Activity Report
March 2013 – February 2014

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CONTENTS

EXECUTIVE SUMMARY 3

1. INTRODUCTION 5

2. MCN WORK PLAN AND ACTIVITIES (REPORTING PERIOD 03/2013 TO 02/2014) 5
   2.1 CORE OBJECTIVES 5
   2.2 INDIVIDUAL MCN OBJECTIVES 6
   2.3 OTHER MCN ACTIVITIES 7

3. QUALITY ASSURANCE / SERVICE DEVELOPMENT AND IMPROVEMENT 8

4. KEY PRIORITY AREAS FOR THE MCN IN THE NEXT 12 MONTHS 9

5. CONCLUSION 9

ACKNOWLEDGEMENT 10
Executive Summary

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

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

This activity report covers March 2013 to February 2014. It also reports on key audit findings and resultant actions from the 2012 clinical audit, as well as looking forward from March 2014 to February 2015.

MCN Objectives
The Lung Cancer MCN has made progress and delivered a number of key objectives which include:

- **Regional Clinical Audit**
  Supporting delivery of the regional clinical audit work programme for 2013/14, ensuring the regional governance process is adhered to. The full audit report can be accessed on the WoSCAN website.

- **Service Mapping**
  Completion of a regional service map for lung cancer service provision, detailing the points of service delivery and connections between them.

- **National Quality Performance Indicators (QPIs)**
  The revised national data set for lung cancer clinical audit was introduced on 1\textsuperscript{st} April 2013 as part of the implementation of the Lung Cancer Quality Performance Indicator programme. This programme will facilitate ongoing local and regional comparative assessment and will enable periodic national comparative reporting of performance.

- **Clinical Management Guideline (CMG) Review**
  CMGs for the management of small cell and non small cell lung cancers were updated and published during 2013. A new CMG for malignant pleural mesothelioma has recently been developed. This was reviewed and approved by the Prescribing Advisory Subgroup at their February 2014 meeting.

- **Transforming Care After Treatment (TCAT)**
  In support of the national TCAT programme, a lung cancer expression of interest was submitted by a team from NHS Lanarkshire on behalf of the West of Scotland Cancer Network. The application has been successful and will now be progressed to the next stage of development and establishment to the local development project group.

- **Molecular Testing in Lung Cancer**
  Development of a regional pathway for molecular testing in all patients with a diagnosis of non small cell lung cancer.
Key Priority Areas for the MCN in the next 12 months
The MCN work plan is developed with an emphasis on identifying outcomes that improve the quality of patient care and overall efficiency. Below are known objectives that will be progressed in the coming year:

- Continue to support the regional audit and national QPI programme.
- Continue to provide support to the TCAT programme.
- Support and develop formalisation of the overall management of patients with malignant pleural mesothelioma in the West of Scotland.
- Develop standard multi-disciplinary team (MDT) meeting documentation for agreement, implementation, and use across the region.
- Support implementation of the agreed regional Molecular Testing Pathway.
1. Introduction

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

The Lung Cancer MCN continues to support and develop the clinical service for approximately 2,600 new cancer patients each year. The 2012 West of Scotland Cancer Network (WoSCAN) clinical audit data indicates that there were 2477 diagnoses of lung cancer, and 107 of malignant pleural mesothelioma recorded in the region. The management of this patient group is dependant on close collaboration of multiple clinical groups - respiratory physicians, oncologists, cardio-thoracic surgeons, pathologists, radiologists, palliative care and clinical nurse specialists (CNSs) who comprise the 7 multi-disciplinary teams within the WoS.

Lung cancer continues to be more prevalent in patients aged 60 years and over, with 87% of the total number of cases in 2012 occurring in patients in this age group. In recent years the number of females diagnosed with lung cancer has risen, this has continued in 2012 with 51.5% of new cases being diagnosed in female patients.

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

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

MCN Governance

The Advisory Board comprises of representation from all clinical speciality groups, involved in the management of patients with lung cancer, from the four constituent WoS NHS Boards. They meet as a group three times each year to review progress against agreed service improvement objectives, and are consulted between meetings as required by the Clinical Lead and the MCN Manager.

2. MCN Work plan and Activities (reporting period 03/2013 to 02/2014)

2.1 Core Objectives

Regional Clinical Audit Programme

Effective utilisation of audit data to support service improvement is a key objective of the Lung Cancer MCN. It is very encouraging that the report of the 2012 clinical audit data showed that most achieved the NHS QIS Standards, demonstrating that patients with lung cancer in the WoS continue to receive equitable and consistent care. The report however, did identify some aspects of service provision that required further local scrutiny. NHS Boards have prepared action plans identifying resulting issues and advising how these will be addressed and resolved.

