuss the updated results. A plan detailing local, regional and national actions has been produced and work to address this will continue in the coming months. This will be a substantial focus of the 2018/19 Upper GI Cancer MCN work plan in the WoS, and a full presentation of work undertaken by all three Networks will be given at the 2018 national event.

Quality and Service Improvement:
Dietetics Triage Service Pilot – NHSGGC
Following reported low performance nationally against the initial nutritional QPI published, the nurse endoscopist and dietitian, both of NHSGGC, carried out an audit of dietetic access in Stobhill Hospital which helped to identify potential opportunities for service improvement. A pilot study was undertaken to test changes. All patients were triaged by a clinical nurse specialist and were scored using the Malnutrition Universal Screening Tool; following this, self management information was issued or a referral was made to the dietetic service. This provided a targeted referral to the service at the time when patients were most likely to benefit, rather than blanket referrals being made at the time of initial diagnosis for all patients. Preliminary results have shown an overall reduction in referral rate to dietetic services and an increase in clinical nurse specialist management of this aspect of patient care. Patient feedback has also been positive; receiving the information via the clinical nurse specialist at the initial consultation rather than having ‘another appointment’ was welcomed. Results also suggest a reduction in waiting times which is currently being examined further. Following appraisal of the pilot, the next steps will be to look at the feasibility of a wider roll out of the service changes.

Enhanced Recovery After Surgery
A consultant upper GI surgeon has been leading an enhanced recovery after surgery (ERAS) programme of work in the WoS. Following a meeting of interested parties from across the region in November 2017 there was enthusiasm and agreement for a regional ERAS programme, following oesophago-gastric surgery, to be developed. A pilot ERAS service has been running in Glasgow Royal Infirmary, NHSGGC, and plans are in development to
roll this out in all WoS NHS Boards. This work will be presented at the Annual Scottish Collaborative Oesophago-gastric event in 2018.

**Next 12 Months - Opportunities Identified**

In addition to the core work of the MCN – education, audit, service mapping, and guideline management - in the coming 12 months the following key objectives will be progressed:

- utilise findings of the national survival analysis to understand local, regional and national differences and address action plans developed; and
- audit of Deep Venous Thrombosis prophylaxis following the introduction of FLOT (Fluorouracil, Leucovorin, Oxaliplatin, Docetaxel (Taxotere)) chemotherapy regimen.
3.12 Urological Cancer Managed Clinical Network

Clinical Lead: Mr Gren Oades
Manager: Mr Tom Kane

The aim of the Urological Cancers MCN is to support and develop services for multiple urological cancer types: bladder, kidney, penile, prostate and testicular cancers. Approximately 2900 new patients are diagnosed annually in the WoS, just over half of which are prostate cancers. Prostate cancer is the most common cancer in men, accounting for slightly more than one in five cancers in men. The incidence rate of prostate cancer has decreased very slightly by 0.5% over the last decade, though this change is not statistically significant. Prostate cancer incidence is likely to be influenced by the extent of prostate-specific antigen testing among men. There has been a decrease in bladder cancer of 6% in males and an increase of almost 2% in females during the last ten years. Cancers of the kidney continue to show significant increases in incidence rates over the last ten years of 28% and 20% for males and females, respectively.

Regional Robotic Service for Prostatectomy
The Regional Robotic Service for Prostatectomy (RRS) located within the Queen Elizabeth University Hospital Glasgow, commenced in April 2016. The regional service is performing both robotic and open prostatectomies, with patients being referred by each NHS Board. Considerable progress has been made: a planning meeting for the RRS team is in place, the RRS now has a full complement of four robotically trained urological surgeons and waiting times have improved significantly. Work is continuing to ensure that the best use is made of e-referrals and treatment summaries. Work is also being taken forward to audit prostatectomy practice in the WoS. In conjunction with colleagues from regional communication departments, a newsletter was developed for distribution throughout the WoS and a patient was interviewed on the national media expressing his positive experience. In addition, the RRS was awarded the Chairman of NHSGGC’s Gold Medal in the Patient Centred Care category.

Potential development of a Regional Robotic Service for Partial Nephrectomies
Following on from the successful introduction of the robot to operate on patients who require surgery for their prostate cancer, the clinical lead of the MCN has been involved nationally in reviewing the clinical evidence to support using the robot to remove part of a kidney. The evidence within the literature was recently published and is quite positive. The process will now begin to investigate the potential of developing a regional robotic service in the WoS for partial nephrectomies.

Regional Review of Urology Services
The MCN has been involved in this major piece of work looking at both cancer and non-cancer urology services across the WoS. The review was commenced following guidance from the National Planning Forum that each region should undertake a review of adult urology services. The review aims to develop a plan which will deliver a modern, fit for purpose, service model for adult urology services across the WoS which recognises the changes to provision of radical prostatectomy, the impact this will have on the provision of other uro-oncology services and considers the wider challenges facing the adult urology services in general. It has been agreed by the group members that the future model should ensure quality services are provided in the right place, at the right time by the most appropriate clinician through the entire patient pathway he MCN will take forward actions as requested once the outcome of the review is known.

Development of a Regional Renal MDT
The MCN is taking forward the development of regional tumour specific MDT Meetings. In the first instance, work is being progressed to develop a regional Renal MDT. Meetings have
taken place with colleagues from pathology and radiology, who are in support of the development of the MDT. A bid for funding to provide support for this MDT has been approved. Meetings are being planned for wider consultation to ensure support from clinical and managerial colleagues.

**Quality and Service Improvement**
The MCN has multiple cancer types; the data is downloaded and the reports for each cancer type are developed at intervals throughout the year. Areas for improvement have been identified across all of the cancer types within urology. The level of detail contained within the returned action plans indicates that NHS Boards are responding positively to the requested actions contained in the clinical audit reports. The MCN Advisory Board continues to monitor progress throughout the year.

MCN members are currently participating in the formal QPI review process for bladder and testicular cancers, considering potential refinements to the current QPIs to ensure they remain useful and clinically relevant.

**Guideline Development and Review**
Development and update of CMGs and CGDs remains a core component of MCN activity with significant progress made throughout the year.

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<th>CLINICAL MANAGEMENT GUIDELINES &amp; CLINICAL GUIDANCE DOCUMENTS (Published April 2017 – March 2018)</th>
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</thead>
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<tr>
<td>Non Muscle Invasive Bladder Cancer CMG v1.1 July 2017</td>
</tr>
<tr>
<td>Penile Cancer CMG v2.0 July 2017</td>
</tr>
<tr>
<td>Non Metastatic Renal Cancer CMG v2.0 August 2017</td>
</tr>
<tr>
<td>Metastatic Renal CMG v6.0 August 2017</td>
</tr>
<tr>
<td>Castration Resistant Prostate CMG v6.0 August 2017</td>
</tr>
<tr>
<td>Renal Follow-up v3.0 October 2017</td>
</tr>
<tr>
<td>Testes Follow-up v3.1 October 2017</td>
</tr>
<tr>
<td>Muscle Invasive Bladder Cancer CMG v4.2 January 2018</td>
</tr>
<tr>
<td>Castration Resistant Prostate CMG v6.1 February 2018</td>
</tr>
</tbody>
</table>

**Next 12 Months - Opportunities Identified**
In addition to the core work of the MCN – education, audit, service mapping, and guideline management - in the coming 12 months the following key objectives will be progressed:
- support the ongoing development of the RRS for Prostatectomy;
- take forward actions as requested once the outcome of the regional review of urology is known;
- develop a Regional Renal MDT; and
- investigate the potential to develop a Robot Assisted Laparoscopic Partial Nephrectomy Service.
4. West of Scotland Primary Care Cancer Network

Clinical Lead: Dr Douglas Rigg
Manager: Mr Kevin Campbell

In addition to lead cancer general practitioners (GPs) from each NHS Board, the Primary Care Cancer Network (PCCN) Steering Group is constituted by a range of other healthcare professionals who work in the primary care setting, together with patient and carer representation. The PCCN has a pivotal role in supporting the interface between primary and secondary care. Dr Douglas Rigg has recently been appointed as Clinical Lead for the PCCN, replacing Dr Ken O’Neil.

Supporting the Detect Cancer Early Programme – Bowel Screening

Early indications are that introduction of the quantitative faecal immunochemical testing (qFIT) test for bowel screening has resulted in a significant improvement in uptake of testing and a resulting increase in the numbers referred for colonoscopy. It is hoped that adoption of qFIT will lead to patients with bowel cancer being diagnosed earlier.

Work is ongoing both nationally and locally to consider widespread introduction of qFIT into the diagnostic pathway for those with colorectal symptoms and for this investigation to be directly accessible by GPs, potentially reducing the number of referrals to hospital. This has the potential to be a very effective tool in excluding diagnosis of serious bowel disease and reducing the need for invasive diagnostic investigation.

Nurse-led Cancer Care Reviews

Outcomes from the various regional Transforming Care After Treatment (TCAT) projects have been circulated widely. Local NHS Board GP leads have been involved in the various local TCAT projects through their respective project implementation groups. Project updates, outcomes and reported evaluations have been widely circulated to ensure ongoing awareness of TCAT developments and share the learning accrued.

Outcomes of the NHS Lanarkshire project, which promotes the introduction of nurse-led cancer care reviews, were presented at the PCCN education event in October 2017. The PCCN is engaging with Cancer Research UK to consider a joint approach in regard to future practice education and training events.

Supporting Regional Implementation of LHRH analogue of Choice for Patients with a New Diagnosis of Prostate Cancer

The PCCN worked in collaboration with local pharmacy and urology colleagues, to ensure widespread dissemination of advice regarding the introduction of Leuprorelin as LHRH analogue of choice for patients with a new diagnosis of prostate cancer, ensuring a consistent and clinically effective approach to the management of patients across the WoS.

Integration: Service Improvement Opportunities

Engaging widely with GPs and primary care teams, the PCCN intends to provide a conduit for regional communication in regard to developments in cancer care and to help facilitate service improvement in this area. Enabling this requires establishing connections between primary and secondary care services; mapping existing points of contact, information needs and flows, identifying service gaps and highlighting potential development opportunities.

