Annual Report
April 2016 – March 2017

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## CONTENTS

**FOREWORD BY THE REGIONAL LEAD CANCER CLINICIAN**  
1. INTRODUCTION  
2. REGIONAL CANCER ADVISORY GROUP  
3. MANAGED CLINICAL NETWORKS  
   3.1 BRAIN AND CENTRAL NERVOUS SYSTEM CANCER MANAGED CLINICAL NETWORK  
   3.2 BREAST CANCER MANAGED CLINICAL NETWORK  
   3.3 COLORECTAL CANCER MANAGED CLINICAL NETWORK  
   3.4 GYNAECOLOGICAL CANCER MANAGED CLINICAL NETWORK  
   3.5 HAEMATO-ONCOLOGY CANCER MANAGED CLINICAL NETWORK  
   3.6 HEAD AND NECK CANCER MANAGED CLINICAL NETWORK  
   3.7 HEPATOPANCREATOBILIARY CANCER MANAGED CLINICAL NETWORK  
   3.8 LUNG CANCER MANAGED CLINICAL NETWORK  
   3.9 SARCOMA MANAGED CLINICAL NETWORK  
   3.10 SKIN CANCER MANAGED CLINICAL NETWORK  
   3.11 UPPER GASTRO-INTESTINAL CANCER MANAGED CLINICAL NETWORK  
   3.12 UROLOGICAL CANCER MANAGED CLINICAL NETWORK  
4.0 WEST OF SCOTLAND PRIMARY CARE CANCER NETWORK  
5.0 WEST OF SCOTLAND PHARMACY CANCER NETWORK  
6.0 SCOTTISH CANCER RESEARCH NETWORK – WEST OF SCOTLAND  
7.0 WEST OF SCOTLAND CANCER NURSES GROUP  
8.0 CONCLUSION  
GLOSSARY OF ACRONYMS  
APPENDIX 1 - CONSOLIDATED REGIONAL WORK PLAN 2016/17 – END YEAR POSITION  

Page 1 of 78
Foreword by the Regional Lead Cancer Clinician

I am delighted to introduce the 2016/2017 West of Scotland Cancer Network 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.

The network has a pivotal 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 will become even more important as we adopt new models of care, which are truly patient focused and delivered in the most appropriate setting.

It is particularly encouraging to see practice evolve on the basis of follow-up guideline development and various Transforming Care After Treatment projects, both of which have been key network work streams over the last number of years. Together with colleagues in regional planning, the network is leading on a regional review of systemic anti-cancer therapy, the regional introduction of a robotic assisted surgical service and a review of urology service provision in the region. The overarching goal of these projects is to build an equitable, sustainable service, which delivers the best possible care for cancer patients in the west of Scotland.

Since national cancer quality performance indicators were introduced into routine practice in 2013, it has been particularly gratifying to see a steady improvement in performance against almost all standards measured. This has been made possible because of the ongoing commitment and efforts of all involved and I would like to take the opportunity to thank 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
July 2017
1. Introduction

Working together, clinical and other leaders from across different health and care settings and in local communities, will be front and centre of the drive for delivering improvements in cancer care and services. Looking at the whole pathway of care, underpinned by quality data, will enable the West of Scotland Cancer Network, in conjunction with partners, to pinpoint areas for improvement through pathway redesign and changing clinical behaviours.

Focusing on natural patient flows across traditional boundaries and planning services for the population of the west of Scotland, or nationally where appropriate, will be crucial in driving the change required to ensure the continued provision of high quality, person centred, safe and sustainable services. It will also ensure that activity is firmly focused on improving outcomes for people affected by cancer.

Beating Cancer Ambition and Action (2016) builds on the progress and successes of previous years and confirms a direction of travel for the coming years, providing greater focus on key areas where the most difference can be made. The West of Scotland Cancer Network and its constituent managed clinical networks provide and coordinate the clinical leadership needed to draw people together and create synergies among different services, policies and projects while the Regional Cancer Advisory Group acts as a forum for the development of regional solutions to common delivery problems and increasingly the planning of cancer services on a regional basis. As regional planning and its delivery mechanisms mature, the role/remit of the Regional Cancer Advisory Group will evolve, 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’s (RCAG) 2016/17 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 2016/17 across the region. These include:

Cancer Access Standards

Delivery of access standards during 2016/17 has been particularly challenging across NHS Scotland with significant pressures being experienced, particularly around diagnostic services. The increasing complexity of cancer pathways has also contributed to delays, along with workforce challenges in key areas. Significant work continues to be undertaken by west of Scotland (WoS) NHS Boards to drive improvement and support patients through their pathway of care. 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 NHS Greater Glasgow and Clyde (NHSGGC)). Performance against the 31 day standard sees 3 out of 4 Boards meeting this standard. A national review of cancer standards is currently underway.

Detect Cancer Early

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. This is the long term legacy of the DCE Programme working with charity partners to change public perception of cancer. A number of employers have signed up to support #GetChecked.

Cancer Research UK is working in partnership with the West of Scotland Cancer Network (WoSCAN) and WoS NHS Boards to improve early diagnosis and reduce barriers to participation in the national screening programmes. Facilitators are now in post in 3:4 WoS Boards and are working directly with general practitioner (GP) practices, providing practical support, information and educational resources to improve cancer outcomes. Tailored Board work plans have been developed.

Screening

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.

Breast: 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 NHSGGC and NHS Lanarkshire had uptake of 67.5% and 68.6% respectively.
Colorectal: 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 and 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%.

Cervical: 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%.

Work is ongoing regionally to address screening inequalities with a number of tests of change being undertaken.

**Surgical Service Provision**

Minimally invasive radical prostatectomy: the regional robotic service was established in April 2016 with 147 cases undertaken between April 2016 and April 2017. Activity is in line with the original business case, despite initial medical workforce challenges. Early outcome data is excellent and in line with other world class centres.

Other urological cancers: current pathways and services are being reviewed as part of the wider review of urology services that is due to report in autumn 2017. This will bring forward recommendations to redesign services and potentially reduce the number of centres performing certain procedures. Reconfiguration of multi-disciplinary team meetings will also be required and scoping 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.

Head and neck cancers: the national review group completed its work programme and the group has now been stood down. Regionally further work is being undertaken to review and further develop pathways.

Extending robotic services: health technology assessments are currently being undertaken nationally for new indications of use. These will inform how the business cases for renal, trans oral resection and low rectal cancers might be progressed.

Regional liver service: RCAG have endorsed in principle NHSGGC taking forward the development of a business case to support the development of a regional liver service. In time, this will see the repatriation of patients from Edinburgh to Glasgow. It will also ensure that the service is able to meet the needs of the increasing number of patients diagnosed with liver metastasis.

Neuro-endocrine tumours: the West of Scotland Neuroendocrine Tumour (NET) multi-disciplinary team meeting (MDT) was established in 2015. The number of cases referred to the MDT continues to increase therefore, from early 2017, the MDT has increased in frequency and now runs on a monthly basis to ensure all relevant cases can be discussed in a timely manner.

A service development proposal to establish a regional service providing gallium PET scans for diagnosis of well differentiated NETs and a national service for lutetium treatment has been developed and was supported by the 3 regional RCAGs and regional planning directors in late 2016. Work is on-going with NHS National Services Scotland to take this forward.

In order to take forward audit of NET patient management a national minimum core dataset has been developed for NETs. The information contained within this dataset will allow Boards to assess compliance with UK and international guidelines, ensure equity of access to treatment and drive
quality improvement. Work is currently ongoing to develop a sustainable mechanism for data collection for this agreed dataset.

**Specialist Oncology Services**

**Radiotherapy:** 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.

**Systemic Anti-Cancer Therapy (SACT):**

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 August 2017 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 will be published 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 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 RCAG Prescribing Advisory Sub Group.

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.
**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 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 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.

Funding was secured to undertake a regional audit, the output of which will inform the design of a regional service model to support this group of patients. This will be taken forward in 2017/18.

**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. The programme of formal review of cancer quality performance indicators (QPIs), commenced in late 2015, will continue throughout 2017/18.

In line with CEL 06 (2012), reporting against 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. Annual comparative reports have been compiled for all of the main cancer types and are publically available on the WoSCAN internet site www.woscan.scot.nhs.uk.

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.

**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.

A number of TCAT programme learning bulletins are being produced by Edinburgh Napier University which will be followed by a final bulletin at the end of 2018 for the programme evaluation. Positive benefits from the programme are already being seen, particularly in relation to holistic needs assessment, the use of treatment summaries and cancer care reviews. A number of the projects have been recognised nationally for their positive contribution to the delivery of person centred care.
Wider discussions are currently taking place regarding national roll out of Improving Cancer Journey, a model already established in NHSGGC, and WoSCAN are inputting 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).

**Patient Experience and Involvement**

Patients and carers continue to play an important role in our regional work and their input is welcome and valued. Involvement in key regional work streams has been successfully achieved with a number of active participants. WoSCAN has actively engaged with the Cancer Experience Panel, established as part of the national programme around TCAT and involvement and engagement has significantly increased.

The output from the national patient experience survey has been reviewed and a number of interventions put in place to further improve care planning, shared decision making and communication. Areas of good practice were highlighted and learning shared across Boards. The survey is to be repeated in 2018.

WoSCAN is providing input to work being taken forward nationally to develop and systematically collect and review patient reported outcomes and experience.
3. Managed Clinical Networks

Regional 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 WoSCAN and partner with the North of Scotland Cancer Network (NOSCAN) and South East of Scotland Cancer Network (SCAN).

Five objectives are common to all MCNs:
1. Development and review of clinical management guidelines (CMGs) and clinical guidance documents (CGDs).
2. Clinical audit and continuous quality improvement.
3. Mapping of cancer services to support regional and national planning and local operations.
4. Participation in the national Transforming Care After Treatment (TCAT) programme.
5. Participation in regional and national events to promote best practice, innovation, education and consensus working.

Objectives that are specific to individual MCNs are also included in their annual work plans, and are delivered through the MCN advisory boards, led by their clinical leads and MCN managers. These are documented in more detail within individual MCN reports.

Guideline Development and Review
The development and regular review of evidence-based CMGs and CGDs is a key MCN activity to ensure that patients are managed appropriately and in accordance with recognised best practice. CGDs compliment the CMGs and provide further detail on particular aspects of clinical practice, e.g. radiological imaging/reporting and follow-up care after treatment. These guidelines are reviewed at 3 yearly intervals unless changes in clinical practice or availability of new treatments initiate earlier review. During 2016/17, 20 of 66 CMGs and 12 of 78 CGDs were developed or reviewed.

Quality and Service Improvement
All cancer MCNs continue to support the prospective clinical audit programme which underpins much of the regional work to facilitate continuous service improvement. Annual comparative performance reports continue to be published, reporting performance against national cancer quality performance indicators (QPIs). A number of MCNs have been involved in the scheduled review of 3 years of comparative national reporting to ensure that QPIs remain relevant and focus on areas which will result in improvements to the quality of patient care. MCN audit reports can be accessed via the MCN pages within the West of Scotland Cancer Network (WoSCAN) website - http://www.woscan.scot.nhs.uk/.

Mapping of Cancer Services
High-level regional services maps were introduced in 2013 to detail the points of service delivery and the connections between them. These have been reviewed and updated annually since then to maintain a baseline position to inform any detailed service planning work. Work is currently underway to improve the usefulness of these maps by including information on activity and workforce. Head and neck, hepatopancreatobiliary and upper gastrointestinal cancers are piloting the revised maps before being rolled out across all cancers.

TCAT Programme
Tumour-specific MCNs are currently utilising learning from the national TCAT programme to develop person-centred models of care that focus on recovery and health and well being, with
particular focus on the use of Holistic Needs Assessments (HNAs) and treatment summaries. Individual MCN updates provide further detail.

**Learning and Sharing Best Practice**
MCNs continue to run a programme of regional and national educations events throughout the year to promote continued professional development and facilitate learning and sharing of current best practice and innovation. These events provide an opportunity for engagement with the wider MCN membership to focus on specific aspects of treatment and care and deliver consensus outcomes. Further details are provided in tumour-specific MCN updates.

**Looking Forward**
MCNs will continue to focus on improving quality of care through effective and efficient models of service delivery. MCNs recognise the critical role that clinical audit data and the national QPIs play in underpinning this through regular quality assurance of treatment and care provided by individual MDTs. MCNs will continue to participate in and support regional and national strategies aimed at delivery improvements in quality and efficiency, recognising the need for collaboration both regionally and nationally in driving and delivering incremental improvements and improved patient outcomes.
3.1 Brain and Central Nervous System Cancer Managed Clinical Network

Clinical Lead: Dr Avinash Kanodia
Manager: Lindsay Campbell

The Brain and Central and Nervous System (CNS) Cancer MCN continues to support and develop the clinical service for approximately 450 patients diagnosed with cancer of the brain or CNS each year in Scotland. In 2015 there were 330 cancers recorded, 56% of which were male patients and 43% female patients. 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%.

Guideline Development and Review
The reviews of meningioma and glioma CMGs are in partnership with NHS England to combine into a single guideline for primary brain tumours and cerebral metastases with publication expected July 2018. In the meantime the Scottish meningioma guideline is extant and the glioma guideline review is nearing completion (estimated summer 2017). The role of positron emission tomography-computed tomography (PET-CT) was reviewed and remains not routinely commissioned for these cancers. NHS Education Scotland launched a module on “less common cancers” (including brain tumour) in September 2016 in which general practitioner (GP) practices can learn, through their practice based small groups, to detect these cancers as early as possible.

Learning and Sharing Best Practice
The Supportive and Psychological Care Subgroup had their first meeting in May 2016 which focused on the needs of carers. The “key contact” was emphasised and NHS Forth Valley presented their patient pathway experience that is based on this. Future reviews of patient pathways will be based on this key contact concept and the MCN will work with each Board to achieve this.

The annual imaging research meeting with the Scottish Imaging Network (SINAPSE) was held in Dundee in September 2016 with researchers, physicists and clinical colleagues identifying significant research collaborative opportunities.

The annual scientific meeting of the Scottish Radiotherapy Research Forum (for all cancers) was in Stirling in November 2016.

The Network’s annual education event was held in Edinburgh in November 2016 with over 55 people learning about research and developments: World Health Organisation 2016 classifications introducing molecular parameters, radiology including IDH1 mutation molecular diagnosis, and three clinical case discussions to demonstrate recently released trial results translated into clinical practice.

Quality and Service Improvement
The 2015 analysis of performance against national QPIs realised the improvement in the definitions of the indicators and the capture of the data: it is expected the data captured in 2017 will give a more accurate reflection of the quality of care across Scotland. In comparison to 2014 data, 5 of the 11 indicators were achieved, 5 were better and 1 was poorer. The reporting of pathology with molecular parameters took longer than 21 days after surgery but did not delay adjuvant treatments. Edinburgh and Glasgow pathology departments are implementing the resultant actions to ensure this indicator is met in 2017.
The MCN’s annual analysis of Cancer Registry data shows a steady increase in the number of patients diagnosed each year and our latest forecast is 450 new diagnoses per year.

The Glasgow centre is developing its services:
- A neuro-oncology neuro-rehabilitation service to match the service offered by the Edinburgh centre;
- A weekly combined oncology-surgery assessment clinic for oligometastatic patients and low grade gliomas; and
- The neurosurgeons are sub-specialising with four nominated to manage the oncology workload.