The revised national data set for lung cancer clinical audit was introduced on 1st April 2013 as part of the implementation of the Lung Cancer Quality Performance Indicator (QPI) programme. This data set along with the revised measurability specification facilitates consistent measurement and comparative national reporting. This will support national consistency in the data collected and will lead to a greater quality of the data recorded.
Regional Service Map for Lung Cancer
A high level map of lung cancer service provision was collated for all WoS NHS Boards. This details services provided by each hospital, identifying connections between them and highlighting areas of shared service. The mapped information was included in a consolidated regional report which was presented to the Regional Cancer Clinical Leads Group in October 2013 and shared with Board Cancer Managers in December 2013. The service map will be updated annually to maintain a baseline position.

2.2 Individual MCN Objectives

Transforming Care after Treatment (TCAT)
Building on the successful follow up work undertaken in recent years by the MCN, there were plans to conduct a pilot project within NHS Lanarkshire to develop end of care treatment pathways. The launch of the TCAT national programme of work, in conjunction with Macmillan Cancer Support, took this objective in a slightly different direction. The project now aims to develop an integrated model of multi-agency working to provide the most appropriate follow up care for lung cancer patients. The project proposes to: develop evidence based self care advice for patients; utilise an appropriate method of holistic needs assessment, using a patient reported outcome measure; and explore the development an e-health platform to administer this stratified and integrated model of care.

An expression of interest was reviewed under the first phase of the national process, and has now received programme board approval to establish the finer details of taking the project forward.

Detect Cancer Early (DCE)
In anticipation of the lung cancer DCE campaign, it was felt it would be useful for the MCN to establish a baseline position on early stage presentation by way of a retrospective audit. Each lung cancer multi-disciplinary team (MDT) reviewed a sample of Stage I patients discussed at their MDT meetings to ascertain the mode of presentation, and to identify how long, if at all, patients had been symptomatic for prior to presentation. The results of the audit showed that 80% of Stage I diagnoses were as a result of incidental findings, and that this was likely as a consequence of patients being asymptomatic. The MCN Advisory Board agreed that no further action would be taken at this time, but, if required in the future, a prospective audit could be conducted to gather further information.

Development of a Regional Pathway for Molecular Testing
The need to develop a regional pathway for molecular testing in lung cancer had been in discussion by the MCN for some time. Until very recently some molecular tests for lung cancer were restricted to being performed only in Aberdeen Royal Infirmary. Capacity to perform testing in the Molecular Diagnostics Laboratory at the Southern General Hospital, and the recent Scottish Medicines Consortium (SMC) approval of Crizotinib, accelerated the urgency of having a WoS service in place.

A multi-disciplinary short life working group was formed in September 2013 with the aim of producing a regional pathway for molecular testing, with the initial focus being on Epidermal Growth Factor Receptor (EGFR) and Anaplastic Lymphoma Kinase (ALK) testing. The pathway developed proposes that all non-squamous, non-small cell lung cancers are tested in respect of EGFR and ALK at the time of initial diagnosis. This model identifies, at the earliest opportunity, patients who may benefit from treatment with specific drugs, e.g. Crizotinib, in the event of relapse. The pathway has been shared with the 4 WoS Boards for agreement/approval, following which it will be issued as a WoS regional model.
Clinical Management Guidelines (CMGs)
Development and review of CMGs is a core component of MCN activity. During 2013 both the non-small cell and the small cell lung cancer CMGs were updated to reflect current practice following their initial publication in 2009.

A CMG for mesothelioma patients was also developed and has recently been reviewed by the Regional Prescribing Advisory Subgroup, following Chairs Action for small clarifications this will be published.

All CMGs can be accessed directly from the intranet site (www.intranet.woscan.scot.nhs.uk) or via the chemotherapy electronic prescribing and administration system (CEPAS).

A CMG on the management of massive haemoptysis was proposed in the 2013/14 work plan. It was subsequently established that the British Thoracic Society (BTS) were developing guidance for management of massive haemoptysis, therefore this objective will not be progressed by the MCN at present. The outcome of the BTS work is awaited.

2.3 Other MCN Activities

Education
The MCN continues to support education events and provide an opportunity for members from all specialties to engage with colleagues from across the region. A successful, and well evaluated, half-day event was held in November 2013 in the Beatson West of Scotland Cancer Centre (BWoSCC). There was a varied programme including presentations from clinical, laboratory, and research staff. At the event the opportunity was also taken to discuss the proposed molecular testing pathway that was developed by the short life working group. The event was attended by 65 members of the lung cancer MCN.