The PCCN, through participation in the national review of referral guidelines, will contribute to strategies to support early presentation, referral and diagnosis. It is hoped to utilise developing opportunities to promote this, for example, extending GP direct access to diagnostic testing and introduction of qFIT as an exclusion test for colorectal cancer.
Additionally, there are opportunities for the PCCN to work with the tumour-specific MCNs that have revised patient-centred follow-up models, to determine how primary care teams may be able to support patients in the community and avoid unnecessary hospital visits.
5. **West of Scotland Pharmacy Cancer Network**

The West of Scotland Pharmacy Cancer Network facilitates a co-ordinated and collaborative approach to the planning and delivery of pharmaceutical care to cancer patients across the west of Scotland. Members of the group also contribute to a range of multi-professional groups at regional and national level and support the MCNs and the RCAG Prescribing Advisory Subgroup to promote an equitable approach to the safe, clinical and cost effective use of cancer medicines. The group continues to support access to cancer medicines and safe delivery of systemic anti-cancer therapy (SACT) services:

- **SACT Future Service Delivery**
  Significant time and dedicated senior pharmacy resource and expertise was allocated to support the delivery of this strategic review. The work delivered is described elsewhere in this report.

- **Chemotherapy Electronic Prescribing and Administration System**
  Substantive national funding was secured for a new clinical support model for the Chemotherapy Electronic Prescribing and Administration System. This is now being implemented and will deliver a more responsive and sustainable service to Boards and users. Reporting from ChemoCare® is now a well-established service and continues to be enhanced and developed. Reports delivered include routine quarterly 30 day mortality reports, ad hoc reports to support clinical effectiveness projects, freedom of information requests, medicine utilisation data to inform Scottish Medicines Consortium Forward Look projections and activity reports for service planning.

- **Horizon Scanning: Regional Analysis of Potential Cancer Medicines Developments**
  Building on Scottish Medicines Consortium Forward Look reports, regular horizon scanning updates on predicted budget impact of new cancer medicines developments continued to be issued to NHS Boards. While support for budget impact predictions is well established, the service impact of new cancer medicines is presenting challenges for NHS Board service planning. The group has continued to engage with local cancer managers and SACT groups to develop service impact assessments.

- **Compliance with Chief Executive Letter 30 (2012) Guidance for the Safe Delivery of SACT**
  The group contributed, through the West of Scotland SACT Executive, to the refresh of the Healthcare Improvement Scotland SACT governance framework. SACT protocols and supportive treatment guidelines continued to be reviewed and maintained.

- **Access to Cancer Medicines**
  The Pharmacy Cancer Network continues to support the managed clinical networks and Regional Cancer Advisory Group Prescribing Advisory Subgroup to implement new cancer medicines accepted by SMC. The group also continued to support local Board Individual Patient Treatment Request (IPTR) processes by sharing the work on writing cancer medicine evidence briefings for IPTR panels across the region.
6. Conclusion

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. While highlighting key achievements and work in progress, the report also acknowledges some of the many opportunities that regional networking seeks to realise.

Over the coming year WoSCAN will continue to, based on effective collaborative partnership working, focus efforts on priority areas identified in this report. Alignment with the WoS Health and Social Care Delivery Plan and local NHS Board Delivery Plans will be reflected in WoSCAN’s 2018/2019 Consolidated Regional Work Plan, ensuring a cohesive approach in driving forward improvements in care, outcomes and patient experience.
## Glossary of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>CGD/CGDs</td>
<td>Clinical Guidance Document/s</td>
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<tr>
<td>CMG/CMGs</td>
<td>Clinical Management Guideline/s</td>
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<tr>
<td>CNS</td>
<td>Central Nervous System</td>
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<td>DCE</td>
<td>Detect Cancer Early</td>
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<tr>
<td>ERAS</td>
<td>Enhanced Recovery After Surgery</td>
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<tr>
<td>GP</td>
<td>General Practitioner</td>
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<tr>
<td>HNA</td>
<td>Holistic Needs Assessment</td>
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<tr>
<td>HPB</td>
<td>HepatoPancreatoBiliary</td>
</tr>
<tr>
<td>IPTR</td>
<td>Individual Patient Treatment Request</td>
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<tr>
<td>ISD</td>
<td>Information Service Division</td>
</tr>
<tr>
<td>MCN/MCNs</td>
<td>Managed Clinical Network/s</td>
</tr>
<tr>
<td>MDT/MDTs</td>
<td>Multi-Disciplinary Team/s</td>
</tr>
<tr>
<td>NHSGGC</td>
<td>NHS Greater Glasgow and Clyde</td>
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<tr>
<td>NOSCAN</td>
<td>North of Scotland Cancer Network</td>
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<tr>
<td>PCCN</td>
<td>Primary Care Cancer Network</td>
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<tr>
<td>qFIT</td>
<td>Quantitative Faecal Immunochemical Test</td>
</tr>
<tr>
<td>QPI/QPIs</td>
<td>Quality Performance Indicator/s</td>
</tr>
<tr>
<td>RCAG</td>
<td>Regional Cancer Advisory Group</td>
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<tr>
<td>RRS</td>
<td>Regional Robotics Service</td>
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<tr>
<td>SACT</td>
<td>Systemic Anti-Cancer Therapy</td>
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<tr>
<td>SCAN</td>
<td>South East of Scotland Cancer Network</td>
</tr>
<tr>
<td>SMC</td>
<td>Scottish Medicines Consortium</td>
</tr>
<tr>
<td>TCAT</td>
<td>Transforming Care After Treatment</td>
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<tr>
<td>TORS</td>
<td>Trans-Oral Robotic Surgery</td>
</tr>
<tr>
<td>Upper GI</td>
<td>Upper Gastro-Intestinal</td>
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<tr>
<td>WoS</td>
<td>West of Scotland</td>
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<td>WoSCAN</td>
<td>West of Scotland Cancer Network</td>
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</table>
Appendix 1 – 2017/2018 Regional Work Plan: End Year Position

1. Background

Successful implementation of the Cancer Plan requires a unified approach from all healthcare organisations at all levels in Scotland. This means working together in a programme structure, led and directed by the Scottish Cancer Taskforce and the National Cancer Clinical Services Group. Well established national programmes for Detect Cancer Early, Access, Quality, Radiotherapy, Transforming Care after Treatment (TCAT) and Informatics are already in place with substantive input from west of Scotland (WoS) personnel.

The WoS Regional Planning Group through the Regional Cancer Advisory Group (RCAG) will continue to provide the main vehicle through which the Cancer Plan will be delivered with some actions being progressed at different levels: national, regional or local.

This high level plan sets out WoSCAN’s work programme for 2017/18. This work programme is aligned to current national priorities and those being progressed by 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.

This plan is underpinned by more detailed work plans for agreed regional work streams (e.g. Systemic Anti-Cancer Therapy (SACT), Acute Oncology, and TCAT); regional Managed Clinical Networks (MCNs) (Breast, Colorectal, Head & Neck, Urological, Skin, Lung, Gynaecological, Haematological, and Upper Gastro-intestinal cancers and Primary Care); national Managed Clinical Networks (Sarcoma, Neurological and HepatoPancreatoBiliary cancers); and specialty networks (e.g. Pharmacy and Nursing). Individual MCN work plans can be sourced via WoSCAN website www.woscan.scot.nhs.uk
2. Regional Work Plan 2017/18

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<thead>
<tr>
<th>Progress Status</th>
<th>Description</th>
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<tr>
<td>BLUE</td>
<td>Completed – objective achieved.</td>
</tr>
<tr>
<td>GREEN</td>
<td>On track to be completed within timescales.</td>
</tr>
<tr>
<td>AMBER</td>
<td>Some delay, but expected to be completed (e.g. will be complete within 1-3 months of original timescale).</td>
</tr>
<tr>
<td>RED</td>
<td>No progress or major delay in implementation (e.g. delay of 4 months or more).</td>
</tr>
</tbody>
</table>

2.1 PREVENTION, REDUCING RISK and EARLY DETECTION

2.2 ACCESS

2.3 DIAGNOSTICS

2.1 Prevention, Reducing Risk and Early Detection

- 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.
- Five years on since the Detect Cancer Early (DCE) Programme was launched there has been an increase in stage I bowel, breast and lung cancers combined coming from the most deprived areas of Scotland (16.3% increase) and stage I lung cancers alone increasing by a third (35.8%). This increases again to 44.1% in areas of highest deprivation. Going forward the focus on breast, bowel and lung cancers will continue with support being provided for local tests of change for introducing additional tumour groups into the DCE Programme. This has commenced with malignant melanoma. Marketing campaigns will continue to target areas of high deprivation.
- Nationally 'the wee c' initiative, that aims to change perceptions and attitudes to cancer in Scotland in a bid to reduce fear around the disease and encourage earlier presentation, will continue.
- 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. Latest statistics published by NHS National Services Scotland’s Information Services Division (ISD) in April 2017, provide uptake of breast screening over the last 2013-2016 three year period: national uptake has fallen by 0.6% from 72.5% in 2012-2015 to 71.9% in 2013-2016 however continues to exceed the 70% minimum performance standard. Within the WoS, NHS Ayrshire and Arran and NHS Forth Valley exceeded the standard and NHS Greater Glasgow and Clyde (NHSGGC) and NHS Lanarkshire had uptake of 67.5% and 68.6% respectively. ISD, per statistics from the Scottish Bowel Screening Programme, provided performance against the national Key Performance Indicators for the uptake of bowel screening (for invitations between May 2014 to April 2016) against a 60% target with WoS performing as follows: NHS Ayrshire and Arran 56.7%, NHS Forth Valley 57.9%, NHSGGC 52.5% and NHS Lanarkshire 52.8%. Uptake of cervical screening for the year 2015-2016 (per ISD’s published statistics based on the pre-2006 Health Board configuration) for the WoS was: former Argyll and Clyde 70.7%, NHS Ayrshire and Arran 71.8%, NHS Forth Valley 72%, Greater Glasgow 63.5%, NHS Lanarkshire 71.2%.