National Multi-Disciplinary Working
The MCN has focused on improving the operation of the four multi-disciplinary team meetings (MDTs) with the Aberdeen/Inverness and Dundee MDTs reviewing complex cases with the Edinburgh centre (as pathology is reported by 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 with the aim to continue to provide care as close to home as possible for patients and carers.

NHS Forth Valley are reviewing their patient pathway with the Edinburgh centre to sustain their “key contact” and share care with the Glasgow centre when best for the patients and carers.

Transforming Care After Treatment
The national project for reintegration after cancer treatment (ReACT) is aimed at teenagers and young adults diagnosed with cancer, particularly a brain tumour. The national programme has developed generic holistic needs assessment (HNA) and treatment summary templates that will be applicable to brain/CNS cancer patients and will be developed through the clinical nurse specialists in 2017/18.

Clinical Trials
The James Lind Alliance Neuro-Oncology group’s top ten clinically important areas for research are being utilised to assess proposals, with Scottish researchers successfully bidding for funding.

Next 12 Months – Opportunities Identified
A number of objectives and opportunities for 2017/18 have been identified:
- The supportive and psychological care subgroup is continuing their focus on the needs of carers.
- The Glasgow centre is completing an upgrade of its facilities on the Queen Elizabeth University Hospital campus, especially the room used for the weekly MDT.
- Partnering with the charities to continue the patient and carers groups and events across Scotland.
- The MCN is reviewed every five years by NHS National Services Scotland and the latest review started in April 2017 with a targeted completion of October 2017.
3.2 Breast Cancer Managed Clinical Network

Clinical Lead: Ms Iona Reid
Manager: Tom Kane

The Breast Cancer MCN continues to support and develop the clinical service for approximately 2300 patients diagnosed with breast cancer annually in the west of Scotland (WoS). Breast cancer is the most common cancer in women. Over the last decade the incidence rate of breast cancer in Scotland has increased by 6%; this may be partly due to increased detection by the Scottish Breast Screening Programme.

Three separate areas of work listed below have become progressively linked in the last year to promote improvement in care for patients diagnosed with breast cancer and in particular for those patients who have completed their initial treatment and are moving into follow-up. Utilising a regional education event to discuss ongoing TCAT projects, gaining broad support at the event, sharing the learning accrued with the Advisory Board to allow senior clinical representatives from across the WoS to further refine the draft document before formally approving new regional follow-up guidelines, has been the key focus and the major success for the Breast Cancer MCN in the last year. The implementation of the new follow-up guidelines will lead to more person-centred care for existing patients, provide the opportunity for newly diagnosed/patients with complex needs to have more time with clinicians and make optimal use of NHS skills and resources.

Learning and Sharing Best Practice
A successful full day regional education event was held in November 2016. 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 focus of the meeting was on the review of follow-up of breast cancer patients. Colleagues from Edinburgh and the Royal Marsden Hospital (a major cancer centre in London) provided examples of how they provide follow-up. In the months after the meeting, colleagues have taken the opportunity to visit the Royal Marsden to assist in their learning. The output of the discussions at the education meeting were utilised to inform the thinking of the MCN Advisory Board as it developed new follow-up guidelines which has broad support from the clinical community.

The MCN also worked with colleagues across Scotland to support an annual national education event, which took place in February 2017 in Dundee. National meetings provide an opportunity to look at clinical trials taking place nationally and internationally, topics of contemporary interest and in particular, they focus on the outcome of the audit data available for each of the regional cancer networks in Scotland.

Transforming Care After Treatment
The MCN has been involved in two TCAT projects. One was based in NHS Ayrshire and Arran and looked at the move from acute care at the end of active treatment back to the community setting through the use of an electronic holistic needs assessment (e-HNA) tool. The second one was based in NHSGGC and looked at a new model of follow-up which is mammographically led, with needs assessment questionnaires being completed either prior to or at attendance by the patient. Both projects have now completed and evaluated positively. In particular, the NHSGGC project has formed the basis of the model of follow-up which has been adopted for use in the WoS.
Follow-up
The provision of follow-up to appropriately support patients, has been a key focus of the work of the MCN in recent years. Taking forward learning from the TCAT projects, the MCN has revised the current follow-up guideline. The updated guideline has been approved for regional implementation. The MCN is working with the NHS Boards in the WoS to roll out the guidelines. 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 will 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.

Quality and Service Improvement
The report of the 2015 clinical audit data reporting performance against 11 National Breast Cancer QPIs was issued to NHS Boards in November 2016. The results demonstrate that patients with breast cancer in the WoS continue to receive a consistent high standard of care. A national, Healthcare Improvement Scotland led, governance assurance review of performance against 3 years of reporting against the cancer QPIs was undertaken. The outcome of the national review was positive, with the national group noting that breast cancer care is delivered by a service committed to critical analysis, evaluation and improvement. The MCN is also making use of its electronic cancer audit system (eCase) to collect information on the recurrence of breast cancer, which will in turn assist in informing clinical practice in the future.

Enhanced Recovery After Surgery Programme for Breast Cancer
Enhanced Recovery After Surgery (ERAS) is an evidence-based model of care which has the potential to transform elective cancer pathways by delivering a better patient experience and improved clinical outcomes. Since the initial publication of a breast cancer ERAS pathway in 2013, there have been considerable developments in breast surgery. Audit data indicates that all units in the WoS are now consistently exceeding the national standards for ERAS. This is a good example of work being taken forward and being fully embedded in clinical practice to optimise care for patients.

Next 12 Months – Opportunities Identified
The MCN have identified the following objectives to progress throughout the coming year:
- Work with the NHS Boards to ensure that the approved follow-up guideline is fully implemented across the region.
- Review the existing Breast Cancer CMG and CGDs and develop a new CGD to support the decision making process in patients for whom prophylactic mastectomy is being considered.
3.3 Colorectal Cancer Managed Clinical Network

Clinical Lead: Prof Paul Horgan
Manager: Kevin Campbell

Colorectal cancer is most commonly diagnosed in the over 65 age group and the increasingly ageing population means the number of new cases annually is expected to continue to rise; 1551 new cases were reported via the regional audit for the year to 31 March 2016. Treatment and care for these patients is delivered by MDTs across the region; 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. Patient survival at 5 years following diagnosis is now 55%, having increased by almost 20% over the last 25 years.

Guideline Development and Review

The scheduled 3-year review of the published regional CMG for colorectal cancer focused largely on aligning the systemic anti-cancer therapy (SACT) aspects of the guideline with current best practice. Revisions to the guidance incorporated the numerous chemotherapy regimen options now available to treat colorectal cancer, ensuring the guidance fully and accurately reflects all options for treatment.

Periodic review of published MCN CGDs ensures their continued alignment to contemporaneous clinical practice and that the recommendations they contain are evidence-based. The outcome of the review of the radiological guidelines for staging of rectal cancer resulted in revisions to the content to optimise the recommended imaging techniques. Additionally, a revised standardised reporting proforma, containing a reduced data set aimed at improving reporting of these critical investigations, has been recommended for regional implementation.

Learning and Sharing Best Practice

The MCN education event focused on the management of advanced disease, looking at effectiveness of the different modalities available for treatment of both locally advanced and metastatic disease including a focus on the multi-modal approach to managing metastatic liver disease, which affects up to half of all colorectal cancer patients. The programme also included an overview of the development of a multidisciplinary team approach to exenteration surgery which has been developed in Glasgow. Increased awareness of new clinical and service developments made possible by these education events translates to more patients being considered for further potentially curable treatments.

Quality and Service Improvement

The latest MCN clinical audit data contributed to a national comparative assessment of performance utilising the nationally agreed QPIs for Colorectal Cancer, for the 3-year period April 2013 to March 2016. Overall performance of the 4 WoS NHS Boards, against the 12 Colorectal Cancer QPIs, was generally good and compares very well with that of other NHS Boards in Scotland. No individual NHS Board, however, met all 12 QPI targets suggesting that the target levels for the QPIs are challenging and that there are areas where further improvements can be made. Notably, QPI 2 pre-operative imaging of the colon: it was noted that though difficult to achieve it is a QPI that all Boards should be aspiring to meet. Only one NHS Board in the WoS met the target of 95% in the final year of the period however, over the 3-year period the trend in results is upwards towards the target in all Boards. NHS Boards are exploring the reasons for not currently achieving the target.
This MCN recognises the importance of the functions that facilitate this quality assurance process and is encouraged by the results presented in the report which demonstrate that patients with colorectal cancer in the WoS continue to receive a consistently high standard of care. It is noteworthy that other healthcare systems are now looking to replicate this framework.

**National Cancer Quality Performance Indicator Review**

The scheduled 3-year review of the national QPIs for Colorectal Cancer identified some opportunities to further refine existing measures, principally to ensure that assessments are focused to the specific patient groups intended. Additionally the target to be achieved, in a number of QPI measures, was made more challenging with the objective of continuing to drive up the quality of services delivered. A number of further areas to which targets might also be applied were identified, including post-treatment MDT discussion. These opportunities will be considered for future new QPIs.

**Transforming Care After Treatment**

Early results from local TCAT projects indicate a positive patient response to the various components being tested; HNAs, care plans, health and well being clinics and treatment summaries. The challenge for the MCN this coming year is to take the learning from these local projects, identify best practice and develop a strategy to support wider regional implementation. The MCN has started this process by assessing what is happening in each locality, targeting clinical nurse specialist colleagues to survey current and planned activity.

**Standardising Case Presentation to Multi-Disciplinary Team Meetings**

A MDT approach to treatment planning is recognised as best practice in the management of cancer patients. For the decision-making process of the MDT to be effective, all relevant information should be readily available to the team at the time of review. The MCN has worked to define the information requirements and agree a standardised template for patient presentation at MDT and to capture treatment planning decisions. It is hoped that this template will be used to inform work on development of an eHealth solution to support the operation of the MDTs.

**Next 12 Months – Opportunities Identified**

A number of opportunities and challenges have been identified and the resulting defined objectives form the work plan for the MCN in 2017/18:

- Contribute to the MDT eHealth work being led by NHS Greater Glasgow and Clyde (NHSGGC), in order to deliver an eHealth solution which supports the operational requirements of Colorectal Cancer MDTs regionally.
- Support, as appropriate, the evidence-based introduction of Quantitative Faecal Immunochemical Test (QFIT) for patients with colorectal symptoms in order to reduce the number of patients requiring colonoscopy investigation.
- Potential development of a regional robotic service for lower rectal cancer.
- 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.
3.4 Gynaecological Cancer Managed Clinical Network

Clinical Lead: Dr Nadeem Siddiqui
Manager: 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 predicted. Endometrial cancer, having a recognised link with obesity, has notably been increasing significantly (32% over the last ten years) and is expected to continue to do so. These projections represent a significant additional capacity issue and will inform future service delivery planning.

A single regional weekly MDT meeting, facilitated by video-conferencing technology and a bespoke information technology system, is responsible for the planning and provision of treatment and care to all patients with gynaecological cancers 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 management.

Guideline Development and Review
Following an initial review, the draft revised regional guidance for radiological imaging of gynaecological malignancy was presented at the national Gynaecological MCN Education Event in September 2016, to test proposed changes with colleagues from all 3 regional Scottish MCNs and with the objective of achieving national consensus. It was noted that the current regional variations in radiological imaging largely reflect variation in surgical approach; it was recognised that these variations would first need to be addressed in order to fully achieve national consensus.

The revised regional guidelines have since been ratified by the WoS MCN and have been approved by the Regional Cancer Clinical Leads Group (RCCLG) and ratified by the Regional Cancer Advisory Group (RCAG) for publication and implementation.

National Comparative Assessment of Performance Against Quality Performance Indicators Cervical and Endometrial Cancers
The September 2016 national education event held in Perth provided the opportunity to present, for the first time, a national comparative performance assessment of cervical and endometrial cancer QPIs. Overall, reported performance against the QPIs was generally good across all NHS Boards and results for NHS Boards in the WoS MCN compared well with those in the other regions. Results demonstrated that target levels set for QPIs are challenging and the assessment helped to identify areas for further improvement for Boards, namely radiological staging (magnetic resonance imaging) of cervical cancers, for which only one NHS Board had met the target. The results also indicated that NHSGGC is behind others in its use of laparoscopic techniques in surgery for endometrial cancer, although it was recognised that this is a developing service and future results should reflect continuing development.

Quality and Service Improvement
An assessment of the performance of gynaecological cancer services is undertaken annually, utilising nationally agreed QPIs; results for the period 1 October 2015 to 30 September 2016, are now available. These results demonstrate that services in the WoS are, generally, performing well and patients receive a high standard of care. As with previously reported results, however, there are still some opportunities to make further improvements.

Use of laparoscopic techniques in the surgical management of endometrial cancer patients remains below the QPI target level in NHSGGC, indicating that greater emphasis needs to be placed on developing this service. Recording the ‘Risk of Malignancy Index’ score of patients being investigated for ovarian disease, to inform decisions regarding the need for specialist surgical
intervention, is very poor; at 48% for the WoS, the result is well below the 90% target. This likely reflects practice which tends to default to investigation of abdominal mass using computed tomography (CT); reported CT results mean the ultrasound component of the risk of malignancy index is not available, therefore a score cannot be calculated.

The MCN recognises the importance of the functions that facilitate this quality assurance process and is encouraged by the results presented in the report which demonstrate that patients with gynaecological cancers in the WoS continue to receive a high standard of care.

Enhanced Recovery After Surgery Programme for Gynaecological Cancer
NHSGGC is the last of the four WoS Boards to adopt a more effective and efficient model of care for the surgical management of patients through an established ERAS pathway.

Since the MCN published an exemplar ERAS pathway for Endometrial Cancer in 2013, work has been ongoing regionally to implement this model of care and to further establish ERAS as the default pathway for all major gynaecological surgery. Implementation has been successful in NHS Forth Valley and in NHS Ayrshire and Arran where the ERAS pathway is now firmly embedded in practice. Rationalisation of specialist surgical care to a single site in NHS Lanarkshire has provided both issues and opportunities and ERAS is now being incorporated into local practice.

A short-life working group was established in NHSGGC to support local implementation of ERAS and the initial pilot began in Clyde in November 2016. Early evaluation of this service is very encouraging, showing a reduction in post-operative complications of 16%, length of stay reduced from 3 to 2 days and problems experienced by patients at home, following discharge, reduced by 15%. Implementation in both north and south Glasgow is now underway.

A review of the MCN service model exemplar developed to support the regional implementation of ERAS concluded that the published guidance continues to be relevant whilst the implementation in NHSGGC is ongoing. It was agreed that the guidance would be retired at the next scheduled review point.

Learning and Sharing Best Practice
The WoS MCN hosted a national education event, held on Friday 30 September in Perth. The varied programme included a first national comparative assessment of performance against endometrial and cervical cancer QPIs and an initial attempt to reach a national consensus on revised guidance for radiological imaging investigation and staging of gynaecological cancer.