Collaborative Working - Patient Reported Outcomes
The 3 Scottish Lung Cancer Networks, in collaboration with the Scottish Lung Cancer Nurses Group, conducted a national patient experience survey. Patients attending lung cancer clinics during the month of June 2013 across Scotland were invited to participate. Over 500 responses were gathered and the survey is currently being evaluated. Papers will be prepared by each Network, and there will also be a combined national paper. This will be a useful audit for NHS Boards looking to evaluate or improve local services.

Survival Analysis
Dr David Morrison, Medical Director at the Cancer Surveillance Unit, was commissioned by the lung cancer MCN to examine survival by MDT across the network. Initial analysis was carried out on patients diagnosed 2004 - 2008. Following the discovery of a significant variance in survival outcomes of patients seen in two MDTs, further analysis was undertaken looking at patients diagnosed in 2010 and 2011. This allowed for comparison to be made following reorganisation of MDTs after the initial analysis period. The variance remained in one MDT; the Lead Clinician for WoSCAN has written to the relevant NHS Board requesting that they internally review the variance and report back to the network.
3. Quality Assurance / Service Development and Improvement

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

The annual regional quality assurance of service provision is undertaken utilising 15 nationally recognised Standards (Health Improvement Scotland (HIS) formerly Quality Improvement Scotland). The latest report of audit data is based on 2477 new diagnoses of lung cancer presenting in 2012, set against results obtained from previous reporting periods. The MCN QA process requires local multi-disciplinary teams to critically review, and verify, their own results against the agreed criteria. These are then collated to provide a regional comparative report of performance. The report of the 2012 clinical audit data was published in November 2013 and can be found on the WoSCAN internet site.

In accordance with agreed governance procedures, Boards produced Action/Improvement Plans in response to the findings, and to take forward the recommendations, set out in the Audit Report. An Action/Improvement Plan template was provided to ensure consistency and standardisation across the region. These actions will be progressed and monitored via local governance structures. In addition to this the MCN Manager/Clinical Lead reviewed the plans to identify priorities for co-ordinated regional action, and these, along with progress against specific Board actions, will be monitored throughout the year by the Advisory Board under the standing MCN Work Plan agenda item.

Action Plan Progression
Recommended actions on the basis of the key findings of the audit report were directed to Boards requesting the development of local plans to address areas of deficiency identified. All of the Boards have produced Action/Improvement plans and outlined below is a high level summary of progress.

- In order to understand reasons for a decrease in histological/cytological diagnosis in patients in NHS Forth Valley and NHS Greater Glasgow and Clyde, a review of cases will be undertaken to establish if this is due to clinical factors or changes in practice.
- All MDTs have established robust processes to ensure that all lung cancer patients are discussed by the MDT, and will endeavour to maintain this. In addition NHSGGC has identified those cases that were not discussed and these will be reviewed.
- All NHS Boards will continue to utilise the radiotherapy downloads provided by the Beatson West of Scotland Cancer Centre (BWoSCC). A request has been made that WoSCAN initiate discussions on their clinical teams’ behalf regards information that is required, but currently not included, in the download provided.
- All NHS Boards will utilise chemocare to ensure accurate recording of systemic treatments to ensure consistency in recording and reporting of treatment across the region.
- In order to achieve consistency of recording data for patients with mesothelioma, the MCN will liaise with members of all MDTs to provide staging information and encourage uniformity and accuracy of recording.
The expectation is that all actions will be addressed prior to the onset of the next audit reporting schedule, which will be against the agreed national Quality Performance Indicators.

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

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

The MCN work plan is currently being developed with an emphasis on identifying outcomes that improve the quality of patient care. The work plan is expected to be published by early May 2014. Below are the objectives currently being developed for the work plan in the coming year:

**Core Objectives**
- Continue to provide support to the regional audit programme that will report on the national Lung Cancer QPIs for the first time during 2014; and
- Support the ongoing regional programme of TCAT work which is being undertaken in NHS Lanarkshire.

**Individual MCN Objectives**
- To support and develop a sound regional service to formalise/standardise the management of patients with malignant pleural mesothelioma in the WoS;
- Develop clinically agreed key outcome measures to optimise the reporting opportunity provided by data collected in respect of malignant pleural mesothelioma;
- Develop standard MDT documentation for agreement, implementation and use across the region; and
- Continue to support the implementation of the regional molecular testing pathway for patients with non small cell lung cancer.

5. **Conclusion**

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

Looking ahead, one of the most significant challenges to improving outcomes for lung cancer patients is to increase early detection rates and the MCN will continue to input, as requested, to the Detect Cancer Early programme and the national review of referral guidelines. Targeted therapies offer improved treatment options for some patients and the MCN will support this area of service enhancement through development of referral pathways for EGFR and ALK testing; the determinants of patient suitability for these therapies.
Acknowledgement

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

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

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