2.2 Access

- Significant work continues to be undertaken by WoS NHS Boards to maintain and improve performance against cancer access standards, with work continuing to be undertaken to assure compliance in those cancers not nationally reported. In the quarter ending December 2016, WoS performance for the 62 day standard was 88.8% with 3 of our 4 WoS NHS Boards not meeting the 95% standard (NHS Ayrshire and Arran, NHS Forth Valley and NHSGGC). Performance against the 31 day standard sees 3 out of 4 Boards meeting this standard. A review of cancer standards is currently underway.
2.3 Diagnostics

- Genetics services continue to be coordinated nationally via 4 centres of which Glasgow is one.
- A national molecular pathology group is now well established, overseeing the implementation of new molecular tests. WoSCAN is inputting to this work.
- The number of companion diagnostic tests carried out by histopathology departments continues to increase. There is a need to ensure a consistent approach for patient pathways across Scotland. WoSCAN will work closely with laboratory colleagues and the Scottish Pathology Network to progress this work.
- The indications for PET-CT were reviewed in 2016/17 and the final report is awaited. PET-CT capacity in the region is challenged, given current demand. Discussion is ongoing around securing additional capacity for WoS patients.
- The implications of TMN 8 staging have been assessed by the MCNs, with guidance awaited from the Scottish Pathology Network regarding implementation. Anticipated that transition to TNM 8 (for all sites where transition is deemed appropriate) will be undertaken by January 2018.

Specific activities that will be taken forward regionally via the Network and its constituent MCNs and Regional Groups, in conjunction with WoS Boards in 2017/18 are detailed below.

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<thead>
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<th>Issue</th>
<th>Actions</th>
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<th>Due</th>
<th>Outcome</th>
<th>Updated Position</th>
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<tr>
<td>Detect Cancer Early</td>
<td>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.</td>
<td>Cancer Managers</td>
<td>Ongoing</td>
<td>▪ Shared intelligence and learning across NHS Boards.</td>
<td>GREEN</td>
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<tr>
<td></td>
<td>Support test of change in NHS Forth Valley to support the early detection of melanoma in primary care and share learning across the region. Assess potential for wider roll out.</td>
<td>RC/TK</td>
<td>Jan 18</td>
<td>▪ Evaluated test of change to support early detection.</td>
<td>AMBER</td>
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<tr>
<td>Bowel Screening</td>
<td>Support the introduction of quantitative FIT testing to the National Bowel Screening programme.</td>
<td>KO’N/KC/PH</td>
<td>Nov onwards</td>
<td>▪ Supported introduction across the region.</td>
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West of Scotland Cancer Network
Final – Published WoSCAN Annual Report and Work Plan 2017/18 v1.0 21/05/2018
numbers of patients requiring colonoscopy following positive test result. Boards monitoring cancer yield.

| 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/RLCC/RMC | Ongoing | ▪ Targeted work to address issues identified.  
▪ Revised national cancer standards agreed. |
|-------------------------------------------------|-------------------------------------------------|--------------------------|---------|--------------------------|

Input to the national review of cancer access standards.

- Position at March 2018, for the period October to December 2017, in the WoS.  
  62 days 86.6%  
  31 days 95.4%  
  Work ongoing within each Board.

- National Ministerial Cancer Performance Delivery Group established with input from WoS. National Clinical Consensus Event scheduled for 02/05/2018 in which clinical consensus on the optimal steps and timelines in each cancer pathway will be sought: WoS representation confirmed.

Assess regional implications of the findings of routes to diagnosis audit (35 practices within the region are participating).

- Assessment of findings to inform regional/local improvement work.
- Findings from audit were reported by CRUK colleagues to RCCLG in December 2018. Primary Care Cancer Network reviewing findings.

| Molecular Pathology and Laboratory Services | Support the introduction of new tests across the region, ensuring equity of access. | RMC/MCN Clin Leads/Man | Ongoing | ▪ Agreed model for service provision.  
▪ Supports timely and efficient introduction into practice. |
|---------------------------------------------|---------------------------------------------|-------------------------|---------|--------------------------|

Regional process established.

GREEN
<table>
<thead>
<tr>
<th>Undertake horizon scanning for companion diagnostic tests.</th>
<th>Relevant MCNs/ Histopathology Mgt</th>
<th>Ongoing</th>
<th>• Consistent regional and national approach to the implementation of testing pathways across the region/NHS Scotland.</th>
<th>• Forward look undertaken.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microbiology &amp; Virology Diagnostic Services</td>
<td>Support the introduction of newer rapid molecular tests, including next generation sequencing (NGS) across services. Scope 24/7 working/automation/bioinformatics to support NGS work.</td>
<td>Relevant MCNs/SMVN/ Microbiology Mgt</td>
<td>Ongoing</td>
<td>• Equity of access to new tests. • Rapid/sensitive diagnostics that can impact positively on patient pathway/quality, improve antimicrobial stewardship and reduce costs.</td>
</tr>
<tr>
<td>Haematology/MCNS</td>
<td>MCN input to joint industry project: next generation molecular testing. For leukaemia, undertake work to further rationalise and coordinate testing for liquid haematological malignancies across the region.</td>
<td>MD</td>
<td>Ongoing</td>
<td>• Active research &amp; development profile. • AML Diagnostic pathway endorsed and formally issued for local implementation.</td>
</tr>
<tr>
<td></td>
<td>For lymphoma, scope a proposal for a Specialist Integrated Haematological Malignancy Diagnostic Service for the West of Scotland based on NICE guidelines published in May 2016. To include a review of emerging technology.</td>
<td>MD/ Histopathology Mgt/ Genetics Mgt (NHS GGC)</td>
<td>Dec 17</td>
<td>• Production of a single integrated, accurate and retrievable diagnostic report. • Pooling of diagnostic resource, improving resilience.</td>
</tr>
<tr>
<td><strong>PET/CT</strong></td>
<td>Support completion of work to conclude the national review of PET-CT clinical indications. Work with clinical teams and service provider to take forward recommendations.</td>
<td>RMC/MCN Clin Leads</td>
<td>Aug 17</td>
<td>- Sequences appropriate workflow to eliminate duplication. - Clinical trial/epidemiology benefits. - Evidence based referral protocols for all indications. - Optimisation of scanner utilisation. - Review of service sustainability and case for additional capacity.</td>
</tr>
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</tr>
<tr>
<td><strong>Histopathology Services</strong></td>
<td>Participate in the digital pathology project (being run in conjunction with Shared Services). This involves NHS GGC and NHS Lothian.</td>
<td>SPAN/ Histopathology Mgt</td>
<td>NHSGGC</td>
<td>- If pilot successful, wider implementation planned. - Improved turnaround times. - Sharing of images on a national basis. - Rapid transfer of cases for specialist opinion. - Optimise use of available workforce.</td>
</tr>
</tbody>
</table>
| Pre biopsy MRI for prostate cancer | Urology MCN/Diagnostics Mgt | TBC | • Agreed model of service provision.  
• Supports timely and efficient introduction into practice. | • Part of regional review of urology service work being taken forward.  
• At April 2018, awaiting outcome of review. |
| Renal RFA | Urology MCN/Diagnostics Mgt NHS GGC | TBC | • National service bid. | • Diagnostics General Manager advises that they are not yet in a position to commence this. |

2.4 TREATMENT

2.4.1 MULTI DISCIPLINARY TEAM (MDT) MEETINGS (cross reference section 2.7)

<table>
<thead>
<tr>
<th>Issues</th>
<th>Actions</th>
<th>Lead</th>
<th>Due</th>
<th>Outcome</th>
<th>Updated Position</th>
</tr>
</thead>
</table>
| Regional MDTs for Urological Cancers | Review current MDT practice across the region.  
Define requirements for site specific regional MDTs.  
Support development and improvement of regional surgical planning meeting for robotic prostatectomy and communication back to referring teams. | MCN Lead & Man (GO/TK)  
RLCC | Jul 17  
Aug 17  
Ongoing | • Baseline defined and optimal model for regional MDTs agreed.  
(Implementation, if agreed, will be progressed in conjunction with wider regional work looking at urology services across the region).  
• Improved regional processes and communication between clinical teams/MDTs. | • Paper discussed at WoS Urology Service Review SLWG and WoS Urology Cancer MCN Advisory Board.  
• Requirements defined for a regional renal MDT.  
• March 2018: RCAG supports the development of a regional renal MDT; work to carry forward into 2018/19.  
• Work continues through regional group. |
2.4.2 SURGICAL ONCOLOGY

A key action within Beating Cancer: Ambition and Action is to apply the National Clinical Strategy to Cancer Services. At a national level there is recognition of the need to agree a programme of work around surgical service provision. This will be progressed via the National Cancer Clinical Services Group. Work previously initiated to consider head & neck cancer services has stalled and the national group has been stood down. Attention is currently focused on urological cancer services and is being progressed through the 3 Regional Planning Groups.

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

- The regional Minimally Invasive Radical Prostatectomy (MIRP) service was established in April 2016. While there have been workforce challenges, a significant number of robotic cases have been undertaken with good clinical outcomes. Work continues to embed the agreed clinical pathway in practice and strengthen communication between the surgical centre and local units.

- Work to determine the future service model for other urological cancers is being progressed as part of the wider review of urology services. This will result in service change and a reduction in the number of units performing some types of surgery. Reconfiguration of MDTs will also be required and scouting work to determine the implications of this are underway. Pathways have been agreed to support establishment of national service for retro peritoneal lymph node dissection.

- Three clinical cases for the expansion of robotic surgery have been developed. These are now subject to health technology appraisal and consideration by the National Planning Forum.

- RCAG have supported taking forward the development of a business case to establish a regional liver service. This work is being led by NHS Greater Glasgow and Clyde.

- Early discussions have been initiated with NHS Dumfries and Galloway regarding a potential change to existing pathways/patient flow.