Next 12 Months – Opportunities Identified
A number of opportunities and challenges have been identified and the resulting defined objectives form the work plan for the MCN in 2017/18:

- 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.
- Formalise regionally, existing local arrangements for multidisciplinary approach to complex surgical debulking to reduce regional variation in patient management and improve outcomes.
- Utilise MDT activity data to audit clinical practice and inform service planning through better understanding of clinical activity and performance.
3.5 Haemato-oncology Cancer Managed Clinical Network

Clinical Lead: Dr Mark Drummond
Manager: Heather Wotherspoon

Non-Hodgkin lymphoma is now the eighth most commonly diagnosed malignancy in Scotland (2015) and together with Hodgkin lymphoma accounts for over 40% of all haematological malignancies registered in WoS. Approximately 1200 haematological malignancies are registered each year across the WoS.

Transforming Lymphoma Follow-up Practice to Promote Long Term Survivorship

During the last year, a pilot project was undertaken to review and redesign lymphoma follow-up practice across WoS. This resulted in a new person-centred, risk-stratified model of follow-up for curative lymphoma which included a reduction in the planned follow-up period from 5 years to 2 years, reducing follow-up appointments by at least 37%. It 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. Initial findings demonstrated that the new follow-up pathway was feasible, acceptable to both patients and staff and supported by published clinical evidence. Furthermore, it addressed a need for post-treatment support which had been highlighted in the recent Scottish Cancer Patient Experience Survey 2015/2016 i.e. only 48% of people with a haematological cancer received enough care and support from health or social services after completion of their treatment.

In June 2017, the WoS RCAG endorsed this new model of follow-up care and ratified inclusion in the revised Regional Lymphoma Follow-up Guideline for regional rollout and implementation.

Guideline Development and Review

Development and review of CMGs and CGDs remains a core component of MCN activity, with over 27 CMGs/CGDs currently available covering all the major types of haematological malignancies. Successful collaboration with NOSCAN and SCAN has resulted in the development of a third national haematonoctology CMG, for chronic lymphocytic leukaemia, promoting consistency in clinical practice throughout Scotland.

During the last year, the Scottish Medicines Consortium’s approval of a number of new drugs for patients with haematological malignancies has initiated unscheduled CMG development and review and recently published UK guidance and clinical trials data have also prompted early review. These guidelines continue to help support the well established Regional Haematonoctology MDT meeting and optimise delivery of care. The following progress has been made since the publication of last year’s report:

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<tr>
<th>CLINICAL MANAGEMENT GUIDELINES &amp; CLINICAL GUIDANCE DOCUMENTS - (Published)</th>
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<tbody>
<tr>
<td>Acute Myeloid Leukaemia v3.0</td>
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<td>Chronic Myeloid Leukaemia v4.0</td>
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<td>Marginal Zone Lymphoma v2.0</td>
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<td>Myelodysplasia v3.0</td>
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<td>Scottish Chronic Lymphocytic Leukaemia v1.0</td>
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<td>Prophylaxis and Management of Tumour Lysis Syndrome in Adults v1.0</td>
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<tr>
<td>Haemato-Pathology Laboratory Users Manual v3.0</td>
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<td>Management of newly presenting patients with a mediastinal mass causing airway compromise v2.0</td>
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<td>Prophylaxis and Management of Tumour Lysis Syndrome in Adults v1.0</td>
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Breast Screening Following Mediastinal Radiotherapy – Support for National Approach
More than a decade after the Scottish Government recommendation that women who receive mediastinal radiotherapy before 36 years of age should undergo breast screening, there is still no mechanism in place to ensure that these patients enter a screening programme. Over the last two years, MCN members have been striving to establish a safe and robust mechanism for referring these patients to breast screening. In December 2016, the Scottish Screening Committee Meeting agreed that a national approach to screening for this patient group is required and have now identified a route to take this work forward. This has been an important step towards ensuring the safe monitoring of this particular patient group.

Molecular Diagnostics
The MCN Molecular Diagnostics Subgroup continues to work towards improving blood cancer diagnostics through co-ordinated testing. Members have been involved in ongoing work to repatriate testing in Scotland and have also led on the development and presentation of proposals for new applications of molecular testing to the Molecular Pathology Evaluation Panel.

The NHSGGC Molecular Diagnostic Pathway Development Joint Working Project is developing new testing strategies for patients with blood and solid cancers within the routine NHS laboratory setting, including the development of next generation sequencing, for patient benefit. This project has highlighted how commercial industry and NHSGGC have worked effectively together in the development of diagnostic pathways for patients with cancer.

Strengthen and Support Haematology Clinical Trial Activity in WoSCAN
The Haematology MCN Clinical Trials Subgroup continues to strive towards embedding trials into day-to-day clinical practice to support the development of new treatments and improve patient outcomes. Membership includes key stakeholders from across the WoS NHS Boards, WoSCAN and the Scottish Cancer Research Network. The MCN has produced disease-specific ‘maps’ of open trials available across the region, which are accessible on the WoSCAN intranet site and are updated regularly. These also help facilitate regional review of patient recruitment and identify gaps in the trials portfolio. Members of the subgroup are able to highlight available trials during discussions at the weekly regional MDT to ensure equity of access. The MCN has noted significant clinical trial achievements, with the Beatson WoS Cancer Centre being the top recruiting centre in the UK for two lymphoma trials and the top recruiter in Europe for a trial for patients with myeloproliferative neoplasms.

Quality and Service Improvement
The third year of lymphoma clinical audit data, relating to patients diagnosed between 1st October 2015 and 30th September 2016, has been submitted to Information Services Division (ISD) for inclusion in the national comparative QPI report for years 1-3, due for publication in November 2017. Review of the WoS data for year 3 shows potential for further service improvement around a number of key areas, including targets relating to timescales for radiological staging and discussion of patients at MDT. However, the Molecular Diagnostics Subgroup, in conjunction with colleagues in molecular pathology, has successfully completed a regional action to improve cytogenetic testing.
turnaround times to help guide treatment decision-making. Following the introduction of a number of measures to minimise delays within the testing pathway, the WoS figure for MYC testing has increased from 43.9% in year 1 to 71.3% in year 3 (target 60%).

Acute leukaemia QPIs were implemented in July 2014, however publication of the first audit report has been deferred until 3 years of data are available and analysed to try to address the small patient numbers associated with certain QPIs. This action has been supported by the RCCLG. Performance summary reports will, however, be circulated to WoS NHS Boards for management purposes, enabling any areas identified for improvement to be considered and addressed at the earliest opportunity.

**National Cancer Quality Performance Indicator Review**
MCN members have recently participated in the formal review of lymphoma QPIs following 3 years of national comparative reporting. Potential refinements to the current QPIs have been identified to ensure that they remain relevant and focused on areas which will result in improvements to the quality of patient care. A number of new QPIs have also been put forward for consideration. MCN members will be encouraged to actively participate in the forthcoming public engagement exercise.

**Next 12 Months – Opportunities Identified**
The MCN have identified the following objectives to progress throughout the coming year:
- Rationalise and co-ordinate testing for liquid haematological malignancies in the WoS, with particular focus on the development of a regional diagnostic pathway for acute myeloid leukaemia.
- Review and report on SACT activity and clinical trial activity associated with haematological malignancies not included in QPI programme.
- Collaborate with the SACT Future Service Delivery Project Group to identify, develop and test alternative models of SACT delivery in relation to haematology-oncology.
3.6 Head and Neck Cancer Managed Clinical Network

**Clinical Lead:**  Mr Stuart Robertson  
**Manager:**  Heather Wotherspoon

The Head and Neck Cancer MCN continues to support and develop the clinical service for approximately 630 patients diagnosed with head and neck cancer annually in the WoS. Effective management of these patients relies on coordinated delivery of treatment and care achieved through close collaboration of professionals from a range of specialties. The two WoS Regional Head and Neck MDTs are now well established.

**Guideline Development and Review**

Development and review of CMGs and CGDs remains a core component of MCN activity with 6 published CMGs currently available covering all the major types of head and neck cancer. All CMGs are currently under review.

Modifications are required to reflect changes to the Union for International Cancer Control/American Joint Committee on Cancer staging system (TNM 8) and these will be incorporated into the revised guidelines. These regional documents continue to promote consistency in clinical practice throughout the WoS and optimise delivery of care.

**Regional Multi-Disciplinary Team / Regional Morbidity and Mortality Meetings**

Following the previous reconfiguration of Head and Neck MDTs and rationalisation to two regional MDTs, prospective audit of MDT practice and treatment recommendations is underway within the MCN. The MCN aspires to deliver consistent and evidence-based MDT practice, raising the standards of head and neck cancer care and improving the experience and outcome for patients. The quarterly regional morbidity and mortality meetings, introduced in 2015, provide a collaborative learning forum for all MCN members. These meetings now include peer reviewed discussion of all cases with positive surgical margins: this addresses an action included in the recently published Head and Neck Cancer QPI Audit report.

**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 WoS TORS service was endorsed by the RCAG in September 2016 and a fully completed business plan has been developed and now awaits submission to the Regional Planning Group for consideration.

**Quality and Service Improvement**

The second report of Head and Neck Cancer QPI results relating to patients diagnosed between 1st April 2015 and 31st March 2016 was published in December 2016. It was encouraging to note that all Boards met the targets set in relation to pre-treatment investigation of patients newly diagnosed. Whilst some other QPI targets remain challenging, there were notable improvements in performance with regards to pre-treatment oral screening and nutritional screening across all Boards. There remains variation in performance between NHS Boards in relation to positive surgical margin rates from open cancer resections and this is the subject of ongoing discussion at the quarterly MCN mortality and morbidity meetings. The Advisory Board continues to monitor progress against local action/improvement plans developed by NHS Boards in response to the reported findings.

Throughout the year, the Advisory Board has considered the development of more targeted, outcome focused QPIs for speech and language therapy and oncology, ahead of formal QPI review.
in October 2017. The MCN looks forward to active engagement in the national review process to ensure the QPIs remain relevant and focused on driving quality improvement.

Transforming Care After Treatment
The MCN has continued to raise awareness of the TCAT programme of work, ensuring that the Advisory Board and wider network membership are kept up to date with progress. Throughout the coming year, the MCN will utilise the learning and outcomes from the TCAT programme to determine how to take forward the use of HNA and treatment summaries for patients with head and neck cancer. Initial work is already underway to map the current use of HNAs across the region and identify areas where learning can be shared.

Learning and Sharing Best Practice
The MCN education events provide an opportunity for members across all subspecialties within head and neck services to engage with colleagues at a regional level. A successful Regional Head and Neck Cancer Event was held in November 2016 and enjoyed a multi-disciplinary programme, with presentations from clinical and academic staff across the MCN. The final 2015/16 QPI results dataset was also presented, attracting a wide ranging and open discussion. The event generated enthusiasm to re-establish the Head and Neck Research Group within the WoS to facilitate research through high level collaboration with colleagues, strengthen links between clinical and academic sectors and promote education and best practice in the diagnosis and management of head and neck cancer. The MCN will hold a preliminary meeting in August 2017 to establish this group and agree the terms of reference.

Next 12 Months – Opportunities Identified
The MCN have identified the following objectives to progress throughout the coming year:
- Regional Robotic Service for TORS: once approved by the Regional Planning Group, support service development and implementation.
- Conduct a pilot study to provide patients with head and neck cancer with improved access to smoking cessation services immediately after diagnosis, with the aim of increasing the percentage of patients who successfully stop smoking.
- Support clinical pathway work currently ongoing within NHSGGC for patients with occult primary head and neck cancer with a view to reaching consensus on optimal pathway for regional implementation; identify other areas where development of regional diagnostic pathways would be appropriate.
- Support the development and implementation of a guideline on the management of terminal haemorrhage in head and neck cancer within NHSGGC with a view to agreeing regional consensus for roll-out across the WoS.
3.7 HepatoPancreatoBiliary Cancer National Managed Clinical Network

Clinical Lead: Prof Stephen Wigmore
Manager: Lindsay Campbell

The HepatoPancreatoBiliary (HPB) Cancer MCN continues to support and develop the clinical service for approximately 1600 patients diagnosed with cancer of the liver, pancreas, gallbladder, bile duct or duodenum each year in Scotland. In 2015 there were 716 pancreas, 503 liver, 286 gallbladder/bile duct and 30 duodenum cancers recorded, 56% of which were male patients and 43% female patients. 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-curate, a high proportion of patients present with advanced disease, with five year survival of 3.8% for pancreatic cancer.

Guideline Development and Review
The national follow-up guidelines were reviewed by October 2016 to reflect the differences between liver and the other HPB cancers, and to align liver cancer follow-up with cirrhosis surveillance. The role of PET-CT was reviewed and remains not routinely commissioned for these cancers. The national CMGs for pancreatic/duodenal cancer are in review to reflect the neo-adjuvant and adjuvant treatments now available along with the continuing improvements to investigations. NHS Education Scotland launched a module on “less common cancers” (including pancreatic cancer) in September 2016 in which GP practices learn, through their practice based small groups, to detect these cancers as early as possible.

Learning and Sharing Best Practice
The MCN’s annual education event was in Aberdeen in November 2016 with over 50 people learning about research and developments in pancreatic cancer and the clinical nurse specialists sharing their best practice. The Scottish pathologists meet with their colleagues in the north of England twice a year through the Northern Pancreatic Pathology Group. The Scottish surgeons met in March 2017 in Inverness to review mortality and morbidity outcomes and share best practice.

Quality and Service Improvement
The 2015 QPI audit results showed steady performance improvement with 6 of the 12 indicators achieved, 4 with better performance than 2014 and 2 with similar performance to 2014. Patient participation in clinical trials was reported for the first time and confirmed a small number of patients are eligible to participate in the latest clinical trials as they are based on a patient’s molecular diagnosis. The five centres are continuing to offer the maximum number of trials and recruit the maximum number of patients into each trial however this remains challenging for HPB cancers.

The MCN’s annual analysis of Cancer Registry data shows a steady increase in the number of patients diagnosed each year and our latest forecast is 1600 new diagnoses per year.

The MCN monitors the HPB cancer waiting time standards and during 2016 both the 31 and 62 day standards were met for three out of the four quarters, with the fourth quarter being narrowly missed (94.5% for 31 days and 92.7% for 62 days). The MCN regularly reviews the patient pathway with each of the fourteen territorial Boards and NHS Fife is recruiting a clinical nurse specialist to further improve care with the Edinburgh centre.

National Quality Performance Indicator Review
The leads for the five centres and the clinical lead participated in the formal review of QPIs after three years of reporting (2013 to 2015) and three major improvements were agreed:
- Patients with hepatocellular carcinoma being appropriately diagnosed and staged are split into 2 categories; 90% of patients receiving a CT or magnetic resonance imaging scan and 90% of scans fully recorded.
- The target for 30 and 90 day mortality following treatment for hepatocellular carcinoma with curative intent is improved from 10% to 5% and 7.5% respectively.
- The target for patients with pancreatic, duodenal or distal biliary tract cancers having non-surgical treatment should have a cytological or histological diagnosis is improved from 50% to 75%.

Version 3 of the nationally agreed HPB cancer QPIs was published in May 2017 and will enable the reporting of 2016, 2017 and 2018 performance.

**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 having surgery 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 achieved through the north of Scotland’s review of cancer services.

