## West of Scotland Cancer Network Haemato-oncology MCN Work Plan 2025/2026

	Actions Required	Lead	Due Date		
1.	Continue to engage with the Regional MDT Improvement Programme to optimise operational efficiency and effectiveness of the MDT				
1.1	Review the haemato-oncology specific data sets and definitions to ensure they remain fit for purpose and supplement the agreed 'core' data set for the application.	MCN Clinical Lead MCN&I Manager MCN Members	Mar 26		
1.2	Work with MDT programme Board and eHealth colleagues to progress development of the MDT digital system ready for regional implementation, utilising the agreed haemato-oncology specific data sets.		TBC		
2.	Collate national MDT or referral pathways for rare or hyper-orphan haematological malignancies and disorders				
2.1	Undertake scoping exercise to identify diseases to be covered.	MCN Clinical Lead MCN&I Manager MCN Members	Apr 25		
2.2	Collate information on available pathways and national expertise.	MCN Clinical Lead MCN&I Manager MCN Members	Jun 25		
2.3	Publish document collating above information on WoSCAN intranet site.	MCN Clinical Lead MCN&I Manager	Sep 25		
3.	Undertake a non-interventional observational review of CLL patients treated with Acalabrutinib in the We	est of Scotland			
3.1	Request data from Chemocare.	MCN Clinical Lead MCN&I Manager MCN Members Senior Information Analyst (CEPAS)	Apr 25		
3.2	Agree audit data fields and identify other data sources.	MCN Clinical Lead MCN&I Manager MCN Members	Sep 25		
3.3	Conduct review and report findings.	MCN Clinical Lead MCN&I Manager MCN Members	Mar 26		

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4.	Undertake an improvement project in partnership with pharma (Sanofi) to review the current SACT service for multiple myeloma and explore pote delivery of appropriate SACT medications within a home setting			
4.1	Identify and approach appropriate clinical, managerial and service leads within NHSGGC to gain commitment to and sign off for the project.	MCN Clinical Lead MCN&I Manager	Apr 25	
4.2	Conduct information gathering exercise with key stakeholders as outlined in Project Initiation Document.	MCN Clinical Lead MCN&I Manager MCN Members	Aug 25	
4.3	Identify the potential benefits and drawbacks of implementing SACT delivery at home, both for specialist services and for patients.	MCN Clinical Lead MCN&I Manager MCN Members	Aug 25	
4.4	Produce a report outlining the feasibility of and the resources and processes required to deliver any potential service redesign.	MCN Clinical Lead MCN&I Manager MCN Members	Oct 25	
4.5	Consider extending the project to other WoS Boards, utilising the learning from the work undertaken in NHSGGC.	MCN Clinical Lead MCN&I Manager MCN Members	Dec 25	
5.	Undertake a post implementation audit of SACT approved medicines to assess service impact			
5.1	Conduct audit and report findings.	MCN Clinical Lead MCN&I Manager WoS Pharmacy Team MCN Members	Oct 25	
5.2	Revisit to assess if MCN is in agreement that this is a useful exercise to help plan service provision and development.	MCN Clinical Lead MCN&I Manager WoS Pharmacy Team Advisory Board	Mar 26	
6.	Rationalise and co-ordinate testing for haematological malignancies in the WoS			
6.1	Identify other areas where regional diagnostic testing pathways would be appropriate and produce a phased plan for development.	MCN&I Manager Molecular Diagnostics Subgroup	Mar 26	

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6.2	Conclude the development of a CMG for Germline Predisposition.	Molecular Diagnostics Subgroup	Oct 25	
6.3	Submit SG-TAG to expand Myeloid NGS panel scope.	Molecular Diagnostics Subgroup	TBC: SG-TAG process currently paused	
7.	Develop and maintain regional/national clinical guidelines to optimise patient care and lead on the development of national guidelines through collaboration with colleagues in SCAN/NCA			
7.1	<ul> <li>CMGs</li> <li>Myelodysplasia</li> <li>Primary Cutaneous Lymphoma</li> <li>Myeloma</li> <li>Waldenstrom Macroglobulinaemia</li> <li>Mature T cell Neoplasms</li> <li>Mantle Cell Lymphoma</li> <li>Prevention of anthracycline cardiotoxicity in haematological malignancies (NEW)</li> <li>Scottish CMG for Classical Hodgkin Lymphoma</li> <li>CML</li> <li>Prophylaxis and Management of Tumour Lysis Syndrome in Adults</li> <li>Management of newly presenting patients with a mediastinal mass causing airway compromise</li> <li>CGDs</li> <li>Recommended Screening and Preventative Practices for Adult Long-Term Survivors after Allogeneic Haemopoietic Stem Cell Transplant and TBI Autografts</li> <li>Regional guideline on the management of treatment induced premature menopause in patients with blood cancer (NEW)</li> </ul>	MCN Clinical Lead MCN&I Manager MCN Members	May 25 May 25 May 25 May 25 Aug 25 Sep 25 Sep 25 Oct 25 Oct 25 Oct 25 Dec 25  May 25  Jun 25	
8.	Use cancer data to drive improvement in quality of care and outcomes			
8.1	Review QPI audit findings to identify variation in practice, identify requirements for further data analysis to aid understanding of variance and develop action/ improvement plans.	MCN Clinical Lead MCN&I Manager Information Team	Apr 25 (AL) Sep 25 (Lym)	
8.2	Monitor and ensure progress with regional and local board action/improvement plans.	MCN&I Manager Board Clinical Effectiveness Leads	Mar 26	

	Actions Required	Lead	Due Date	
9.	Deliver regional education event which facilitates review of clinical audit data and promotes shared learning of current best practice and innovation			
9.1	Develop a focused programme and establish data requirements.	MCN Clinical Lead MCN&I Manager	Oct 25	
9.2	Develop action plans arising from the event and monitor progress of agreed actions.	MCN Clinical Lead MCN&I Manager	Mar 26	
10.	Maintain regional service configuration map for haematological cancers			
10.1	Update activity following publication of audit report.	MCN&I Manager	Dec 25	