Specific activities that will be taken forward regionally via the Network and its constituent MCNs and Regional Groups, in conjunction with WoS Boards in 2017/18 are detailed below.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Actions</th>
<th>Lead</th>
<th>Due</th>
<th>Outcome</th>
<th>Updated Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced Recovery After Surgery (ERAS)</td>
<td>Continue to share best practice across the region/specialties to support the embedding of ERAS in routine clinical practice.</td>
<td>KC</td>
<td>Mar 17</td>
<td>• ERAS pathways implemented in practice.</td>
<td>Implementation of ERAS for major gynaecological surgery in NHSGGC (Clyde) has shown very good initial results, e.g. average length of stay reduced from 3 to 2 days. NHSGGC wide extended implementation is now complete.</td>
</tr>
<tr>
<td>Gynaecological Surgery</td>
<td>Take forward work to formalise regionally, the existing local arrangements for multidisciplinary approach to complex surgical debulking.</td>
<td>KC/KB</td>
<td>Apr 18</td>
<td>Sustainable service model.</td>
<td>Local (district general hospitals) arrangements will remain as informal links between gynaecology and other surgical specialities; patient numbers do not necessitate dedicated ‘joint’ lists. Specialist surgical team at Glasgow Royal Infirmary working with other specialty groups and managers to determine dedicated joint working capacity requirements and consider how this can be sustainably supported.</td>
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<tr>
<td>Liver Surgery</td>
<td>Input to the development of business case to take forward the development of a regional liver surgery service.</td>
<td>RMC/RLCC</td>
<td>TBC</td>
<td>Business case based on regional requirements.</td>
<td>Regional Liver Services Short Life Working Group established. At 15/03/2018 meeting, each WoS NHS Board provided current pathways. Revised options paper to be presented at 24/05/2018 meeting.</td>
</tr>
</tbody>
</table>
| Minimally Invasive Radical Prostatectomy | Working with service provider, streamline and strengthen regional processes that underpin service delivery:  
- Structure and functioning of the surgical planning meeting. | RMC/RLCC/GO/TK | Ongoing | Improved efficiency and effectiveness of regional processes. | Agreed actions being taken forward from short life working group; next meeting April 2018. |
<table>
<thead>
<tr>
<th>Urological Surgical Services</th>
<th>Communication between the Centre and Local Units.</th>
<th>Monitor and report clinical outcomes.</th>
<th>NHS GGC</th>
<th>3 monthly</th>
<th>• Robust governance and reporting mechanisms. Assurance of quality of care.</th>
<th>• Outcome data shared with referring clinicians.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▪ Define optimal service models for each cancer type.</td>
<td>(cross reference 2.4.1 MDTs above)</td>
<td>RLCC/RMC/GO/TK</td>
<td>Ongoing</td>
<td>• Agreed optimal service models for each cancer type.</td>
<td>▪ Models defined and discussed by WoS Urology Service Review Group, subsequently approved by Urology Cancer MCN Advisory Board.</td>
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<tr>
<td></td>
<td>▪ Support implementation planning.</td>
<td></td>
<td>Jun 17</td>
<td>TBC</td>
<td></td>
<td>▪ March 2018: Regional Cancer Advisory Group supports the development of a regional renal MDT; work to carry forward into 2018/19</td>
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<tr>
<td>Robotic Surgery</td>
<td>Provide evidence and clinical input to inform the national review of other clinical indications: trans oral resection; partial nephrectomy and low rectal cancer.</td>
<td>Pending outcome of the review and national agreement regarding extending the use of robotic surgery:</td>
<td>GO/SR/RM</td>
<td>May 17</td>
<td>• Robust clinical case(s) for new indications.</td>
<td>▪ Clinical cases for trans oral resectional surgery and partial nephrectomy prepared and submitted to Regional Cancer Advisory Group, where these were endorsed.</td>
</tr>
<tr>
<td></td>
<td>▪ Support development of business case(s) for submission to Regional Planning Group.</td>
<td>Pending outcome of Regional Planning Group decision:</td>
<td></td>
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<td></td>
<td>▪ Business cases drafted.</td>
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<td></td>
<td>▪ Support service development, ensuring focus retained on regional service delivery.</td>
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<td>▪ Health technology assessments reported.</td>
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<td></td>
<td>▪ Regional short life working group being convened to determine next steps.</td>
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</table>
### Head & Neck

Determine further work required to ensure future service sustainability across the region, in relation to oral maxillofacial and ear, nose and throat.

**RMC/RPD**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Actions</th>
<th>Lead</th>
<th>Due</th>
<th>Outcome</th>
<th>Updated Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep-17 tbc</td>
<td></td>
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</tbody>
</table>

- Scope for work to be undertaken agreed.
- Work to be taken forward under the auspices of the WoS Specialist Services Planning Group. Scoping paper being prepared.

### 2.4.3 RADIOTHERAPY

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

- The Lanarkshire Beatson opened on schedule in December 2015 with 2 linear accelerators operational. Following a phased implementation, services are now delivered in each of the agreed tumour types: breast, lung, prostate and colorectal. Utilisation is lower than anticipated in the Full Business Case. We have yet to hit a full year of steady state activity due to the phased implementation referred to above. Further, in a number of high volume tumour sites such as breast and prostate cancer there have been major clinical changes introduced following the publication of practice changing clinical trials many of which included patients from the WoS. These have seen a change towards “Hypofractionation” where the same clinical outcomes can be generated by treating with a smaller number of radiotherapy treatments (fractions).
- 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 2017/18 and beyond.
- The national radiotherapy sub-group of the National Cancer Clinical Service Group continues to provide the strategic direction for the development and delivery of radiotherapy services across NHS Scotland. Colleagues from the BWoSCC actively participate in this group.

Specific activities that will be taken forward regionally via the Network and its constituent MCNs and Regional Groups, in conjunction with WoS Boards in 2017/18 are detailed below.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Actions</th>
<th>Lead</th>
<th>Due</th>
<th>Outcome</th>
<th>Updated Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Lanarkshire Beatson</td>
<td>Continue to monitor and optimise service utilisation via the BWoSCC Radiotherapy Management Group.</td>
<td>DD/MMcC</td>
<td>Monthly</td>
<td>Optimal use of resource across the region.</td>
<td>Lanarkshire Beatson booked utilisation has increased to 92% (November 2017) for radical treatments. The roll out of palliative treatments: consultant oncologists have identified some patients, over the past 6 months, who required planning and treatment at the Lanarkshire Beatson, however the official rollout of the service will commence late March 2018.</td>
</tr>
</tbody>
</table>

- Implement plan to increase the number of patients booked for radical treatment that fall within the Lanarkshire catchment area.
- Develop and implement plans to increase the number of palliative treatments in Lanarkshire.
<table>
<thead>
<tr>
<th>Capacity Planning and Demand Management</th>
<th>Continue to regularly review activity data and participate in national audit via Public Health England once new processes have been established to enable this.</th>
<th>DD/MMcC</th>
<th>Ongoing</th>
<th>• Maximise use of available capacity. Benchmarking performance with other UK Centres.</th>
<th>• Delays resolving national data sharing agreements with Public Health England. Work ongoing nationally.</th>
<th>AMBER</th>
</tr>
</thead>
</table>
|                                        | Continue to support the NHSGGC Acute Services Services Division in driving forward redesign in radiotherapy.  
• Actively horizon scan to inform future planning and service/pathway redesign. | RCAG    | Ongoing | • Progress made with agreed developments in a timely manner. | • Further horizon scanning has been included as part of the Moving Forward Together process for cancer services.  
• Senior managers from radiography, physics and oncologists attended Scottish Health Technology Group Radiotherapy Horizon Scanning Workshop in November 2017. | GREEN |
|                                        | Input to the national work to ensure safe, sustainable pathways are in place and robust contingency plans are agreed between Cancer Centres.  
• Continue to assess impact of changes in other regions for WoS services, taking account of impact for other cancer services (e.g. surgery).  
• Work with other regions to ensure sustainable pathways for sarcoma, paediatrics and total body irradiation. | RPD/DD/MMcC | Ongoing | • Clear pathways in place with robust contingency plans agreed between Cancer Centres. | • The first Scottish SABR meeting (developed from Radiotherapy Sub-group) took place in November 2017 to discuss the future of this service in Scotland and to enable all 5 centres to work collaboratively to improve access for patients to this specialised treatment.  
• The Beatson West of Scotland Cancer Centre is contributing to the review of Paediatric Radiotherapy in Scotland led by the Managed Service Network for Children and Young People with Cancer. | GREEN |
2.4.4 Systemic Anti Cancer Therapy (SACT)

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

- WoSCAN, in conjunction with its constituent Boards, undertook a detailed piece of work around capacity and demand modelling in 2016/17. This informed a report that was endorsed by Regional Planning Group in February 2016. This report set out a series of recommendations to be taken forward. Good progress has been made with implementing these recommendations; however concerted effort is still required to fully implement these recommendations consistently across the region. Work continues to develop the regional SACT strategy, a draft of which will be presented to the June meeting of the Regional Planning Group.

- WoSCAN completed a rolling programme of work to assess compliance with Chief Executive Letter (CEL) 30 (2012) in 2016/17. This involved external peer review of services. A formal national review of compliance with CEL 30 (2012) was undertaken by Healthcare Improvement Scotland in September 2016. The final report is expected to be issued in June 2017. WoSCAN has had early sight of the recommendations relating to the WoS and constituent Boards and has initiated work to address these via the Regional SACT Executive Group, which Board SACT Leads are members of. Overall regional compliance with standards is high.

- Horizon scanning information was issued to NHS Boards in December 2016 to inform forward planning for 2017/18. This is kept under regular review.

- The demand for Patient and Clinician Engagement (PACE) meetings remains high with meetings being held monthly and more drugs being approved. The latter culminates in significant additional workload relating to the development and approval of protocols and clinical management guidelines (CMGs) via the Regional Prescribing Advisory Sub Group. The local clinician nomination process is managed through WoSCAN.

- Electronic prescribing is now well embedded in practice across the region. The pharmacy clinical support model has been reviewed and funding secured to future proof this. WoSCAN is keeping a watching brief on V6 of ChemoCare® development and inputting to the national user group that informs future development of the software. There will be a requirement to transition to new software at some point but the timeline is unclear at present. At this stage WoSCAN does not believe that this version of the software is developed enough to meet our operational requirements.