The Edinburgh MDT uses TrakCare for real time communication of outcomes to the rest of NHS Lothian. Real time communication to NHS Borders, NHS Dumfries & Galloway and NHS Fife is being developed through TrakCare and the south east of Scotland clinical portal. In the meantime the MDT coordinator provides the outcomes of the weekly MDT outside of NHS Lothian manually via email, with the consultant’s letter to the referring clinician being sent within five working days.

The Glasgow hepatocellular carcinoma MDT includes an Edinburgh surgeon (by video conference) with the referral form shared by all five centres. The pancreatic/gallbladder/biliary tree/duodenum MDT is reviewing its operating policy to reflect the current practice, participants and patient referrals from the WoS (NHS Forth Valley refer all HPB cancer patients to Edinburgh).

In partnership with the Innovative Healthcare Delivery Programme, an information specification for the HPB cancer MDTs is being developed to enable eHealth to identify a suitable application to provide real time communication across Scotland.

**Transforming Care After Treatment**

The national project for reintegration after cancer treatment (ReACT) includes the very small number of teenagers and young adults diagnosed with an HPB cancer. The national programme has developed generic HNA and treatment summary templates that will be applicable to HPB cancer patients and will be developed through the clinical nurse specialists in 2017/18.

**Next 12 Months – Opportunities Identified**

A number objectives and opportunities for 2017/18 have been identified:
- The Glasgow centre is determining the requirements for a liver resection service in the WoS.
- The Glasgow centre is partnering with Pancreatic Cancer UK and Oxford Brookes University to survey Scottish patients’ experience of pancreatic cancer and to compare the results with the rest of the UK.
- Work with ISD and the regional cancer networks to analyse hepatocellular carcinoma care in Scotland from 2001 to 2015 and determine outcomes and geographical variations.
- The MCN is reviewed every five years by NHS National Services Scotland and the latest review started in April 2017 with a targeted completion of October 2017.
3.8 Lung Cancer Managed Clinical Network

Clinical Lead: Mr John McPhelim
Manager: Tracey Cole

During 2015, there were 2556 new diagnoses of lung cancer, and 87 of mesothelioma. Of the new lung cancer cases, there was an almost even split of males and females diagnosed; 49% and 51% respectively. The disease continues to be more prevalent in patients of 60 years and over, representing 87% of new cases in the year. Despite advances in treatment providing options for multiple lines of therapy beyond initial treatment, overall survival continues to be low, much of which can be attributed to advanced stage of disease at presentation, and therefore lung cancer remains a focus of the Detect Cancer Early (DCE) Programme.

Regional Follow-up Compliance Review
This review was undertaken to determine the extent to which published MCN regional follow-up guidance had been adopted into practice across the WoS. Interviews with Lung Cancer MDTs prior to the audit being undertaken had indicated that compliance with regional guidance was high. This was subsequently confirmed by the audit; 95% of patients were followed up in accordance with the published guidance. Partial compliance was noted in a number of NHS Boards and further detail of this and the instances of non-compliance has been provided to Boards in order that a local review can be undertaken. Results of the reviews will be reported back to the MCN Advisory Board and further discussion or action can be facilitated if required.

Learning and Sharing Best Practice
Significant work was undertaken, primarily by the NHSGGC Lung Cancer Team, to develop a regional MDT proforma that could be utilised to present new cases by all lung cancer MDTs across the WoS. The application, an excel spreadsheet that can be completed in real time at each MDT meeting, was made available to all teams in July 2016. Almost all MDTs have adopted this tool into standard practice which has led to extremely positive feedback on the ease of use and the functionality. Those MDTs not currently utilising the proforma are in the process of implementation, resource permitting, as all agree that standardised MDT application is a positive introduction.

Quality and Service Improvement
There have been key areas of good/improving performance and good practice against the QPIs, seen in the WoS, particularly in respect of QPI 7 (lymph node assessment) where overall performance increased from 11% in year 1, to 73% in year 2, and 76% in year 3.

Surgical resection rates have remained consistently above target and are comparable with, if not exceeding in some instances, the rates reported in the annual National Lung Cancer Audit for NHS England and NHS Wales.

There have been some challenges meeting targets in QPIs where treatment data is required to be recorded; this is perceived to be an access and recording issue. However, following a training event, there have been some significant improvements observed, particularly regards QPI 10 (chemoradiotherapy in limited small cell lung cancer) with an increase in performance by all WoS NHS Boards and overall regional results increasing from just over 40% in year 2, to almost 68% in year 3.

National Quality Performance Indicator Review
Members of the Lung Cancer MCN engaged fully with the formal national QPI review process. An extraordinary Advisory Board meeting was held to discuss and prepare a regional response to the review process, and members of the MCN were also active in responding to the wider public
engagement exercise. As a result of the review 7 QPIs were updated, 2 archived, and 3 new indicators introduced.

The clinical lead and MCN manager also represented the MCN at the formal review undertaken by Healthcare Improvement Scotland of the lung cancer clinical audit data collected since 2013. The review was very positive and the report of the outcome and recommendations is awaited.

**Transforming Care After Treatment - 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 that was custom built to meet the needs of the project. The tool helps to identify patient concerns and needs, directing them as appropriate within the health service setting, or to the appropriate social care and third sector partners.

The NHS Lanarkshire team have recently successfully applied for additional funding to expand and continue the project and to introduce the assessment in other cancer types. The urological and head and neck cancer patients will be the next groups to be offered participation in the project locally. Regionally, the next steps will be to assess the learning and outcomes from NHS Lanarkshire and clearly identify the suitability of application in other NHS Boards in the WoS.

**Next 12 Months - Opportunities Identified**

At the annual MCN education event, potential areas for service improvement were identified. These were particularly in relation to the diagnostic pathway to ensure that this remains fit for purpose, and is as efficient as possible in scheduling of investigations. To establish this the following objectives will be progressed:

- Waiting times data will be interrogated to establish whether areas within the pathway are contributing to adjustments being applied.
- Tests of change will be undertaken of alternative ordering of diagnostic investigations for patients with a suspected lung cancer.
- The CMGs for both non-small cell and small cell lung cancer, and mesothelioma will be subject to extensive review which will be undertaken by a multidisciplinary project group.

There is also opportunity to further enhance the overall service for patients with mesothelioma. Work will be undertaken to identify suitable performance indicators for formal reporting, and the MCN will support, and contribute to, the development of a business case for a national mesothelioma service in conjunction with third sector partners - Macmillan Cancer Support and Mesothelioma UK.
3.9 Sarcoma National Managed Clinical Network

Clinical Lead: Dr Ioanna Nixon
Manager: 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 2014/15 there were 233 cancers recorded in the first year of reporting against national sarcoma QPIs, while from 2011 to 2015 Cancer Registry reported 59% of sarcomas in males and 41% in females. 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 (dependent on where in the body the sarcoma is situated) in collaboration with the Scottish Sarcoma MDT (which manage the extremities), with five year survival of 55%.

Guideline Development and Review
The first regional CMG on cutaneous sarcoma was developed in partnership with the WoS Skin Cancer MCN and published in May 2016. The other two regions are developing their guidelines during 2017/18. The role of PET-CT was reviewed and remains not routinely commissioned for these cancers. The gastrointestinal stromal tumour (GIST) guideline was reviewed by January 2017 to include the Medicines and Healthcare products Regulatory Agency advice to test for hepatitis B virus before starting treatment with imatinib. The guidelines for bone and soft tissue are being reviewed to reflect the treatments currently available along with developing the guideline for fibromatosis. NHS Education Scotland launched a module on “less common cancers” (including soft tissue sarcoma) in September 2016 in which GP practices learn, through their practice based small groups, to detect these cancers as early as possible.

Learning and Sharing Best Practice
The three Scottish education days were in Aberdeen in May, Glasgow in September and Edinburgh in December 2016, with the British Sarcoma Group conference in Bristol in March 2017. GIST Support UK held the second meeting of GIST patients and carers in parallel with the education day in Edinburgh.

Each of the education days were well attended and typically cover research, developments, current practice, partnership working with Charities, reviews of cancer QPIs and reviews of mortality and morbidity.

The May meeting included results of the first survey of Scottish sarcoma patients’ experience and comparison with English patients, supported by Sarcoma UK. This resulted in an expansion of the patient information provided by the charities, e.g. nine different types of bone cancer information is now provided by the Bone Cancer Research Trust.

The September meeting included analysis of individual patient treatment requests across Scotland as medicines for sarcoma are now classified as orphan or ultra-orphan by the Scottish Medicines Consortium and approvals are increasing. The Glasgow centre reviewed the recent care of three patients with emphasis on pathology, radiology and surgery. The Scottish Bone Tumour Registry was reviewed and agreement reached on how to sustain it through digital data and Community Health Index linkage while increasing its usefulness to research, teaching and quality improvement.

The December meeting included testimony from a patient and their spouse on their recent proton beam therapy in Florida USA along with the review of the Scottish Sarcoma Network website by a patient (and website entrepreneur) and their recommendation on its upgrade to the latest technology e.g. to view the MCN’s website on mobile devices.
Quality and Service Improvement
The reporting of the 2015/16 cancer quality performance indicators was delayed and may be combined with the reporting of 2016/17 data planned for November 2017. The actions from 2014/15 were successfully completed and enabled the indicator for limb sparing surgery to be reported for all three years.

The MCN’s annual analysis of Cancer Registry data shows an average of 338 patients diagnosed each year between 2010 and 2014 and our latest forecast is 350 new diagnoses per year.

National Multi-Disciplinary Working
Analysis of the Scottish Sarcoma MDT activity from October 2015 to October 2016 inclusive showed on average twenty-five patients were discussed per week. The home page of the Scottish Sarcoma Network website continues to provide the patient referral template and NHSmail box to email the referral to. The outcomes of the weekly MDT are emailed to the fourteen NHS Boards to enable the capture of waiting times and prospective clinical audit data.

NHS Forth Valley reviewed their sarcoma patient pathway with the Glasgow centre and separated bone and soft tissue from GIST, as bone and soft tissue cases are managed by the WoS Musculoskeletal Oncology MDT and Scottish Sarcoma MDT, while GIST patients are managed by local Upper Gastrointestinal Cancer MDT and South East of Scotland Upper Gastrointestinal Cancer MDT. Their bone and soft tissue pathway was published in June 2017.

Transforming Care After Treatment
The national project for reintegration after cancer treatment (ReACT) includes teenagers and young adults diagnosed with sarcoma. The project has provided over forty treatment summaries to patients and their GPs and is currently surveying the patients and clinicians on how useful the summaries were. The national programme has developed generic HNA and treatment summary templates that will be applicable to sarcoma patients and will be developed through the clinical nurse specialists in 2017/18.

Next 12 Months – Opportunities Identified
A number objectives and opportunities for 2017/18 have been identified:

- The Aberdeen centre with the Scottish Sarcoma MDT is piloting a MDT (similar to Glasgow) to improve patient management.
- The Glasgow centre is implementing electronic referral to its MDT to minimise delays and improve communication.
- The national TCAT project will be completed and its outcomes shared through the national programme.
- The MCN is reviewed every five years by NHS National Services Scotland and the latest review started in April 2017 with a targeted completion of October 2017.
3.10 Skin Cancer Managed Clinical Network

Clinical Lead: Mr Roger Currie
Manager: Tom Kane

The Skin Cancer MCN continues to support and develop the clinical service for approximately 658 patients diagnosed with malignant melanoma skin cancer annually in the WoS. Malignant melanoma of the skin is the fifth most common cancer in both women and men. Incidence rates increased over the last decade by 33% in males and 10% in females. 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.

Learning and Sharing Best Practice
The MCN has now commenced annual regional education events to provide an opportunity for members from various specialties to engage with colleagues from across the region. The previous focus for educational events was centred on more local meetings, targeted at GPs to ensure that patients presenting to their GPs with suspicious lesions could be identified as a priority and referred quickly to a relevant hospital specialist. A successful half day education event was held in April 2016. Topics discussed included: the working of local and regional MDTs, drugs for malignant melanoma, clinical audit and the management of merkel cell carcinoma. The MCN also supported the 2017 National Scottish Skin Cancer Annual Meeting.

Guideline Development and Review
Following on from the input at the regional education meeting, the MCN has developed a new CMG for merkel cell carcinoma, which is a rare form of skin cancer. The Scottish Intercollegiate Guideline Network (SIGN) published its guidance on cutaneous melanoma (SIGN 146) in January 2017. MCN members inputted to its development. The MCN is in the process of reviewing both the Melanoma Follow-up Guideline and the Melanoma CMG to ensure that patients in the WoS are being treated in line with the SIGN recommendations. Once completed, the MCN will meet with colleagues from other parts of Scotland to discuss the possibility of developing national follow-up and CMGs for malignant melanoma.

Supporting the Regional Multi-Disciplinary Team Meeting
There are local MDTs in each of the NHS Boards and also one regional MDT, where patients whose skin cancer has progressed and require additional support are discussed. The MCN clinical lead identified the need to further support the Regional Skin MDT to optimise clinical time. A number of aspects of the functioning of the MDT have been improved including the timing of discussion of different types of skin cancers and ensuring that clinicians who refer patients to the MDT are available to present these patients, which improves the quality of discussion and in turn improves the standard of care provided.

Quality and Service Improvement
The report of the clinical audit data from July 2015 to June 2016, reporting performance against 11 National Cutaneous Melanoma QPIs, was issued to NHS Boards in January 2017. The results indicate that some of the QPI targets set have been challenging for NHS Boards to achieve. However it is encouraging to note that a number of the targets were consistently met by all Boards. The MCN Advisory Board is monitoring the returned action plans from the NHS Boards to ensure that appropriate steps are taken to improve standards.
Next 12 Months – Opportunities Identified
The MCN have identified the following objectives to progress throughout the coming year:

- Review the existing Malignant Melanoma CMG and Follow-up Guideline. Once completed, the MCN will meet with colleagues from other parts of Scotland to discuss the possibility of developing National Malignant Melanoma CMGs and Follow-up Guidelines. The MCN will also develop a CGD for the identification of the correct site for further treatment with surgery or radiotherapy after patients have had an initial biopsy.

- 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: Tracey Cole

The Upper Gastro-Intestinal (Upper GI) Cancer MCN continues to support and develop the clinical service for approximately 650 patients diagnosed with oesophageal and gastric cancers each year in WoS. In 2015 there were 466 oesophageal and 184 gastric cancers recorded, 63% of which were male and 37% female. 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.

MCN Advisory Board
The MCN Advisory Board meeting has changed in frequency and format (two face-to-face meetings a year without videoconferencing) and has proven to be very effective. Attendance, enthusiasm and engagement of members have all increased, and this has strengthened the MCN overall, facilitating decision making and providing confidence that all regional interests are represented.

Quality and Service Improvement
Overall WoS performance against the cancer QPIs continues to be at a high standard and year on year improvement is being demonstrated in almost all QPIs. The opportunity for discussion of national comparative QPI results each year, has provided reassurance that performance in the WoS is comparable with the other regions in Scotland. There are, however, some specific areas where opportunities for improvement remain:

- **QPI 3 – Multidisciplinary team meeting discussion prior to treatment** - it is acknowledged that due to urgency of presenting symptoms some patients may require intervention or treatment before an MDT discussion can take place. Within NHS Lanarkshire a ‘mini MDT’ has been formed to discuss patients who fall into this category. The ‘mini MDT’ takes account of radiological, surgical and oncology opinion, and the treatment decision is subsequently reported back to the full MDT. This approach will be considered by the MCN for extending implementation in other NHS Boards.
- **QPI 4 – Staging and treatment intent** - not recording one or the other of these items meant that the overall QPI was not achieved. As part of the formal review the measurability of this QPI was split into two parts. However within WoSCAN a proactive approach was taken for Y3 reporting and these fields were analysed separately, thus enabling WoS NHS Boards to identify where specific issues lay and address these accordingly.

Specific audits will continue to be undertaken as required to investigate further the cause of non-compliance with stated QPI targets.

National Cancer Quality Performance Indicator Review
Members of the Upper GI Cancer MCN engaged fully with the formal national QPI review process undertaken earlier this year. The QPIs were the focus of an Advisory Board meeting and each was considered in terms of continuing relevance and fitness for purpose and a consolidated regional response was submitted for consideration by the review group. Members of the MCN were also active in responding through the wider public engagement process. As a result of the review, 9 QPIs were updated, 1 archived, and 1 new indicator introduced to assess HER2 status in advanced gastric and gastro-oesophageal cancer. The changes were made to ensure continuing clinical relevance, challenging targets, and comparable practice within and across the rest of the UK.
The upper GI cancer QPI results for years 1 – 3 will be subject to formal review by Healthcare Improvement Scotland. The clinical lead and MCN manager will represent the region during this review and further details of the process are awaited.

**National Working - Dietetics**
A national group, which was formed in 2015, included dietetic representation from across the country. The objective of the group was to develop a revised QPI to assess nutritional intervention for submission to the National Quality Team which could be included in the formal review and public engagement. This work was successfully completed towards the end of 2016 and informed the formal national review of the QPIs. The QPI measure now has an emphasis on screening all patients for malnutrition, and only directing and targeting further input to those most at risk.

The dietitians involved with the review group, recognising the benefits that a national forum offered, have agreed that continuing with this collaborative approach is a positive move for the future and will retain a national working group.

**Transforming Care After Treatment**
To date the national TCAT programme has not specifically involved an oesophageal or gastric cancer project in the WoS on which identification and roll out of new practice could be based. An appraisal of existing needs assessment across the region is currently in progress. It is anticipated that this, along with a review of the learning and outcomes from relevant TCAT programmes, will identify any components suitable for implementation in upper GI practice regionally.

**Next 12 Months - Opportunities Identified**
A number of objectives and opportunities for the future have been identified:
- Identification of an effective mechanism for inclusion of patients on the palliative care register as appropriate.
- Targeted audit against areas of QPI performance where variance or interest has been noted.
- Work with ISD and the other regional cancer networks to improve the information available regards survival outcomes for upper GI cancer.
- Establish and pilot an enhanced recovery service for upper GI surgical patients in NHSGGC, which can be transferred and implemented in other WoS NHS Boards.

In October the WoS Upper GI Cancer MCN will host the annual collaborative oesophago-gastric national meeting in Forth Valley Royal Hospital. Representatives from both NOSCAN and SCAN will be in attendance and presenting. In addition to being able to compare and discuss performance against the Upper GI Cancer QPIs, this national forum also provides the opportunity to identify areas that benefit from national collaborative working.
3.12 Urological Cancer Managed Clinical Network

Clinical Lead: Mr Gren Oades
Manager: 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 2750 new patients are diagnosed annually in the WoS. Prostate cancer is the most common cancer in men, accounting for slightly more than one in five cancers in 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 MCN continues to play an important role in the Regional Robotic Service (RRS) based at the Queen Elizabeth University Hospital, Glasgow. The RRS commenced in April 2016 and treats patients from the four NHS Boards in the WoS. The MCN has provided input to the development of the RRS and continues to offer support to and monitor the progress of the RRS as it progressively treats more patients across the WoS.

The RRS is a highly significant development in the WoS, meaning that men who require to have their prostate removed due to a diagnosis of prostate cancer, have the option of having a procedure which is now the internationally accepted standard for prostate cancer surgery for the majority of men. The research evidence suggests that the benefits for patients of having the prostate removed via the robot include: being in hospital for less time, having less need for blood transfusions, a less invasive procedure and potentially, a better quality of life after surgery e.g. less problems with urinary incontinence. The RRS performs both robotic and also the more traditional open prostatectomies (for the small number of patients that it is deemed for clinical reasons inappropriate to offer a robotic prostatectomy).

Regional Review of Urology Services

MCN members are continuing to participate in the Regional Review of Urology Services, which was initiated by the National Planning Forum. The review is working to address a number of challenges currently being experienced and anticipated in the future including: growing demand for urology services, capacity to meet the demand, adherence to waiting times standards to ensure that patients are treated quickly, maintaining clinical standards, adapting to new technology e.g. robotically assisted surgery, and the recruitment and the retention of medical and nursing staff. The review is covering all aspects of urological services: cancer and non cancer care. This continues to be a major item of work for the MCN. Once the review completes later in 2017, its recommendations will be discussed by the Regional Planning Group and the MCN will take forward any actions arising.

Quality and Service Improvement

At 3 yearly intervals comparative national reports for each tumour group are produced by ISD, to allow national comparison and identification of trends in performance. This is complimented by an independent quality assurance process undertaken by Healthcare Improvement Scotland. This external scrutiny ensures that NHS Boards, through the MCN structures, are working together to achieve continuous improvements in clinical care. Members of the Urological Cancers MCN engaged fully with the QPI review process. Both prostate and renal cancer QPIs were reviewed at a meeting in November 2016. The outcome of the reviews were positive:

- Prostate cancer: a number of the actions proposed by Healthcare Improvement Scotland have already been completed. Work is ongoing to improve the quality of data for those patients who experience post radiotherapy toxicity. Prostate and renal cancer patients in the
WoS are entered into clinical trials; efforts are being made to increase the numbers offered this opportunity to potentially benefit from newer treatments.

- Renal Cancer: regional planning is looking to improve the use of cryotherapy and radiofrequency ablation for patients with renal cancer in the regional centre. MDT meetings are an important forum to discuss patient care; they are being reviewed to ensure that they continue to function in an optimal fashion. Work is also ongoing to look at the potential for certain types of renal cancer surgery i.e. partial nephrectomy to be offered in a larger regional centre.

The national group noted that the regional cancer networks and NHS Boards are using QPI data to make improvements to prostate and renal cancer services.

**Transforming Care After Treatment**

The NHS Forth Valley TCAT project has now completed. The aim of the project in NHS Forth Valley was to support patients to live as normal a life as possible with optimum quality, following a diagnosis of prostate cancer. The project has been positively evaluated, demonstrating that community based prostate cancer follow-up is feasible and safe in men with stable and/or low risk prostate cancer. The use of a HNA tool and treatment summaries was broadly welcomed by patients. The MCN is utilising the learning from the TCAT programme to determine applicability of HNA and treatment summaries, defining requirements for specific patient groups across the WoS.

**Next 12 Months – Opportunities Identified**

The MCN have identified the following objectives to progress throughout the coming year:

- Support the ongoing development of the RRS.

- Support the completion of the Regional Review of Urology and take forward the implementation of actions agreed by Regional Planning Group.
4.0 West of Scotland Primary Care Cancer Network

Clinical Lead: Dr Ken O’Neill
Manager: Kevin Campbell

In addition to lead cancer general practitioners (GPs) from each NHS Board, the Primary Care Cancer Network 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 Primary Care Cancer Network has a pivotal role in supporting the interface between primary and secondary care.

Supporting the Detect Cancer Early Programme – Bowel Screening
The Primary Care Cancer Network sought to establish if there had been any reversal of the observed increase in uptake following completion of a successful two year programme aimed at increasing uptake in bowel screening; NHS Boards have shared summaries of any local interventions that made improvements to reduce the number of non-responders. NHS Board bowel screening coordinators routinely receive screening uptake information and further information is more widely accessible via the Information Services Division website. Discussions with colleagues in public health concluded that presentation of screening data via a dashboard format could make the information more widely accessible, thereby maintaining a wider awareness of continued performance.

Detect Cancer Early and MCN activities have resulted in greater visibility of the national screening programme amongst GPs. The planned introduction of the QFIT toward the end of 2017 is expected to contribute to an overall increase in uptake of around 5%.

Transforming Care after Treatment
The Primary Care Cancer Network clinical lead and MCN manager have both been able to contribute to the developing regional Transforming Care After Treatment (TCAT) programme through the implementation steering group. Local NHS Board GP leads have similarly 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 with a view to helping support extension of local activities.

Teachable Moments
To help primary care teams deliver health improvement opportunities and increase access to health improvement programmes for patients with cancer, the Network is supporting the introduction of the training packages into practices to facilitate testing of the teachable moments’ principles within the primary care setting. Evaluation of these pilot sites will help inform and support wider regional engagement.

Assessing the Use of Patient Performance Status in General Practitioner Referrals
Performance status is a quantifiable assessment of patients’ general well-being and a useful indicator of fitness for treatment. Inclusion of this measure in a patient referral can help avoid unnecessary investigations and aid timely access to appropriate treatment and care.

A retrospective sample case note review of 50 patients (25 prostate and 25 colorectal) in NHS Ayrshire and Arran to audit the use of performance status in patient referrals where there is a suspicion of cancer, identified that only 16% of colorectal referrals and 7% of prostate referrals contained performance status. Preliminary results from an audit of urgent referrals with suspected cancer in NHSGGC suggest that less than 10% of all urgent referrals are likely to contain performance status. A programme of education is required to address the challenge of routinely including performance status in all referrals, where there is a suspicion of cancer. An event is being planned for autumn and it is hoped to include this in the programme.
Cancer Care Reviews in Primary Care
NHS Board lead cancer GPs communicated widely to colleagues, encouraging continuation of structured Cancer Care Reviews. The Primary Care Cancer Network has also contributed to national work which aims to highlight cancer as a priority for the newly formed GP practice clusters. A toolkit has been developed, by Macmillan Cancer Support, consisting of 6 individual modules and funding is available to practices to apply for if they commit to undertake 3 of the 6 modules; one module on anticipatory care aligns very well with cancer care. This year, throughout Scotland, 210 practices have committed to undertaking this training and funding is available for a further 50 practices in the coming year.

Using a Family History Questionnaire to Support Referral into the Cancer Genetics Service
A survey of referrers from primary care to the West of Scotland (WoS) Cancer Genetics Service was undertaken to gain a better understanding of the referral process: number of referrals; awareness of guidance and level of knowledge of requirements for referral; and, the information included in referrals.

The survey findings demonstrated a general lack of awareness of the guidance for referral to the regional genetics service, indicating clearly a need to inform GPs how and where to access the cancer genetic guidelines and the detail to include in referrals to the service.

Enhancement of the SCI Gateway referral functionality, with an added link to the WoS Cancer Genetics Service Primary Care Referral Guidance or developing a genetics referral template within SCI Gateway itself, may improve the process.

Regional Systemic Anti Cancer Therapy - Exploring Alternative Service Delivery Models
The Primary Care Cancer Network, through the clinical lead, contributes to the regional systemic anti-cancer therapy (SACT) programme of work, which is exploring alternative service delivery models; participating in defining the scope of work required to inform delivery of SACT services outwith cancer centres and units and in shaping a programme of work to explore delivery of services in community locations, to help determine optimal future SACT service delivery models.

National Cervical Screening Programme – Targeting Improvement in Uptake Rates
A national information ‘toolkit’ has been developed and widely circulated to support primary care professionals to encourage women, particularly those aged 25-35, to participate in the cervical screening programme. Work is underway to assess the impact on the target age group in areas of high deprivation.

Treatment Summaries to Support Continuity of Care
Models of follow-up care are being redesigned to avoid unnecessary medically-led hospital visits. It is therefore important, that all those involved in post treatment surveillance have a clear and comprehensive summary of the diagnosis, staging and treatment, potential complications of treatment and indications of recurrence. This is critical to provision of ongoing care and promotes early detection which might allow further intervention to halt the progress of the disease and provide possibility of cure. Key to this is having readily available and comprehensive information describing the patient’s diagnosis, treatment, prognosis and follow-up care plan.

Treatment summaries are considered a vital extension of the communication between acute services and primary care to support ongoing care of patients following treatment for cancer. Extending the use of treatment summaries for cancer care throughout Scotland is an ambition of the revised Scottish Cancer Plan and will also help facilitate delivery of the key objectives of the national TCAT programme. The Primary Care Cancer Network continues to promote the wider implementation of treatment summaries.
5.0 West of Scotland Pharmacy Cancer Network

Chair: Mary Maclean

The West of Scotland Pharmacy Cancer Network facilitates a coordinated 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 managed clinical networks and the Regional Cancer Advisory Group Prescribing Advisory Subgroup to promote an equitable approach to the safe, clinical and cost effective use of cancer medicines.

The group continued to support access to cancer medicines and safe delivery of systemic anti-cancer therapy (SACT) services:

**Systemic Anti-Cancer Therapy Future Service Delivery**
Significant time and identified dedicated senior pharmacy resource and expertise were committed to support the initial phase of this project. A joint workshop of key senior pharmacy stakeholders was held with the national Aseptic Shared Services Project Team to agree principles and make recommendations for the future direction of SACT pharmacy services. This formed the basis of a position paper, endorsed by the West of Scotland Directors of Pharmacy Group, which will be incorporated into the overall regional strategy for SACT services and used to inform the national business case for aseptic services.

**Chemotherapy Electronic Prescribing and Administration (CEPAS)**
A review of the current clinical support model and an outline proposal for a more responsive and sustainable service was completed. This has been endorsed by the Regional Planning Group as a regional cancer priority.

Reporting from ChemoCare® is now well established and continues to be developed. Reports delivered include quarterly 30 day mortality reports, ad hoc reports to support clinical effectiveness projects, medicines uptake to inform horizon scanning 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 engaged with local cancer managers to develop methodology to help predict service impact assessment. This is currently being tested and the outcome will be reported 2017/18.

**Compliance with Chief Executive Letter 30 (2012) Guidance for the Safe Delivery of Systemic Anti-Cancer Therapy**
The group contributed, through the Regional SACT Executive Steering Group, to the Healthcare Improvement Scotland national external review of SACT delivery. SACT protocols and supportive treatment guidelines continued to be reviewed and maintained.

**Access to Cancer Medicines**
The increase in volume of Scottish Medicines Consortium accepted medicines seen in 2015 continued in 2016 and is likely to continue in 2017. The West of Scotland Cancer Pharmacy Network supported the managed clinical networks and Regional Cancer Advisory Group Prescribing Advisory Subgroup in response to this increased access.
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 and providing external expert advisors to support appeals to NHS Board.
6.0 Scottish Cancer Research Network – West of Scotland

Lead Clinician: Dr Iain MacPherson
Research Network Manager (Acting): Karen Bell

Scottish Cancer Research Network - West Research Network Manager
The post of research network manager remains vacant but this should be resolved in the near future. Karen Bell remains in the role as acting network manager and as research nurse manager for the NHS Greater Glasgow and Clyde (NHSGGC) Scottish Cancer Research Network (SCRN) personnel.