- SACT protocols and associated CMGs 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 2017/18 are detailed below.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Actions</th>
<th>Lead</th>
<th>Due</th>
<th>Outcome</th>
<th>Updated Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>SACT Strategy</td>
<td>Support the ongoing implementation of recommendations from Phase 1 work.</td>
<td>Reg SACT Exec Grp</td>
<td>Ongoing</td>
<td>▪ Clearly defined programme of work to optimise capacity utilisation.</td>
<td>Regional phase 1 actions complete, including: optimal patient pathway, non-medical prescribing best practice principles, scheduling toolkit and chemotherapy support worker development framework.</td>
</tr>
<tr>
<td></td>
<td>Develop Regional SACT Service Delivery Strategic Approach to ensure sustainable service in medium term.</td>
<td>Q&amp;SIM</td>
<td>Sep 17</td>
<td>▪ Agreed regional strategy and clear implementation plans.</td>
<td>Regional Planning Group endorsed the strategic direction set out in the Strategic Review and Emerging Service Model in August 2017.</td>
</tr>
<tr>
<td><strong>Capacity Modelling</strong></td>
<td>Proj Team</td>
<td>Jun 17</td>
<td></td>
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<tr>
<td>------------------------</td>
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</tr>
<tr>
<td>Complete medical workforce modelling.</td>
<td>Proj Team</td>
<td>Jul 17</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Horizon Scanning</strong></th>
<th>Proj Team</th>
<th>Jul 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate future projections model and expand to other cancer types.</td>
<td>Proj Team</td>
<td>Jul 17</td>
</tr>
<tr>
<td>In conjunction with Strathclyde University map projected demand onto existing capacity model to provide evidence to underpin optimal future service configuration.</td>
<td>Proj Team</td>
<td>Jul 17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Workforce</strong></th>
<th>Proj Team</th>
<th>May 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete baseline data gathering and benchmarking around use of supportive roles across units (e.g. chemotherapy support workers, pharmacy technicians, reception/scheduling staff).</td>
<td>Proj Team</td>
<td>Jun 17</td>
</tr>
<tr>
<td>Develop recommendations on optimal usage of supportive roles.</td>
<td>Proj Team</td>
<td>Jun 17</td>
</tr>
<tr>
<td>Develop guidance on non-medical prescribing utilisation.</td>
<td>Proj Team</td>
<td>Jun 17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Resources</strong></th>
<th>Proj Team</th>
<th>Aug 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model and cost alternative delivery models.</td>
<td>Proj Team</td>
<td>Aug 17</td>
</tr>
<tr>
<td>Quantify resource requirements to fully implement Regional SACT Service Delivery Strategy.</td>
<td>Proj Team</td>
<td>Aug 17</td>
</tr>
</tbody>
</table>

- Further work has now been undertaken to engage widely with patients across the WoS, to finalise the recommendations and develop the underpinning resource plan. This is for submission to the WoS Health & Social Care Programme Board in April 2018.

- Work to determine future projections of demand for SACT completed in conjunction with University of Strathclyde.

- A Chemotherapy Support Worker Education and Competency Framework has been developed and shared across Boards.

- Non Medical Prescribing Best Practice Principles have been developed and circulated to Boards for implementation.

- A Non Medical Prescribing Competency Framework has been developed and ratified by the Regional SACT Executive Steering Group.
<table>
<thead>
<tr>
<th>Implementation</th>
<th>Q&amp;SIM/Board Leads</th>
<th>Following strategy approval</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Forward Look and other cancer developments circulated in confidence to NHS Board.</td>
<td>Draft service impact report currently being reviewed by NHS Board Lead Cancer Pharmacists. Test of process to be undertaken in parallel with the issue of the 2018/19 budget impact horizon scanning report.</td>
</tr>
</tbody>
</table>

**Cancer Medicines**

Horizon scanning for new cancer medicine developments including identification of opportunities to generate savings and/or improve efficiency.
- Update 2017/18 report regularly to facilitate in year reviews of projections.
- Develop service impact assessments in conjunction with Boards.
- Issue regular horizon scanning reports to Boards to assist with local service planning.
- Produce report for 2017/18.
- Expand existing annual horizon scanning report to include service development impact assessment.

- RCCP/ RPASG
- Ongoing

- RCCP/Q&SIM
- Quarterly Dec 17 Sep 17

- Detailed regional analysis of Scottish Medicines Consortium recommendations and their implications for West of Scotland NHS Boards.
- Assessment of wider service impact to inform service planning.
- Forward Look and other cancer developments circulated in confidence to NHS Board.
- Draft service impact report currently being reviewed by NHS Board Lead Cancer Pharmacists. Test of process to be undertaken in parallel with the issue of the 2018/19 budget impact horizon scanning report.

**Continue to:**

- Advise NHS Boards on the implementation of SMC and National Institute for Health and Care Excellence (NICE)/ Healthcare Improvement Scotland guidance on new cancer medicines.

- RCCP/ RPASG
- Ongoing

- Guidance issued to Area Drugs and Therapeutics Committees (ADTCs).

- Guidance issued to Boards.

- Peer review regional proposals not subject to national guidance to NHS Boards.

- RPASG
- Ongoing

- Guidance issued to ADTCs.

- Guidance issued to Boards.

- Guidance issued to Boards.
<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible</th>
<th>Frequency</th>
<th>Progress Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare SACT protocols to support implementation of SMC advice and</td>
<td>RCCP</td>
<td>Ongoing</td>
<td>- Updated protocols issued.</td>
</tr>
<tr>
<td>appropriate NICE guidance. Update existing SACT therapy protocols,</td>
<td></td>
<td></td>
<td>- Protocols updated and available on CEPAS.</td>
</tr>
<tr>
<td>which are due for review and in response to new safety information.</td>
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</tr>
<tr>
<td>Coordinate and ensure appropriate clinical input to PACE monthly</td>
<td>CPSO</td>
<td>Monthly</td>
<td>- Appropriate clinical input to PACE meetings.</td>
</tr>
<tr>
<td>meetings convened by Healthcare Improvement Scotland.</td>
<td></td>
<td></td>
<td>- Appropriate medical input to monthly PACE meetings secured.</td>
</tr>
<tr>
<td>Take forward any actions required in response to the Montgomery</td>
<td>RPASG</td>
<td>TBC</td>
<td>- Defined regional role implemented to support process, if required.</td>
</tr>
<tr>
<td>Review of Access to New Medicines.</td>
<td></td>
<td></td>
<td>- None identified to date.</td>
</tr>
<tr>
<td>Participate in work being undertaken by the national Effective</td>
<td>Clin Reps</td>
<td>Ongoing</td>
<td>- Regional impact assessment of recommendations.</td>
</tr>
<tr>
<td>Prescribing Programme regarding the implications of adoption of</td>
<td></td>
<td></td>
<td>- Cancer network representatives participated in national workshop to support implementation. The initial output of key points to consider in adopting rituximab and links to resources to support local implementation, has been circulated to Boards. A switching programme for intravenous (IV):IV will be taken forward at local level, currently delays as limited supplies available. Awaiting an economic analysis of subcutaneous to IV switch.</td>
</tr>
<tr>
<td>biosimilar monoclonal antibodies and off label use of cancer</td>
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<tr>
<td>medicines.</td>
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<tr>
<td>- Establish impact of recommendations made for future service</td>
<td></td>
<td></td>
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<tr>
<td>planning and provision.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Utilise CEPAS reports to support Boards and MCNs to better</td>
<td>RPASG</td>
<td>Ongoing</td>
<td>- Suite of reports available from CEPAS.</td>
</tr>
<tr>
<td>understand cancer medicines utilisation, monitor uptake of new</td>
<td></td>
<td></td>
<td>- 11 Standard reports are produced on a regular basis including 30-day mortality reporting and SACT future planning. In addition, 36 ad-hoc reports provided since April 2017.</td>
</tr>
<tr>
<td>cancer medicines, refine horizon scanning predictions, support</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>pharmaco-epidemiological studies and better understand patient</td>
<td></td>
<td></td>
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<tr>
<td>outcomes.</td>
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</tbody>
</table>
| Safe Administration of Systemic Anti-Cancer Therapies | Maintain the prescribing guidelines section of the WoSCAN intranet site. | RPASG | Ongoing | ▪ Readily accessible regional prescribing guidance. | ▪ SACT protocols and supportive treatment guidelines uploaded in parallel with issue of advice to ADTCs.

| CEL 30 (2012) Compliance | ▪ In conjunction with NHS Boards address all actions that may arise from the publication of the report of the formal review of the CEL 30 (2012) compliance audit programme. | JM/TC | Dec 17 | ▪ Compliant SACT services across the region. | ▪ Report published on 14/6/17. Action plans with actions remaining unresolved reissued to Boards with request for update and return by 29/9/17.

| | ▪ Resolution of all areas identified as non-compliant or partially compliant at the time of initial audit via liaison with NHS Boards and continued monitoring of action plans. | Board SACT Leads | Dec 17 | ▪ Action plans delivered. | ▪ Regional response to revised framework and future programme returned to HIS 27/06/2017. All actions complete.

| | ▪ Contribute to Healthcare Improvement Scotland’s process to revise and refresh the governance framework and develop updated audit guidance. | JM/TC | TBD | ▪ Refreshed guidance that reflects learning from previous reviews. | ▪ RSESG Chair leading group developing revised process. New process agreed (Board and site level audits). Paperwork in development with input from users. Anticipated pilot of use late 2018 with full national implementation early 2019. WoS schedule will be determined following results of pilot.

| | ▪ Implementation of a regional programme to comply with the revised HIS process of compliance with CEL 30 (2012). | JM/TC/RMC | TBD | ▪ Agreed review schedule. | BLUE

| | ▪ In cognisance of the approach to CEL 30 (2012), discuss with other specialities using SACT agents outside of cancer therapy, the perceived benefits, good practice, and uniformity of pharmacy and nursing approaches that could be utilised. | JM/TC | Dec 17 | ▪ Best practice shared with other specialties involved in SACT administration. | GREEN

<p>| | ▪ In conjunction with other specialities using SACT agents outside of cancer therapy, the perceived benefits, good practice, and uniformity of pharmacy and nursing approaches that could be utilised. | | | | GREEN |</p>
<table>
<thead>
<tr>
<th><strong>Consent</strong></th>
<th>Board SACT Leads</th>
<th>Mar 18</th>
<th>• Region consent model agreed and implemented.</th>
<th>• Initial meeting to discuss regional requirements took place 07/2017. Work continuing in 2 separate strands – information and consent. At 09/2017 Regional Cancer Clinical Leads Group meeting, the regional approach to this work was endorsed. RSESG Chair remains in discussion with Healthcare Improvement Scotland/National Cancer Clinical Services Group to determine requirements for standardised documentation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development and implementation of a standard patient information and consent booklet for regional use.</td>
<td></td>
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</tr>
<tr>
<td><strong>Extravasation</strong></td>
<td>RCCP</td>
<td>Ongoing</td>
<td>• Record of incidents. Learning identified and shared across the region.</td>
<td>• Next report to be delivered to the Regional SACT Executive by March 2018.</td>
</tr>
<tr>
<td>Monitor and report extravasation incidents across WoSCAN.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>30 Day Mortality Reporting</strong></td>
<td>RCCP/CC</td>
<td>Quarterly</td>
<td>• Data reports produced for each Board.</td>
<td>• Reports issued to Boards</td>
</tr>
<tr>
<td>Provide data to Boards.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Review and examine cases, identifying any shared learning or trends.</strong></td>
<td>Board SACT Leads</td>
<td>Ongoing</td>
<td>• Shared regional learning. • Any emerging trends identified early and acted on.</td>
<td>• No emergent trends evident.</td>
</tr>
<tr>
<td>Cross reference section 2.7</td>
<td></td>
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</tr>
</tbody>
</table>