NHS National Research Scotland
As reported in 2016, the on-going work by NHS National Research Scotland (NRS) in completing their infrastructure changes has been concluded with all network managers, research and development nodal portfolio managers and speciality group leads now in place. All groups meet quarterly with NRS (NRS) Central Management Team to drive forward the Chief Scientist Office’s strategy, recruitment metrics and to discuss and identify solutions to generic research issues that affect all specialities.

Funding and Finance including Personnel
The embedded financial support from the Chief Scientist Office for all cancer networks in Scotland remains essentially unchanged at this time with potential 1% uplift which is as yet unconfirmed. This budget is for combined staffing and general resource including infrastructure and equipment costs.

Further to information provided in 2016, the SCRN in NHSGGC has now recruited x 2 0.8 wte Band 5 research nurses. This is a new and positive development for the SCRN and by providing an entry point for less experienced staff creates a career structure within this specialism in line with the Glasgow Clinical Research Facility based at the Queen Elizabeth University Hospital and will aid succession planning. The initial funding for these posts is for 1 year from the Beatson WoS Cancer Centre “Clinical Research Finance and Oversight Board” (Clinical Trials Unit Endowment fund). A subsequent bid to the Beatson Cancer Charity to secure a further 2 years of financial support for these posts has been made and outcome from this is currently awaited. Securing this funding would allow us to take on a wider range of trials and increase recruitment which is not only beneficial for the Beatson WoS Cancer Centre but could potentially influence financial income to NHSGGC via the Research and Development Department. The new research nurses will have responsibility for recruiting to some ward based trials.

An example of this is a study that will be opening imminently:

“EASI-SWITCH- Early switch to oral antibiotic therapy in patients with low risk neutropenic sepsis”.
The aim of this study is to establish the clinical and cost-effectiveness of early switch to oral antibiotics, 12-24 hours after intravenous antibiotic treatment commences in low risk cancer patients with neutropenic sepsis.

The Band 5 research nurses will also have responsibility for genetic and translational sample trials, some radiotherapy studies and will develop their knowledge and skill set by supporting the work of the existing Band 6 senior research nurses.

Annual Report for 2016-2017
As indicated in the 2016 paper to the Regional Cancer Advisory Group, the format and the process of formal reporting to the Chief Scientist Office was changing to a standardised reporting template which will facilitate and enhance oversight of activity trends annually.

West of Scotland Cancer Network
Final – Published WoSCAN Annual Report and Work Plan 2016/17 v1.0 08/08/17
Historically, the SCRN West, South East, East and North collated their own data using local and national systems however, from 2016, the NRS Central Management Team took responsibility for collating the recruitment data for all research activity across Scotland, with subsequent verification, cross and sense checking of this data being carried out by network managers and clinical leads. Compiling these reports had proved to be more challenging than expected for the NRS Central Management Team and reports were not issued to network managers until October 2016. Data within these reports were divided into non-commercial and commercial trials and included:

- Number and title of open to recruitment trials in the financial year;
- Number and title of closed to recruitment trials in the financial year;
- No of recruits consented within each trial;
- The complete trial portfolio for all local Network sites, further stratified by disease site;
- Recruitment to time and target.

The report identified that recruitment to interventional drug and radiotherapy treatment trials remained relatively consistent over the preceding year. The West of Scotland Cancer Network continued to demonstrate commitment to research with the number of trials opened within the reporting period remaining fairly static.

Conversely, we have seen a drop in total recruitment figures and this has partially been attributed to the closure of large and relatively straightforward questionnaire-based and genetics studies that were open to a broad range of patients. Crucially there was insufficient nursing resource to support any similar new trials. As screening processes, trial complexity and protocol driven tasks continue to intensify, this has resulted in the existing SCRN Team being fully committed to the support of the commercial and non-commercial interventional trials and unable to commit to non-treatment trials. Reversal of this trend was an explicit aim of the recruitment of the two Band 5 research nurses discussed in the preceding paragraph.

**EDGE - Clinical Research Management System**

We continue to develop the use of this information technology system by engaging with multiple trial stakeholders and using the system as a communication tool for specific studies and patients. This has reduced the use of emails across multiple groups and sites and has been used to minimise risk in sharing study specific patient information via emails. Earlier this year, the EDGE management team from Southampton University met with the acting research network manager to ascertain how the system was being used in practice across the West of Scotland Cancer Network and as a result of this, the acting research network manager was invited to speak at the EDGE international conference in March and used this opportunity to demonstrate the current uses and proposed new developments for the system in the west of Scotland.

**NHSGGC Pharmaceutical Industry Alliance Partnership Group: Working with Industry Conference**

The SCRN and NHS NRS in partnership with the Association of British Pharmaceutical Industry held their second conference on 1st June 2016. This conference was the consequence of a project entitled ‘Scottish Cancer Research Working with Industry Forum’. The Scottish Forum sets out to improve cancer patient outcomes through increased access to innovative cancer trials in Scotland and the conference focussed on Scottish cancer research capability in a global market, showcasing Scotland’s capabilities as “prime site” for cancer clinical trials.

The conference was attended by over 200 delegates including clinicians, clinical trials support personnel, representatives from industry, academia, Scottish Government, patient representative groups and charities. The morning session was very ably chaired by one of our local Patient and Public Involvement Group members who also contributes greatly to local research activities and is one of the National Cancer Research Institute patient advocates.

West of Scotland Cancer Network
Final – Published WoSCAN Annual Report and Work Plan 2016/17 v1.0 08/08/17
The “Scottish Cancer Research Working with Industry Forum” continues to meet to take forward the key milestones as part of this project which includes:

- Raise the profile of and between the pharmaceutical Industry and NHS cancer research community;
- Develop novel strategies to increase patient recruitment;
- Attract commercial trials across the cancer portfolio in Scotland.

The Network is seeing success in attracting commercial trials to Scotland and continues to work closely with industry colleagues to ensure this continues.

**Clinical Trial Access – Cancer Quality Performance Indicators Review**

Since 2014, the SCRN research network managers have provided the patient recruitment dataset within the clinical trial portfolio context for each disease group acknowledging the types of clinical trial available for NHS Boards to host. Thus, research activity in terms of patient referral across NHS Board boundaries and collective, regional/national commitment to such studies is identified by including the postcodes of all recruited patients which is collected on the EDGE system for this purpose.

The current targets based on Information Services Division incidence data are:

- 7.5% enrolment in interventional trials
- 15% recruitment to translational trials

When the initial indicators for clinical trial access were agreed and reporting commenced, the targets were considered to be attainable. However, the paradigm shift towards stratified medicine has resulted in large-scale screening for patient eligibility to identify small groups suitable for trial treatment, with the translational component now being incorporated in specific trials.

The SCRN forms part of a current short-life working group which is reviewing the current clinical trials access QPI and, at a recent meeting, new reporting metrics were discussed and are out for consultation with key stakeholders. The clinical trials QPIs are reported annually by calendar year and the agreed changes will come in to effect in 2018 for all tumour groups and trial activity in 2017.
7.0 West of Scotland Cancer Nurses Group

Chair: Mhairi F Simpson
Vice Chair: Sandra Campbell

The West of Scotland Cancer Nurses Group no longer meet but operate a virtual approach to networking, sharing information and learning. However, there remains a commitment to ensure that there is nurse representation across a range of groups thus ensuring a nursing contribution to the work being undertaken within the West of Scotland Cancer Network’s priorities. The four nurse consultants have regular teleconference meetings. In addition, each managed clinical network continues to have nurse representation at advisory boards and contributes to the tumour specific work plans:

The group continued to ensure professional support for the following:

- Regional Cancer Clinical Leads Group;
- West of Scotland Systemic Anti-Cancer Therapy Future Service Delivery Phase 2 Group and work plan;
- Compliance with Chief Executive Letter 30 (2012) Guidance for the Safe Delivery of Systemic Anti-Cancer Therapy including the regional and national audit programmes. In addition to supporting the development and maintenance of regional systemic anti-cancer therapy protocols and supportive care guidelines;
- Immunotherapy Guideline Development Group and educational initiatives;
- Extravasation in Practice Guideline: a revised version of the guideline completed and disseminated locally to Boards;
- West of Scotland Primary Care Cancer Network and Scottish Primary Care Group;
- Regional Cancer Advisory Group Prescribing Advisory Subgroup;
- National and Beatson Cancer Treatment Helpline: all partners group and further development of local pathways;
- Acute Oncology: regional group and local initiatives, including regional audit;
- Psychological Therapies & Support Network Implementation Steering Group and associated short-life working group;
- Transforming Care After Treatment: national & regional groups and local projects; steering group / programme board; and
- National Cancer Clinical Services Group.

An annual learn and share event remains a scheduled event for the group. The 2016 focus was nursing research however, despite scheduling two dates these were cancelled due to poor uptake. A learn and share event has been re-scheduled for May 2018 and planning is currently in progress.

Priorities for 2016/17:
Continue to support regional priorities, including the Systemic Anti-Cancer Therapy Future Delivery Project; Psychological Therapies and Support Network; Transforming Care After Treatment; and Chief Executive Letter 30 (2012) compliance.
8.0 Conclusion

This report sets out some of the key work streams that have been progressed via the West of Scotland Cancer Network and its constituent managed clinical networks over the past year to further develop and improve cancer care and outcomes in the west of Scotland. It highlights key achievements, work in progress and identifies some of the many challenges that we currently face.

The landscape in which the West of Scotland Cancer Network operates is becoming more complex. The nature of some of the relationships between the different components of the system is also changing. In the coming year it is important the Network embraces change and makes full use of the opportunities afforded by the developing regional planning framework and the further integration of health and social care.

Our task going forward is to be outward looking while staying focused on continuing to strengthen our collaboration, on reducing inequalities and reducing cancer incidence, its burden and impact, and mortality. Through strong partnerships and collaborative working, we will continue to benefit from the active work of committed clinicians, patients, carers, staff and partners.

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

Mr Seamus Teahan
Regional Lead Cancer Clinician
Consultant Urological Consultant, NHS Forth Valley

Evelyn Thomson
Regional Manager (Cancer), West of Scotland Cancer Network
### GLOSSARY OF ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>BWoSCC</td>
<td>Beatson West of Scotland Cancer Centre</td>
</tr>
<tr>
<td>CEL</td>
<td>Chief Executive Letter</td>
</tr>
<tr>
<td>CGD/CGDs</td>
<td>Clinical Guidance Document/s</td>
</tr>
<tr>
<td>CMG/CMGs</td>
<td>Clinical Management Guideline/s</td>
</tr>
<tr>
<td>CNS</td>
<td>Central Nervous System</td>
</tr>
<tr>
<td>CT</td>
<td>Computed Tomography</td>
</tr>
<tr>
<td>DCE</td>
<td>Detect Cancer Early</td>
</tr>
<tr>
<td>ERAS</td>
<td>Enhanced Recovery After Surgery</td>
</tr>
<tr>
<td>GIST</td>
<td>Gastro-Intestinal Stromal Tumour</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HNA/eHNAs</td>
<td>Holistic Needs Assessment/ Electronic Holistic Needs Assessment</td>
</tr>
<tr>
<td>HPB</td>
<td>HepatoPancreateBiliary</td>
</tr>
<tr>
<td>IPTR</td>
<td>Individual Patient Treatment Request</td>
</tr>
<tr>
<td>ISD</td>
<td>Information Service Division</td>
</tr>
<tr>
<td>MCN/MCNs</td>
<td>Managed Clinical Network/s</td>
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<tr>
<td>MDT/MDTs</td>
<td>Multi-Disciplinary Team/s</td>
</tr>
<tr>
<td>NET/NETs</td>
<td>Neuroendocrine Tumour/s</td>
</tr>
<tr>
<td>NHSGGC</td>
<td>NHS Greater Glasgow and Clyde</td>
</tr>
<tr>
<td>NOSCAN</td>
<td>North of Scotland Cancer Network</td>
</tr>
<tr>
<td>NRS</td>
<td>National Research Scotland</td>
</tr>
<tr>
<td>PET-CT</td>
<td>Positron Emission Tomography – Computed Tomography</td>
</tr>
<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>
</tr>
<tr>
<td>RCCLG</td>
<td>Regional Cancer Clinical Leads Group</td>
</tr>
<tr>
<td>RRS</td>
<td>Regional Robotics Service</td>
</tr>
<tr>
<td>SACT</td>
<td>Systemic Anti-Cancer Therapy</td>
</tr>
<tr>
<td>SCAN</td>
<td>South East of Scotland Cancer Network</td>
</tr>
<tr>
<td>SCRN - W</td>
<td>Scottish Cancer Research Network - West</td>
</tr>
<tr>
<td>SIGN</td>
<td>Scottish Intercollegiate Guidelines Network</td>
</tr>
<tr>
<td>TCAT</td>
<td>Transforming Care After Treatment</td>
</tr>
<tr>
<td>TORS</td>
<td>Trans-Oral Robotic Surgery</td>
</tr>
<tr>
<td>Upper GI</td>
<td>Upper Gastro-Intestinal</td>
</tr>
<tr>
<td>WoS</td>
<td>West of Scotland</td>
</tr>
<tr>
<td>WoSCAN</td>
<td>West of Scotland Cancer Network</td>
</tr>
</tbody>
</table>
APPENDIX 1 - Consolidated Regional Work Plan 2016/17 – END YEAR POSITION

This high level plan sets out WoSCAN’s programme of work for 2016/17. This work programme is aligned to current national priorities and those being progressed by West of Scotland (WoS) NHS Boards. It aims to consolidate and build on work previously undertaken or ongoing, and to drive forward continuous improvements in care, outcomes and patient experience.

The regional priorities identified have been reviewed following publication of Beating Cancer: Ambition and Action (2016) to ensure that the regional work plan continues to support delivery of the agreed national priorities.

1. Objectives to be carried forward from 2015/16 work plans

Regional work plan

- Chemotherapy electronic prescribing and administration system (CEPAS): complete work to determine the feasibility and cost of implementing a CEPAS/TrakCare interface.
- Systemic Anti Cancer Therapy (SACT): initiate Phase 2 of project plan to look at optimal service delivery models for SACT and develop a regional strategy for SACT delivery.
- Technology to support regional working/service models: continue to work with eHealth colleagues to test and support implementation of portal/portal view access, utilising regional cancer services as an exemplar.
- Minimally invasive radical prostatectomy (MIRP): progress and support implementation of the agreed regional service model and monitor service evolution and access to ensure equity across the region. Ensure that robust regional audit is in place from the outset.
- Immediate breast reconstruction (IBR): determine the need for any further regional work to be undertaken in 2016/17 following enhancement of local service models.

2. Overarching regional priorities 2016/17

- Prevention/Reducing Risk, Early Detection and Access, including:
  - Optimise the use of ‘teachable moments’ in routine practice. Utilise the findings of the report on the surveys undertaken by the Managed Clinical Networks (MCNs) (2015/16) to enable optimisation of secondary health promotion and prevention advice giving and signposting or referrals to additional support services for patients with cancer.
  - Support national awareness campaigns and work with NHS Boards to manage demand, sharing learning across sites. Monitor progress with delivery against HEAT target (i.e. to increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25%). Evaluate pilot site outputs for melanoma and assess impact of wider roll out.
  - Work with NHS Boards to maintain performance against national access standards, reviewing pathways with clinical teams where meeting standards remains challenging. Participate and influence the proposed review of cancer standards announced within new Cancer Plan.
Diagnostics, including:
- Actively input to the national review of PET-CT utilisation, reviewing capacity, demand and clinical evidence to support imaging requested. Ensure appropriate regional representation and involvement. Assess regional implications of any change proposed.
- Actively input to the national review of laboratory testing services, ensuring appropriate regional representation and involvement. Assess regional implications of any change proposed.
- Continue to monitor the regional use of percutaneous tumour ablation (PTA) techniques, ensuring provision of a robust regional service that was funded by WoS NHS Boards in 2014/15.
- Define clinical requirements for integrated reporting of haematology diagnostic tests and take forward development of a business case to support development.
- Haematology MCN will actively participate in joint industry project addressing next generation molecular testing.
- Determine the feasibility of establishing a pathway / referral guidelines for transperineal biopsies in 2 centres within NHS Scotland for patients with evidence of biochemical relapse of prostate cancer following previous primary radiation based therapy.

Surgical Oncology, including:
- Input to the regional review of urological services, ensuring that requirement for sustainable, high quality cancer service provision is adequately considered. Take forward work to define and plan a regional cystectomy service.
- Implementation of regional MIRP service (as noted in section 1).
- IBR (as noted in section 1).
- Review outcome data to assure the quality of care provided, particularly in those areas where lower volume surgery is undertaken.
- Assess the provision of services for neuro endocrine tumours (NET) and work with operational managers to address known gaps. Support development of a proposal for national service designation. Lead work to determine the feasibility of gaining European NET accreditation in conjunction with both the north and south east Scotland Cancer Networks.

Specialist Oncology Services, including:
- Complete capacity/demand modelling for SACT and take forward local/regional improvement activity. Initiate work to consider optimal future service delivery model(s) across the region. Develop regional strategy for SACT delivery.
- Review and define requirements to ensure a sustainable model of support is in place for electronic SACT prescribing. Prepare business case to support delivery model.
- Embed the regional reporting model for SACT. Participate in national reporting.
o Continue to assess and assure compliance with Chief Executive Letter (CEL) 30 (2012): Guidance for the Safe Delivery of SACT, progress a regional programme of peer review and support the development of action plans to address any issues that may be identified. 2 reviews have been scheduled for 2016/17.

o Participate in Healthcare Improvement Scotland's national review of the quality of SACT services across NHS Scotland, ensuring appropriate regional input to review group and that findings accurately reflect service provision in the West of Scotland.

o Co-ordinate and ensure appropriate clinical input to patient and clinician engagement (PACE) monthly meetings convened by Healthcare Improvement Scotland. Input to the national review of PACE process.

o Via the Regional Prescribing Advisory Sub Group provide advice to Area Drug and Therapeutics Committees (ADTCs) and forward planning information timeously to NHS Boards regarding cancer medicines. Undertake work to develop information provided on service impact.

- Living With and Beyond Cancer, including:
  o Work with NHS Boards, local authority and third sector partners to test new models of care after treatment, facilitating the sharing of practice across the region and nationally and optimising the use of available resources and capacity. Support implementation and evaluation of successful Phase 1 (total 4) and Phase 2 (total 7) projects. Take forward wider roll out of holistic needs assessment.
  o Participate in national evaluation programme, ensuring that robust evaluation of regional projects is maintained.
  o Participate in work to raise awareness of the programme and work with colleagues to support transformational approaches to care delivery. Ensure alignment of regional work with the national programme.
  o Initiate preparatory work for Phase 3 of the programme, to be taken forward in 2016/17, focussing on sustainability and wider roll out from successful Phase 1 and 2 projects. Hold a high level sponsor event in April 16 to help shape Phase 3 of the programme.
  o Assess the impact of national funding allocated to Boards to support a shift to non medical models of follow-up. Ensure alignment with wider work ongoing around the review of regional follow-up guidelines via MCNs.

- Quality, including:
  o Continue to lead the national cancer quality programme, completing the baseline reviews of national Quality Performance Indicators (QPIs), and ensuring continued alignment of dataset and measurability documentation via Information Services Division.
  o Take forward the nationally agreed formal review process for QPIs for defined cancers.
  o Assess performance against nationally agreed QPIs and publish reports in line with agreed regional and national reporting schedules.
  o Ensure that improvement plans are in place to progress any actions identified.
  o Host gynae-oncology, hepatopancreatobiliary (HPB), sarcoma and neuro-oncology national meetings.
  o Support NHS Boards to implement patient experience QPIs, sharing learning across WoS Boards.
  o Implementation of the psychological therapies and support framework in conjunction with partner organisations.
  o Initiate work to support the regional implementation of treatment summaries into routine clinical practice. Input to national steering group responsible for defining summary proforma when established.
Work with NHS Boards to develop local/regional action plans in response to national patient survey results.

Ensure the implementation of robust clinical audit to support delivery of the regional MIRP service and evaluation of patient reported outcomes.

Audit and assess compliance with regionally agreed follow-up guidelines for lymphoma, skin, ovarian, gastric, head and neck, and prostate cancer. Agree and progress any regional action required.

- Communication, Information and eHealth, including:
  
  Participate in national work stream progressing the modernisation of cancer intelligence in NHS Scotland.

  Test technology to support regional working/service models (Portal/Portal view as noted in section 1).

  Scope requirements to support move to v6 of CEPAS.

  Monitor delivery of service level agreement for the national electronic cancer audit system (eCase) to support data capture and reporting of nationally agreed QPIs. Define, prioritise and monitor work programme to be delivered by National Services Scotland.

  In conjunction with eHealth Leads determine the feasibility of taking forward regional implementation of the TSum information technology solution developed by NHS Forth Valley.

  In conjunction with eHealth Leads determine the feasibility of implementing a technical solution to support integrated reporting for haematology diagnostic tests.

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

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

  - Clinical audit: assess performance against nationally agreed QPIs, work with NHS Boards to improve data capture, produce regional comparative performance reports, agree local action plans and ensure that regional/national actions are progressed.

  Maximise the use of established MCN educational events/clinical fora to promote best practice and drive improvement in care delivery.

- Clinical guidelines
  
  Develop, update and support implementation of agreed clinical management guidelines (CMGs). 18 are due for review in 2016/17 with 19 reviews initiated in 2015/16 to be completed.

- Care after treatment
  
  Review and update follow-up guidelines for prostate cancer, breast cancer and malignant melanoma.

- Education
  
  Host a rolling programme of MCN education events, including gynae-oncology, HPB, sarcoma and neuro-oncology national meetings.

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

Full detail contained within individual work plans that can be sourced via the WoSCAN website www.woscan.scot.nhs.uk.
3.1 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. Utilising the training materials developed to support primary care teams to deliver health improvement opportunities to patients with cancer, a programme of testing out the ‘small test of change’ is being phased across the region with the support of the lead cancer General Practitioners. Starting in NHS Greater Glasgow and Clyde (NHSGGC), this will enable piloting the ‘test’ to see if anything needs changed prior to the next Board doing its small test of change. The planning required for evaluation of the test of change will be initiated.

- During 2015/16, under the auspices of the Scottish Cancer Taskforce, national social marketing campaigns for breast, colorectal and lung cancers were refreshed. The refreshed bowel campaign results indicate encouraging changes: an additional 3000 tests were completed, compared to the same time last year; attitudinal tracking highlighted that 93% of people agreed that the bowel screening test could be a ‘lifesaver’; and those who recognised the campaign claim they are more likely to do the test next time (85% compared with 75% non recognisers). An announcement regarding the introduction of QFIT testing is expected in early 2016, with implementation planning ongoing. The lung campaign which includes a symptoms based call to action, is to be supplemented with a real life story of someone who has attended as a result of the advert and received treatment. Regional breast screening campaigns have also been implemented. Data from year 3 (2013/143 combined) was published on the 15th August 2015. In Scotland, 24.7% of people were diagnosed at stage 1 for breast, colorectal and lung cancer (combined). This is a 6.5% increase from the baseline of 23.2% in 2010/11. The final year HEAT target year 4 (2014/15 combined) will be released by Information Services Division on the 26th July 2016. Pilot work has been initiated to extend work to melanoma.

- In 2015/16 a marketing plan for the ‘wee c’ strategy was developed. This is the long term legacy of the Detect Cancer Early (DCE) programme working with charity partners to change public perception of cancer. A number of employers have signed up to support #GetChecked.

- National screening programmes continue to be centrally funded and coordinated and delivered through local NHS Board screening services. This includes compliance with Healthcare Improvement Scotland standards for breast, colorectal and cervical screening. From 1st April 2016, the age range and frequency of cervical screening will change for routine screening to 3 yearly from age 25 and 5 yearly from age 50-64 (currently 3 yearly from 20-60 years).

3.2 Access

- Significant work continues to be undertaken by WoS NHS Boards to maintain compliance with cancer access standards, with work continuing to be undertaken to assure compliance in those cancers not nationally reported. In the quarter ending 30th September 2015, WoS performance for the 62 day standard was 90.3% with 2 of our 4 WoS NHS Boards not meeting the 95% standard (NHSGGC and Ayrshire and Arran). Performance was improved for the 31 day standard with 3 out of 4 Boards meeting this standard with NHSGGC reporting borderline performance at 94%. It is planned that there will be a review of cancer standards undertaken in

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**Table 1: Regional Level**

<table>
<thead>
<tr>
<th>Progress Status</th>
<th>Description</th>
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</thead>
<tbody>
<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 1-2 months of original timescale).</td>
</tr>
<tr>
<td>RED</td>
<td>No progress or major delay in implementation (e.g. delay of 3 months or more).</td>
</tr>
</tbody>
</table>

### 3.3 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 and will participate in a national review of this process during 2016/17.
- During 2016/17 WoSCAN will input to the National Scottish Clinical Imaging Network (SCIN) PET-CT Review of Indications group.
- Following national review the nationally designated cryotherapy service provided in NHS GG is to continue. Consideration is to be given to establishing a pathway / referral guidelines for transperineal biopsies in 2 centres within NHS Scotland for patients with evidence of biochemical relapse of prostate cancer following previous primary radiation based therapy. The WoS currently runs a regional service.

Specific activities that will be taken forward regionally via the Network and its constituent MCNs and Regional Groups, in conjunction with WoS Boards in 2016/17 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>Health improvement CEL 01 (2012)</td>
<td>Utilising the training materials developed in 2015/16 take forward small ‘test of change’ within primary care and plan roll out across the region. Initiate within NHSGGC. Initiate the planning required for evaluation of the test of change.</td>
<td>PCCN</td>
<td>Mar 17</td>
<td>Teams better equipped to deliver interventions. Targeted evaluation activity scoped and progressed.</td>
<td>Strategic partnership established with CRUK and work progressing through the primary care facilitator programme, progressing work through: 1) Practice visits; 2) Education sessions; 3) Teachable moments within secondary care following referral where risk factors exist; 4) Promotion of e-learning modules and webinars by RCGP and others; 5) Distribution of resources e.g. materials, infographics; 6) Recognising and adapting delivery to reflect inequalities in health e.g. disabilities, literacy, deprivation;</td>
</tr>
<tr>
<td>Issue</td>
<td>Actions</td>
<td>Lead</td>
<td>Due</td>
<td>Outcome</td>
<td>Updated Position</td>
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</tr>
<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>• 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.</td>
</tr>
<tr>
<td></td>
<td>Review final year HEAT target performance data to inform future action that is required to support continued delivery of HEAT target.</td>
<td>Cancer Managers</td>
<td>Jun 16</td>
<td>• Local/regional action plan(s).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Continue to monitor the impact of the DCE Programme on delivery of cancer access standards, initiating regional action where required to support local NHS Boards to continue to deliver against standards.</td>
<td>Cancer Managers</td>
<td>Ongoing</td>
<td>• Continued delivery of cancer access standards.</td>
<td>• See access below.</td>
</tr>
<tr>
<td>Access</td>
<td>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.</td>
<td>Cancer Managers</td>
<td>Ongoing</td>
<td>• Initiation of collaborative cross Board working to support local delivery of access standards. (Cross reference DCE).</td>
<td>• 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. Work</td>
</tr>
<tr>
<td>Issue</td>
<td>Actions</td>
<td>Lead</td>
<td>Due</td>
<td>Outcome</td>
<td>Updated Position</td>
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</tr>
<tr>
<td>Molecular pathology and laboratory services</td>
<td>Horizon scan and define molecular testing requirements to inform future service planning. Support the introduction of new tests across the region, ensuring equity of access.</td>
<td>RMC/MCN Clin Leads/Man</td>
<td>Ongoing</td>
<td>Forward look information available to inform service planning. Agreed model for service provision. Supports timely and efficient introduction into practice.</td>
<td>GREEN</td>
</tr>
</tbody>
</table>

- A review of cancer standards is planned for 2017/18. Work has been initiated to review changes in diagnostic pathways since the standards were initially introduced.
- Additional national funding allocated to support local improvement and development of sustainable solutions.
- MPEP criteria to support national decision making reviewed. This includes further information on compatibility of existing lab equipment, capacity, quality and validation, costs around set up and step costs, and turn-around times.
- Forward look information circulated to Boards.
- 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 in 2017/18.
- 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...
<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></td>
<td>Input to the national review of laboratory testing services, ensuring appropriate regional representation on the working group.</td>
<td>RMC</td>
<td>Commence Mar 16 - Ongoing</td>
<td>• Optimal service configuration to sustain service.</td>
<td>Work concluded. GREEN</td>
</tr>
<tr>
<td>Haematology</td>
<td>MCN input to joint industry project: next generation molecular testing.</td>
<td>MCN Lead (MD)</td>
<td>Ongoing</td>
<td>• Active research &amp; development profile.</td>
<td>Work continues to be progressed through the Molecular Diagnostics Subgroup. A variety of testing panels are being worked up. Meeting November 2016 reviewed progress during first year. Currently working towards accreditation within NHSGGC. BLUE</td>
</tr>
<tr>
<td></td>
<td>Define clinical requirements for integrated reporting of diagnostic tests. <em>(Cross reference delivery/eHealth)</em></td>
<td>MCN Lead (MD)</td>
<td>Aug 16 Revised Mar 17</td>
<td>• Documented requirement specification to inform IT development.</td>
<td>MCN aware of NHSGGC review of telepath system and will maintain a watching brief at this time. GREEN</td>
</tr>
<tr>
<td>PET/CT</td>
<td>Input to the national review of PET-CT utilisation, review capacity, demand and clinical evidence to support imaging requested.</td>
<td>RMC</td>
<td>Commence Apr 16 - Ongoing</td>
<td>• Evidence based referral protocols. • Optimisation of scanner utilisation. • Review of service sustainability.</td>
<td>Final report awaited. National capital and finance group established to support taking forward recommendations. GREEN</td>
</tr>
<tr>
<td>Percutaneous tumour ablation</td>
<td>Review use of PTA techniques, in particular, capacity, demand and referral patterns across the region.</td>
<td>RMC</td>
<td>Mar 17</td>
<td>• Assessment of regional service provision and access.</td>
<td>Initial high level assessment completed. Scope for further work to be defined agreed. Progress in 2017/18. BLUE</td>
</tr>
<tr>
<td>Transperineal biopsies</td>
<td>Determine the feasibility of establishing pathway/referral guidelines for</td>
<td>RMC/ MCN Lead</td>
<td>Dec 16</td>
<td>• Feasibility report to inform planning decision around</td>
<td>WoS cases currently undertaken in 1 centre. Technique will be</td>
</tr>
</tbody>
</table>
### 3.4 TREATMENT

Future sustainability of clinical pathways came to the fore during 2014/15, particularly in the north of Scotland. This led to unplanned service pressures on pathways in both the east and west of Scotland. Work to better understand current pathways, capacity and demand, and define optimal service models/clinical management guidelines was initiated nationally in late 2015/16 to address the optimal service configuration for the management of head and neck cancers. WoSCAN is inputting to this work and has updated our regional service map in 2015/16 to reflect that cases referred to maxillofacial services from NHS Dumfries and Galloway now come to NHSGGC for treatment and that established multi-disciplinary teams (MDTs) have been reconfigured to 2 regional MDTs.