### 2.4.5 Acute Oncology

Previous work to review the provision of acute oncology services resulted in development of the UK Oncology Nursing Society Acute Oncology Guidelines, Regional Malignant Spinal Cord Compression Guidelines, and the implementation of the national Cancer Treatment Helpline. However, there is still a gap in structured acute oncology service provision locally for patients who are acutely unwell managing an oncological or haematological conditions. Acutely unwell patients can present to 9 hospitals in the WoS and current services are acknowledged to be varied and lack structure and coordination. Advances in complex treatment and older, frailer patients, make management of these patients challenging for non-specialist clinicians. The models of service provision require to

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be reviewed and redesigned to meet patient needs, assess perceived gaps, and identify resources which can be utilised, with the ultimate aim of providing structured and efficient services locally to patients. Specific activities that will be taken forward regionally via the Network and its constituent MCNs and Regional Groups, in conjunction with WoS Boards in 2017/18 are detailed below.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Actions</th>
<th>Lead</th>
<th>Due</th>
<th>Outcome</th>
<th>Updated Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Service Model</td>
<td>Undertake baseline activity for the period 03/04/17 to 30/04/17 in the following sites in the WoS: (University Hospital Crosshouse, University Hospital Ayr, Forth Valley Royal Hospital, Glasgow Royal Infirmary, Royal Alexandra Hospital, Inverclyde Royal Hospital, Monklands District General Hospital, Wishaw General Hospital and Hairmyres Hospital).</td>
<td>RLCC/TC Acute Oncology Project SLWG</td>
<td>June 17</td>
<td>• Agreed regional model for the provision of acute oncology services. • Quantification of resource requirements. • Implementation plan.</td>
<td>• Updated database issued to Boards 26/06/2017. Reports returned from NHS Boards end of July 2017. • Initial data from audit returned in report format from NHS Boards. High level figures discussed at regional steering group 28/08/2017, further analysis required. • WoS Board Level report completed 01/2018. Summary distributed to Regional Cancer Clinical Leads Group 02/2018. • Potential service options identified, regional modelling underway. For discussion at working group meeting 06/2018.</td>
</tr>
<tr>
<td></td>
<td>Complete baseline mapping of current activity and resource across WoS.</td>
<td></td>
<td>Jun 17</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Undertake a review of services in other UK centres.</td>
<td></td>
<td>Aug 17</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identify options for sustainable acute oncology service.</td>
<td></td>
<td>Sept 17</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop business case to support implementation of the model identified.</td>
<td></td>
<td>Dec 17</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2.5 LIVING WITH AND BEYOND CANCER
- Significant work is ongoing at a local level to support 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 projects in Phase 1 and 7 projects in Phase 2 were approved in the WoS. 3 of the Phase 1 projects have now completed and Phase 3 funding has been allocated to support wider local roll out of findings. The remaining projects will be completed by May 2018. The next tranche of Phase 3 funding will be allocated to support wider roll out where positive benefits have been demonstrated.
- A number of programme learning bulletins (the first of which is expected to be available by end May 2017) will be produced by Edinburgh Napier University which
will be followed by a final bulletin at the end of 2018 for the programme evaluation.

- Wider national discussions are currently taking place regarding national roll out of Improving Cancer Journey and WoSCAN are imputing to these discussions.
- An audit of compliance with Regional Follow-up Guidelines was undertaken in 2016/17, which demonstrated a high level of compliance. Work is underway to further develop/apply risk stratification models to further reduce acute care follow-up and support models of self management (e.g. lymphoma and breast cancer).

Specific activities that will be taken forward regionally via the Network and its constituent MCNs and Regional Groups, in conjunction with WoS Boards in 2017/18 are detailed below.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Actions</th>
<th>Lead</th>
<th>Due</th>
<th>Outcome/Deliverables</th>
<th>Updated Position</th>
</tr>
</thead>
</table>
| Transforming Care after Treatment | Input to the work of the national programme board. Complete Phase 1 projects, ensuring appropriate regional input via WoSCAN and relevant MCNs:  
- NHS Lanarkshire (lung cancer) | RLCC/ RMC  
- DP/KC  
- JMcP/MS  
- DP/KC  
- SB/JG  
- CH  
- KCo  
- VT  
- PR  
- GG/LN | Ongoing  
Ongoing  
Aug 17  
Ongoing  
Jun 17  
May 18  
Jan 18  
Sep 17  
Oct 17  
Apr 18  
Apr 18 | ▪ Continued regional input to national programme.  
▪ Agreed project progressed in line with project plans.  
▪ Evaluation report produced for each project when completed.  
▪ Roll out plan should pilot demonstrate success.  
▪ Clearly articulated project plans.  
▪ Scope for shared learning across projects optimised.  
▪ Roll out plans should pilots demonstrate success. |  
▪ Learning from individual projects shared and work initiated to assess current activity, regionally, through each of the MCNs.  
▪ NHS Lanarkshire project evaluation reported and presented to WoS Implementation Steering Group.  
▪ North Ayrshire Council Phase 2 project evaluation reported and presented to WoS Implementation Steering Group. |
| | Support implementation of project plans for Phase 2 projects, ensuring appropriate regional input via WoSCAN:  
- North Ayrshire Council  
- East Dunbartonshire Health & Social Care Partnership (HSCP)  
- NHS Greater Glasgow and Clyde  
- NHS Lanarkshire/North and South Lanarkshire Councils  
- NHS Lanarkshire  
- Renfrewshire HSCP  
- West Dunbartonshire Council | | | |
| | Support implementation of project plans for initial Phase 3 projects, ensuring appropriate regional input via WoSCAN:  
- NHS Ayrshire & Arran (all cancers)  
- NHS Forth Valley (prostate cancer)  
- NHS Greater Glasgow and Clyde (breast cancer) | CR  
Ewt/SCa  
KO | Oct 17  
Nov 17  
Oct 17 | ▪ Clearly articulated project plans.  
▪ Scope for shared learning across projects optimised.  
▪ Sustainable service models established. |  
▪ Phase 3 bids from NHS Lanarkshire assessed and funding allocation agreed.  
▪ All project updates provided to regional WoS Implementation Steering Group.
<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible Parties</th>
<th>Due Date</th>
<th>Progress Notes</th>
</tr>
</thead>
</table>
| Manage process to allocate second tranche of Phase 3 funding for those projects due to complete in 2017. | RMC/RLCC/DP/KC | May 17 | - Phase 3 funding allocated to support wider roll out. | Group 29/08/2017.  
  - Contributing to the programme for a national shared learning and TCAT legacy event planned for early 2018. |
| Develop and agree the 2018/19 regional action plan.                  | DP/KC               | Mar 18  | - Regional action plan presented to and endorsed by the regional TCAT implementation steering group. |
| Building on the work completed to date, progress the agreed regional action plan during 2017/18 with focus on:  
  - Engagement with people affected by cancer  
  - Communication  
  - Education  
  - Sustainability  
  - Roll out | DP/KC               | Ongoing | - 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. |
| Initiate planning for regional project closure activities.           | KC                  | Q1 2018 | - Managed programme closure. |
| Holistic Needs Assessment (HNA)  
  Assess the learning and outcomes from all relevant TCAT projects and clearly define the application of suitable components to specific patient groups.  
  - Create e-learning module on HNA.  
  - Create guidance on when HNA should be used within clinical pathways and disseminate through MCNs.  
  - Develop regional roll out and implementation plans. | DP/KC/MCN Man/Clin Leads | Sept 17 | - Principles agreed regionally for local application/implementation.  
  - e-learning module available to staff  
  - Guidance document to support implementation  
  - Agreed implementation plan. |  
  - An aid to support the MCN Managers in extending TCAT work was created and MCNs currently engaged in baseline assessment of current activity. |  
  - GREEN  
  - BLUE  
  - GREEN
| Treatment Summaries | Assess the learning and outcomes from all relevant TCAT projects and clearly define the application of suitable components to specific patient groups. | DP/KC/MCN Man/Clin Leads | Sept 17 | • Principles agreed regionally for local application/implementation. | • Some evidence of extended local use beyond initial project scope, but sustainability questionable without information technology support. | • Develop regional roll out and implementation plans. | • Agreed minimum dataset to inform regional/local developments/implementation. | • Development of minimum data set now being considered at a national level. | • Agreed implementation plan. | • Contributed update regional position and draft treatment summary data set to nationally led work. |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Follow-up           | Implement revised breast cancer follow-up guidelines/delivery models across the region. | TK/IR | Mar 18 | • New follow-up model established across the region. | • Implementation of the follow-up guidelines monitored at Breast Cancer MCN Advisory Board meetings. New patients progressively being entered into new guideline. Work being taken forward to utilise TrakCare to support roll out. | Embed and extend implementation of new follow-up model for lymphoma. | • New follow-up model established across the region. | • New risk-stratified model of follow-up supported by Regional Cancer Clinical Leads Group and endorsed by Regional Cancer Advisory Group (June 2017). | • Regional lymphoma follow-up guideline revised to |
2.6 QUALITY

- 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 delivery of the national cancer quality programme with recurring funding secured for key posts to ensure the future sustainability of the programme.
- In line with CEL 06 (2012) reporting against Quality Performance Indicators (QPIs) commenced in 2013/14. Formal performance reviews of breast, lung, prostate and renal cancers have been undertaken by Healthcare Improvement Scotland and reports published. Overall WoS performance demonstrates a high level of compliance. Where actions have been identified via either the regional or national governance process there are action plans in place to address these, which are kept under regular review.
- The programme of formal review of QPIs, commenced in late 2015, will continue throughout 2017/18.
- Work to develop and agree an implementation approach for the agreed regional psychological therapies and support framework continues with the approach agreed by August 2017. Thereafter implementation will be progressed.

Specific activities that will be taken forward regionally via the Network and its constituent MCNs and Regional Groups, in conjunction with WoS Boards in 2017/18 are detailed below.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Actions</th>
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<th>Due</th>
<th>Outcome/Deliverables</th>
<th>Updated Position</th>
</tr>
</thead>
</table>
| National QPIs | - Continue to manage the delivery of the National Cancer Quality Programme.  
- Initiate and progress formal reviews in line with agreed schedule.  
  - Clinical Trials  
  - Lymphoma  
  - Brain CNS cancer | RMC/Q&SIM  
NCQ Prog Coord | In line with timelines set out in agreed national work programme | Small sets of nationally agreed QPIs, with national datasets and measurability criteria reviewed and updated where required. | Formal review process progressing according to schedule. |
<table>
<thead>
<tr>
<th>Topic</th>
<th>Responsible Body</th>
<th>Ongoing</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ovarian cancer</td>
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<tr>
<td>Head and neck cancer</td>
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<tr>
<td>Sarcoma</td>
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<tr>
<td>Melanoma</td>
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<tr>
<td>Bladder cancer</td>
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<tr>
<td>Testicular cancer</td>
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<tr>
<td>Acute Leukaemia</td>
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</tr>
<tr>
<td>Ensure datasets and measurability criteria are tightly controlled, ensuring alignment with nationally agreed QPIs.</td>
<td>NCQ Prog Coord</td>
<td></td>
<td>Supporting documentation published on Information Services Division website to support consistent implementation of QPIs. Documentation published for all completed reviews to date.</td>
</tr>
<tr>
<td>Manage delivery of the work programme of the National Cancer Quality Operational Group.</td>
<td>RMC/ NCQ Prog Coord</td>
<td>Ongoing</td>
<td>Agreed work plan delivered. National Cancer Quality Operational Group meetings held quarterly with agreed actions progressing.</td>
</tr>
<tr>
<td>Participate in the formal 3 year review of performance in line with the agreed governance framework.</td>
<td>RMC/ MCN Leads</td>
<td>Oct 17 TBC</td>
<td>Assurance regarding quality of outcomes across NHS Scotland. Reports published by Healthcare Improvement Scotland and regional/Board action plans agreed.</td>
</tr>
</tbody>
</table>
### Clinical Audit

<table>
<thead>
<tr>
<th>Activities</th>
<th>Responsible Body</th>
<th>Timeframe</th>
</tr>
</thead>
</table>
| **Optimise the use of available resource regionally and locally:**  
  - Further streamline regional reporting, ensuring close alignment with national reporting schedule.  
  - Submit regional data to support survival analysis for agreed tumour types. | IM | In line with agreed programme |
| **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.** | IM | Ongoing |

### IM

- Annual assessment of service quality, patient outcomes and performance. Regional comparative reporting. Agreed action plans to address areas where performance requires to be improved.  
- Improved efficiency and optimisation of resource utilisation.

### RMC/NCQOG

- National process established and implemented.

### Upper GI cancer analysis is complete and work has commenced on ovarian and head and neck cancer survival. Work will continue with other networks to develop specifications for each tumour site.

### Current Quality Assurance Approach

- Process established where QPI data can be submitted to Information Services Division (ISD) to perform survival analysis. Upper GI cancer analysis is complete and work has commenced on ovarian and head and neck cancer survival. Work will continue with other networks to develop specifications for each tumour site.

### Data analysis and reporting carried out in line with agreed regional reporting schedule.

### Data submitted to ISD in line with agreed national schedule to support the production of national dashboards (for national meetings) and for survival analysis purposes. Work is ongoing to streamline the data transfer process.

### Audit reports published in line with regional schedule, action plans progressed and exception reports provided to RCAG.
| Review outcome data to assure the quality of care provided, particularly in those areas where low volume surgery is undertaken. | RLCC/RMC | Ongoing | - Quality assurance of clinical care. |
| Identify specific areas where additional data analysis would help inform service improvement work being progressed by MCNs | IM/MCN Leads/Man | Ongoing (In line with reporting schedule) | - Targeted analysis undertaken to inform service improvement. |
| ▪ Upper gastro-intestinal cancer survival analysis utilising audit data. | MF/TC | Oct 17 | - Information to inform service improvement/development/patient outcomes. |
| ▪ SACT as it relates to haematology. | MD/HW | Mar 18 | |

**Patient Experience**

Support NHS Boards to utilise the national patient experience QPIs/improvement tools to identify areas for improvement.
- Share models of good practice.
- Participate in Healthcare Improvement Scotland assurance programme.

Supported implementation of patient experience QPIs and use of improvement tools.
- Assurance that patient experience is being used to inform/drive service improvement.

QPI tools encouraged for use at local team/Board level. Evidence of other tools also in use locally to drive improvement.

Review impact of activity undertaken in response to the feedback from the National Patient Experience Survey and identify any areas that require further review and improvement.

Patient centred areas of good practice and areas for improvement identified, scrutinised and actioned.

Board action plans in place in response to survey findings. Survey to be repeated late 2017/early 2018.
| Psychological Therapies and Support Framework | Finalise implementation approach for the regional psychological therapies and support framework. Implement framework in conjunction with partner organisations. | DP/Q&SIM | Aug 17 Mar 18 | • Framework successfully implemented that underpins assuring equitable access to psychological therapies. | • Implementation pack developed and implemented across partner organisations following endorsement by RCCLG Meeting in September 2017. This includes: referral guidance, education and training matrix and quality statements. |
| Regional/National Guidelines | Review and revise regional guidelines and protocols in line with agreed timescales/processes.  
- 41 Clinical Management Guidelines  
- 14 Clinical Guidance Documents | MCN Man/ Clin Leads | In line with regional review dates | • Regional/national guidelines reviewed and updated to reflect current best practice, including discontinuing some aspects of current practice, where appropriate. | • Reviews managed in line with agreed regional standard operating procedures and timelines. |
| Neuroendocrine Tumours: eNET accreditation | Lead work to determine the feasibility of taking forward eNET accreditation in conjunction with both the north and south east Scotland Cancer Networks. Submit paper to the three RCAGs for consideration ahead of taking paper to the National Cancer Clinical Services Group. Develop proposal to establish audit data collection. | Q&SIM | Dec 17 | • Plan for progressing accreditation agreed if endorsed nationally to proceed. | • Stage 2 application to National Services Division for nationally designated service at Beatson WoS Cancer Centre for lutetium treatment submitted to NHS National Services.  
• Successful SCONET meeting, to discuss ENETs centre of excellence for NHSScotland held in December 2017.  
• NET dataset finalised and database development work nearing completion. |
National and Regional Education Programmes

Host national meetings for:

- Sarcoma
- Hepatopancreatobiliary cancer
- Neuro-oncology cancer
- Upper gastro-intestinal cancer

Contribute to programme development for lung and colorectal cancer national meetings.

Host regional tumour specific education events for national and regional MCNs.

<table>
<thead>
<tr>
<th>IM/MCN Man &amp; Clin Lead</th>
<th>MCN Man/ Clin Leads</th>
</tr>
</thead>
<tbody>
<tr>
<td>LC/IN</td>
<td>In line with national programme</td>
</tr>
<tr>
<td>LC/SWi</td>
<td>In line with national programme</td>
</tr>
<tr>
<td>LC/AK</td>
<td>In line with national programme</td>
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<tr>
<td>TC/MF</td>
<td>In line with national programme</td>
</tr>
</tbody>
</table>

2.7 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 refreshed in 2016/17 ensuring appropriate representation from the region/Boards on key working groups. Membership of RCAG in 2017/18 will change as a result of new staff appointments with Mrs Jane Grant, Chief Executive NHS Greater Glasgow and Clyde, taking over as Chair of RCAG from June 2017. Regular Network/Board meetings are in place.

eHealth and Information

- The regional cancer eHealth programme of work will be taken forward in conjunction with eHealth Leads to ensure close alignment with other local, regional and national developments. Work will continue to focus on support for treatment summaries, electronic prescribing and technical solutions to support the introduction of new models of follow-up and the use of holistic needs assessments.

- WoSCAN, through alignment of resource to the national Innovative Healthcare Delivery Programme (IHDP), will influence/deliver aspects of work relating, for example, to national SACT reporting, devising robust national governance processes, multi-disciplinary teams (MDTs) and future cancer audit.

Workforce

- New appointments to some Clinical Leads were made during 2016/17: Seamus Teahan (Regional Lead Cancer Clinician), Roger Currie (Skin Cancer MCN) and Debbie Provan (TCAT) with further ones planned for 2017/18 (Colorectal, Gynaecology, Lung, Adult Neurology and HepatoPancreatoBiliary Cancer MCNs).

- Specific work is being undertaken in relation to urology services and SACT delivery and defining the workforce that will be required to deliver the agreed future service models.

Specific activities that will be taken forward regionally via the Network and its constituent MCNs and Regional Groups, in conjunction with WoS Boards in 2017/18 are detailed below.
<table>
<thead>
<tr>
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<th>Updated Position</th>
</tr>
</thead>
</table>
| Cancer Intelligence | Participate in national work-stream progressing the modernisation of cancer intelligence in NHS Scotland. Assess regional implications of proposals being made.  
  - MDT service/technical requirements.  
  - Treatment summaries service/technical requirements.  
  - Input to defining requirements for future reporting of cancer data.  
  Further develop the information function within the Cancer Network Office to support service improvement and development/planning. | RLCC/RMC | Ongoing | Regional input to shape national work-stream. Assessment of regional implications. | Scoping work has been undertaken regarding MDTs for hepatopancreatobiliary cancers and also treatment summaries. National meetings currently being planned.  
  Work is ongoing to develop the information function further, inputting to regional and national workstreams, encouraging the use of the Discovery dashboard and maximising the use of SQL Server Reporting Services (SSRS) reporting functionality. |
| Innovative Healthcare Delivery Programme (IHDP) | Scottish Cancer Registry Modernisation  
  - Support national SACT reporting via data virtualisation. | eHealth Prog Man | Dec 17  
  Mar 18 | National comparative reporting of SACT data. | Workstream 4 (the SACT Data Core Group) are progressing the development of the 7 national comparative reports using the Data Virtualisation platform being established by National Services Scotland. An options paper for the establishment of a National Chemocare Forum (a multi-professional ‘approval’ group to provide national governance around issues of mapping and standardisation) is being progressed. | GREEN |
<table>
<thead>
<tr>
<th>Task</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review Information Governance requirements in regard to accessing</td>
<td>Mar 18</td>
<td>A “Public Benefit and Privacy Panel” (PBPP) application to access non-anonymised data from the 5 (NHS Scotland) instances of ChemoCare was approved on the 01st February 2018 – subject to completion of a Privacy Impact Assessment (PIA). Anticipated completion date for the PIA is April 2018.</td>
</tr>
<tr>
<td>live ChemoCare data.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QPI data into eCASE</td>
<td>Oct 17</td>
<td>Feasibility report to inform future direction.</td>
</tr>
<tr>
<td>- Analyse information sources and assess feasibility for the automatic population of QPI data into eCASE.</td>
<td>Dec. 18</td>
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<tr>
<td>Collaborate with Public Health England over Scottish Cancer Registry by leveraging the learning and assets available from experience and investment</td>
<td>Ongoing</td>
<td>Two areas were identified within the IHDP programme for collaboration with PHE over the Scottish Cancer</td>
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<td>Task</td>
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<td>Work with Public Health England/ National Services Scotland to review identified technical components.</td>
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<td>Monitor business as usual activity, chairing monthly meetings.</td>
<td>JF (GGC)</td>
<td>Ongoing</td>
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<td>Establish and maintain regular contract review meetings with supplier.</td>
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<td>April 17</td>
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<td>Registry: 1) Evaluation of options / recommendations from technical review and implementation plans as appropriate and 2) Ongoing collaboration and learning over relevant areas as appropriate, e.g. Simulacrum.</td>
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<td>Process and 2) Call Severity definitions.</td>
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<tr>
<td>Review regional system administrator role in light of staff change to ensure role/function remains fit for purpose.</td>
<td>RMC/eHealth Prog Man</td>
<td>May 17</td>
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<tr>
<td>Secure recurring funding to ensure sustainability of clinical support model. Submit bid for national funding in first instance.</td>
<td>RMC/RCCP</td>
<td>June 17</td>
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<tr>
<td>Input to supplier’s UK User Group to influence development of V6.</td>
<td>CEPAS Business As Usual (BAU) Team</td>
<td>Ongoing</td>
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<tr>
<td>Scope the implications/requirements for WoSCAN move to V6 of ChemoCare&lt;sup&gt;®&lt;/sup&gt;.</td>
<td>eHealth Prog Man</td>
<td>Dependant on software development</td>
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<td>eCASE (System that supports clinical audit)</td>
<td>Progress agreed development plan in conjunction with National Services Scotland.</td>
<td>eHealth Prog Man/IM</td>
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<td>• Define, prioritise and monitor work programme to be delivered by National Services Scotland and monitor delivery, reprioritising when required.</td>
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<td>• All V2 QPI developments (eCASE and associated reports) were completed.</td>
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<td>• V3 lymphoma eCASE development was completed. Reports are in Test until August 2018.</td>
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| | | | | eCase executive approved progression of the following High Priority Development items:
| Ensure eCase development continues to meet technical requirements to support Boards to meet their reporting requirements. | eHealth Prog Man | Monthly |
| Monitor and ensure delivery of Service Level Agreement. | eHealth Prog Man | Monthly |

- Priority development items (b, c, and e above) are supporting Boards in the reporting requirements.

- Service Level Agreement delivered

- Monthly conference calls between NHS National Services Scotland and WoSCAN take place to monitor service level agreement delivery.

- NSS agreed to increase number of developer days to make use of the 'Under

a) Upload of Date of Death into eCASE from National CHI. CHIAG approval obtained (01/02/2018) though with conditions.
b) Multiple Location Data Model/Report. Completed and successfully tested for Bladder. Next step is to identify a Different Tumour/tester and verify development approach is valid.
c) Small Hospital - enable automatic inclusions in reports where Location of Diagnosis in a clinic (e.g.). Solution identified and in test.
d) Neuro Endocrine: Development is under way to add data set to eCASE.
e) Enable drill through within Hospital of Surgery reports.
### Regional multi-disciplinary team (MDTs) meetings

Review and scope requirements for further technology developments to enhance the functionality and efficiency of MDT meetings using skin, gynaecology and head and neck cancer meetings as exemplars.

**eHealth Prog Man/KCTBD**  
**Dec 17**

- Requirements specification and investment plan.
- A meeting with representatives from both NHSSGC Health Information & Technology (IT) and WoSCAN took place on 06/02/2018. The meeting discussed issues with information technology and processes in regard to Regional MDTs. A follow-up meeting (April 2018) will plan how best to take forward/utilise work already done (within NHSSGC and WoSCAN) and existing ‘IT elements’ to provide a regional MDT option.

### Appointment of Clinical Leads

Recruit to Clinical Lead posts where terms of appointment are ending (colorectal, gynaecology, lung, neuro and hepatopancreatobiliary cancer networks).

**RMC/RLCC**  
**Mar 18**

- Posts successfully appointed.
- Regional colorectal, gynaecology, head and neck, primary care and lung cancer MCNs clinical lead posts appointed to.
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<tr>
<td>Urological Cancer Surgery Services</td>
<td>As part of wider regional work being undertaken define current and future consultant requirements for sub specialties (i.e. prostate, renal, bladder, penile, testicular, RPLND).</td>
<td>TK/GO/RMC</td>
<td>Sept 17</td>
<td>▪ Consultant workforce requirements defined to support delivery of a regional service model.</td>
<td>▪ Information gathered on current workforce as part of MDT review/service mapping.</td>
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**BLUE**
### 3. Lead Abbreviations

| AK   | Avinash Kanodia, National Adult Neuro-Oncology MCN Clinical Lead |
| CC   | Christine Crearie, Senior Information Analyst WoS |
| CH   | Chris Hewitt, Clinical Psychologist, NHS Greater Glasgow and Clyde |
| Clin Reps | Cancer Programme Support Officer |
| CPSO | Cancer Programme Support Officer |
| CR   | Caroline Rennie, Macmillan Cancer Nurse Consultant, NHS Ayrshire and Arran |
| DD   | David Dodds, Clinical Director Specialist Oncology Services, NHS Greater Glasgow and Clyde |
| Clin Reps | Clinical representatives |
| DP   | Debbie Provan, Macmillan Regional Lead: Transforming Care After Treatment |
| DR   | David Radford, East Dunbartonshire HSCP eHealth Programme Manager |
| eHealth Prog Man | Ewen Thomson, Lead Cancer Clinician, NHS Forth Valley |
| EW   | Ewen Thomson, Lead Cancer Clinician, NHS Forth Valley |
| GG   | Gina Gallacher, West Dunbartonshire Council |
| GO   | Gren Oades, Urological Cancers MCN Clinical Lead |
| HW   | Heather Wotherspoon, MCN Manager |
| IM   | Information Manager |
| IN   | Ioanna Nixon, Sarcoma National MCN Clinical Lead |
| IR   | Iona Reid, Breast Cancer MCN Clinical Lead |
| JF (GGC) | Joanne Free, eHealth NHS Greater Glasgow and Clyde |
| JC   | John Godwin, North Ayrshire Council |
| JM   | John Murphy, Chair Regional Systemic Anti-Cancer Therapy Executive Steering Group |
| JMcP | John McPhelim, Lung Cancer MCN Clinical Lead |
| KB   | Kevin Burton, Gynaecological Cancer MCN Clinical Lead |
| KC   | Kevin Campbell, MCN Manager |
| KCo  | Kathy Coonagh, North Lanarkshire Council |
| KO   | Keith Ogston, NHS Greater Glasgow and Clyde |
| KO’N | Ken O’Neill, Primary Care Cancer Network Clinical Lead |
| LC   | Lindsay Campbell, National Cancer MCNs Manager |
| LN   | Liz Newman, West Dunbartonshire Council |
| MCH   | MCN Clinical Lead/s |
| MCN Man/s | MCN Manager/s |
| MD   | Mark Drummond, Haematology MCN Clinical Lead |
| MF   | Matthew Forshaw, Upper Gastro-intestinal Cancer MCN Clinical Lead |
| MMC  | Melanie McColgan, General Manager Specialist Oncology Services and Clinical Haematology, NHS Greater Glasgow and Clyde |
| MS   | Mhairi Simpson, Consultant Nurse, NHS Lanarkshire |
| NCQOG | National Cancer Quality Operational Group |
| NCQ Prog Coord | National Cancer Quality Programme Coordinator |
| NHS GGC | NHS Greater Glasgow and Clyde |
| PC   | Paul Campbell, Clinical eHealth Lead, NHS |
| PH   | Paul Horgan, Colorectal Cancer MCN Clinical Lead |
| Pharm Grp | Pharmacy Sub-Group of SACT Future Service Delivery Project Team |
| PR   | Pauline Robbie, Renfrewshire Council Health & Social Care Partnership |
| Proj Team | SACT Future Service Delivery Project Team |
| Q&SIM | Quality and Service Improvement Manager |
| RC   | Roger Currie, Skin Cancer MCN Clinical Lead |
| RCAG | Regional Cancer Advisory Group |
| RCP  | Regional Cancer Care Pharmacist |
| Reg SACT | Regional Systemic Anti-Cancer Therapy Executive Steering Group |
| RLCC | Regional Lead Cancer Clinician |
| RM   | Richard Malloy, Consultant Colorectal Surgeon, NHS Greater Glasgow and Clyde |
| RMC  | Regional Manager (Cancer) |
| RPASG | RCAG Prescribing Advisory Group |
| RPD  | Regional Planning Director |
| RSA  | Regional System Administrator |
| SB   | Stephen Brown, North Ayrshire Council |
| SR   | Stuart Robertson, Head and Neck Cancer MCN Clinical Lead |
| SC   | Sarah Coulter, CEPAS Pharmacist |
| SCa  | Sandra Campbell, Consultant Nurse, NHS Forth Valley |
| SWi  | Steve Wigmore, HepatoPancreatoBiliary National Cancer MCN Clinical Lead |
| TC   | Tracey Cole, MCN Manager |
| TK   | Tom Kane, MCN Manager |
| VT   | Vicky Trim, Project Manager, NHS Lanarkshire |
| WoS CNG | West of Scotland Cancer Nurses Group |

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