<table>
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<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>transperineal biopsies within 2 Centres in Scotland.</td>
<td>(GO)</td>
<td></td>
<td>service provision.</td>
<td>superseded in future with potential move to MRI/Artemis</td>
<td></td>
</tr>
</tbody>
</table>

#### 3.4.1 MULTI DISCIPLINARY TEAM (MDT) MEETINGS

<table>
<thead>
<tr>
<th>Issues</th>
<th>Actions</th>
<th>Lead</th>
<th>Due</th>
<th>Outcome</th>
<th>Updated Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal MDTs</td>
<td>Identify and document specific information needs to support case presentation and review, treatment planning and appropriate and effective communication of outcomes.</td>
<td>MCN Lead &amp; Man (PH/KC)</td>
<td>Mar 17</td>
<td>Regionally agreed specification of requirements.</td>
<td>Examples of proforma currently in use for presentation of cases to local MDTs have been collated and compared and a draft proforma, based on a common core data set, has been produced.</td>
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</tbody>
</table>

West of Scotland Cancer Network
Final – Published WoSCAN Annual Report and Work Plan 2016/17 v1.0 08/08/17
<table>
<thead>
<tr>
<th>Region</th>
<th>Key</th>
<th>Lead</th>
<th>Due</th>
<th>Outcome</th>
<th>Updated Position</th>
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</thead>
</table>
| Regional Small Renal Mass MDT | Seek endorsement from NHS Boards for taking forward the establishment of a regional small renal mass MDT. | MCN Lead & Man (GO/TK) | Dec 16 | Established small renal mass MDT. | |}

### 3.4.2 SURGICAL ONCOLOGY

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

- Enhanced Recovery After Surgery (ERAS) principles continue to be embedded into routine clinical practice, with same day admission now being the norm.
- Work to progress the implementation of the regional MIRP service is at an advanced stage with the regional service being established in April 2016.
- Work will be undertaken in 2016/17 to determine the sustainability of other urological cancer services, particularly cystectomy. This will be progressed as part of the wider regional review of urological services being led by the Regional Planning Group.
- Variance in levels of access to IBR remains evident. Detailed work to better understand service requirements has previously been undertaken and will be concluded in 2016/17.

Specific activities that will be taken forward regionally via the Network and its constituent MCNs and Regional Groups, in conjunction with WoS Boards in 2016/17 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</td>
<td>Continue to share best practice across the region/specialities 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>Pilot implementation in Clyde is underway, with further rollout in North and South Glasgow now planned.</td>
</tr>
<tr>
<td></td>
<td>Regional MIRP service</td>
<td>TK</td>
<td>Apr 16</td>
<td></td>
<td>Enhanced recovery inbuilt to agreed pathways, with admission on day of surgery.</td>
</tr>
<tr>
<td>Immediate breast reconstruction</td>
<td>Determine the need for any further regional work to be undertaken in 2016/17 following enhancement of local service models.</td>
<td>RPD/ RMC</td>
<td>Sept 16</td>
<td>Appropriate access to specialist plastic surgery input across the region.</td>
<td>Agreed that no further regional work requires to be undertaken at present. Boards progressing local appointments. New QPI target introduced, increasing the level of immediate breast reconstruction undertaken.</td>
</tr>
<tr>
<td>Issue</td>
<td>Actions</td>
<td>Lead</td>
<td>Due</td>
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</tr>
<tr>
<td>Minimally Invasive Radical Prostatectomy (MIRP)</td>
<td>Establish regional service to deliver agreed regional service model: referral; work up; surgery; immediate post surgery management; and follow-up.</td>
<td>NHS GGC/RPD/ RMC</td>
<td>Apr 16</td>
<td>Agreed transition plan with clear timelines for implementation.</td>
<td>Regional service commenced in April 2016. Regional oversight group continues to meet to oversee ongoing development of the service.</td>
</tr>
<tr>
<td>Review service performance: early outcome data; activity and referral pathways.</td>
<td>NHS GGC/RPD/ RMC</td>
<td>Oct 16</td>
<td>Assurance that service delivery model is working as expected and that patients from across the region have access to this service.</td>
<td>Initial data in line with other Centres.</td>
<td></td>
</tr>
<tr>
<td>Volume/outcome</td>
<td>Review regional performance, particularly in relation to:  ▪ Upper GI cancer</td>
<td>RLCC/IM</td>
<td>In line with audit reporting schedule</td>
<td>Assurance of quality of care provision.</td>
<td>All Boards meet QPI target of &lt;10% mortality in the first 30 days post surgical resection. Overall QPI performance was discussed at a national meeting in November 2016 and national results published by ISD in a National Audit Report in March 2017.</td>
</tr>
<tr>
<td>Consider potential implications for the sustainability of other low volume / increasingly specialist services (align with regional/national work noted above). ▪ Cystectomy</td>
<td>RPD/ RMC RLCC</td>
<td>Mar 17</td>
<td>Clear understanding of future priority areas to be reviewed.</td>
<td>Cancer working group established as part of wider regional urology review. Work ongoing and due to report in autumn 2017.</td>
<td></td>
</tr>
</tbody>
</table>

### 3.4.3 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 now operational.
- Extensive work has been undertaken within the Beatson West of Scotland Cancer Centre (BWoSCC) to deliver access standards and manage capacity efficiently. Work will continue in to 2016/17 and beyond.
- Membership of the national radiotherapy sub-group of the National Cancer Clinical Service Group has been refreshed and a new chair appointed (Mr Terrance O’Kelly). There is appropriate clinical representation on this group from the region.
Specific activities that will be taken forward regionally via the Network and its constituent MCNs and Regional Groups, in conjunction with WoS Boards in 2016/17 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>
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<tbody>
<tr>
<td>The Lanarkshire Beatson</td>
<td>Review service utilisation 6 months post opening of the Centre.</td>
<td>DD/MMcC</td>
<td>Jun 2016</td>
<td>- Report on services provided through the Centre.</td>
<td>- 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 “Hyofractionation” where the same clinical outcomes can be generated by treating with a smaller number of radiotherapy treatments (fractions).</td>
</tr>
<tr>
<td>Capacity planning and demand management</td>
<td>Continue to regularly review activity data and participate in NATCANSAT audit.</td>
<td>DD/MMcC</td>
<td>Ongoing</td>
<td>- Maximise use of available capacity. Benchmarking performance with other UK Centres.</td>
<td>- NATCANSAT currently migrating to Public Health England. New process requires to be put in place to allow continued national reporting. This is being progressed nationally.</td>
</tr>
<tr>
<td>Issue</td>
<td>Actions</td>
<td>Lead</td>
<td>Due</td>
<td>Outcome</td>
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<tr>
<td></td>
<td>Continue to support the NHSGGC Acute Services Division in driving forward redesign in radiotherapy.</td>
<td>RCAG</td>
<td>Ongoing</td>
<td>▪ Progress made with agreed developments in a timely manner.</td>
<td>▪ Work continues to be progressed and continues in 2017/18 as outlined in work plan.</td>
</tr>
<tr>
<td>Input to the national work to ensure safe, sustainable pathways are in place and robust contingency plans are agreed between Cancer Centres.</td>
<td>RPD/DD/MMcC</td>
<td>Ongoing</td>
<td>▪ Clear pathways in place with robust contingency plans agreed between Cancer Centres.</td>
<td>▪ Regional input to national work streams continues.</td>
<td>GREEN</td>
</tr>
</tbody>
</table>

### 3.4.4 Systemic Anti Cancer Therapy (SACT)

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

- WoSCAN, in conjunction with its constituent Boards, has undertaken a detailed piece of work around capacity and demand modelling. A report has been shared with NHS Boards and submitted to the Regional Planning Group in February 2016. This report sets out a series of recommendations to be taken forward. Phase 2 of this work that will look in more detail at optimal service delivery models will be taken forward in 2016/17.

- WoSCAN initiated a rolling programme of work to assess compliance with CEL 30 (2012) in 2014/15. This involves external peer review of services and will be completed in 2016/17. 8 reviews were undertaken in 2015/16 with 2 scheduled for 2016/17. A formal national review of compliance with CEL 30 (2012) will be undertaken by Healthcare Improvement Scotland in September 2016.

- Horizon scanning information was issued to NHS Boards in December 2015 to inform forward planning for 2016/17. This is kept under regular review.

- In response to the New Medicines Review, Scottish Medicines Consortium (SMC) implemented the PACE process in 2014. The demand for 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 CMGs via the Regional Prescribing Advisory Sub Group. The local clinician nomination process managed through WoSCAN.

- Electronic prescribing has been embedded in practice across the region with successful transition to business as usual. Further work is required to secure a sustainable regional support function going forward as demand and utilisation increases. Early work has commenced to scope the requirements for upgrading to V6 of the software (cross reference section 3.7). Consideration is being given to establishing a national user group, to which WoSCAN will input.

- 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 2016/17 are detailed below.
<table>
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<tr>
<th>Issue</th>
<th>Actions</th>
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<th>Outcome</th>
<th>Updated Position</th>
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</thead>
<tbody>
<tr>
<td>Service delivery models</td>
<td>Take forward the recommendations from Phase 1 work, including the development and implementation of local/regional improvement plans to optimise the use of available capacity.</td>
<td>Reg SACT Exec Grp</td>
<td>Dec 16</td>
<td>• Clearly defined programme of work to optimise capacity utilisation.</td>
<td>• Optimal patient pathway and outpatient model agreed at multi disciplinary workshop in March 2017.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Areas of progress across WoS to address the phase 1 recommendations and increase efficiency within units delivering SACT. This includes: moving to two stop model, increasing number of non medical prescribers and developing alternative scheduling systems.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• Summary of progress against phase 1 recommendations will be taken to RPG in June 2017.</td>
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</tr>
<tr>
<td>Initiate Phase 2 work looking specifically at optimal service delivery models/clinical pathways.</td>
<td>Q&amp;SIM</td>
<td>Apr 16</td>
<td></td>
<td>• Clearly defined project plan.</td>
<td>• Project plan in place and progressing to plan.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Develop regional strategy for SACT delivery.</td>
<td>Q&amp;SIM</td>
<td>Apr 17</td>
<td></td>
<td>• Agreed regional strategy.</td>
<td>• Draft regional strategy for future delivery of SACT discussed and agreed by Regional SACT Future Service SLWG.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>• Further work to develop strategy on-going, with presentation of final strategy scheduled for June 2017.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>• Test of change projects currently being evaluated to provide empirical evidence to support strategic developments. Evaluations assess impact of alternative models on patient experience, safety, efficiency and transferability.</td>
</tr>
<tr>
<td>Issue</td>
<td>Actions</td>
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<td>Due</td>
<td>Outcome</td>
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</table>
| Cancer medicines | Horizon scanning for new cancer medicine developments including identification of opportunities to generate savings and/or improve efficiency.  
- Update 2016/17 report regularly to facilitate in year reviews of projections. | RCCP/ RPASG | Ongoing | Detailed regional analysis of SMC recommendations and their implications for West of Scotland NHS Boards. | • Report routinely updated and refined based on current information/predictions. | GREEN |
| | • Develop service impact assessments in conjunction with Boards. | RCCP/ RPASG | Ongoing | Assessment of wider service impact to inform service planning. | • Work initiated and early pilot work currently being undertaken. | GREEN |
| | • Issue regular horizon scanning reports to Boards to assist with local service planning. | RCCP/ RPASG | Quarterly | Forward Look and other cancer developments circulated in confidence to NHS Board. | • Reports routinely issued to NHS Boards. | GREEN |
| | • Produce report for 2016/17. | RCCP/ RPASG | Dec 16 | | • Guidance issued to Boards. | GREEN |
| | Continue to:  
- Advise NHS Boards on the implementation of SMC and National Institute for Clinical Excellence (NICE)/Healthcare Improvement Scotland guidance on new cancer medicines. | RCCP/ RPASG | Ongoing | Guidance issued to ADTCs. | • Guidance issued to Boards. | GREEN |
<p>| | • Peer review regional proposals not subject to national guidance to NHS Boards. | RPASG | Ongoing | Guidance issued to ADTCs. | • Guidance issued to Boards. | GREEN |
| | Prepare SACT protocols to support implementation of SMC advice and appropriate National Institute for Health &amp; Care Excellence guidance. Update | RCCP | Ongoing | Updated protocols issued. | • Protocols updated and available on CEPAS. | GREEN |</p>
<table>
<thead>
<tr>
<th>Issue</th>
<th>Actions</th>
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<tbody>
<tr>
<td></td>
<td>existing SACT therapy protocols, which are due for review and in response to new safety information.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Coordinate and ensure appropriate clinical input to PACE monthly meetings convened by Healthcare Improvement Scotland.</td>
<td>CPSO</td>
<td>Monthly</td>
<td>▪ Appropriate clinical input to PACE meetings.</td>
<td>▪ Appropriate medical input to PACE meetings secured.</td>
</tr>
<tr>
<td></td>
<td>Assess requirement to support Boards to implement and deliver the anticipated Peer Approved Clinical System (PACS) process.</td>
<td>RPASG</td>
<td>TBC</td>
<td>▪ Defined regional role implemented to support process, if required.</td>
<td>▪ Still to be determined. Awaiting national guidance.</td>
</tr>
<tr>
<td></td>
<td>Utilise CEPAS reports to support Boards and MCNs to better understand cancer medicines utilisation, monitor uptake of new cancer medicines, refine horizon scanning predictions, support pharmaco-epidemiological studies and better understand patient outcomes.</td>
<td>RPASG</td>
<td>Ongoing</td>
<td>▪ Suite of reports available from CEPAS.</td>
<td>▪ A number of standard reports are produced regionally. Demand for CEPAS reports increasing. WoSCAN inputting to national work being initiated by the Innovative Healthcare Delivery Programme.</td>
</tr>
<tr>
<td></td>
<td>Maintain the prescribing guidelines section of the WoSCAN intranet site.</td>
<td>RPASG</td>
<td>Ongoing</td>
<td>▪ Readily accessible regional prescribing guidance.</td>
<td>▪ Site fully maintained.</td>
</tr>
<tr>
<td></td>
<td>Review and update relevant CMGs in line with timescales agreed and regional governance process. ▪ 18 CMGs scheduled for review and updating in 2016/17. 16 reviews initiated in 2015/16 have still to be completed.</td>
<td>MCN Man/ Clin Leads</td>
<td>In line with agreed governance process/ timeline</td>
<td>▪ CMGs reviewed and updated to reflect current evidence based practice.</td>
<td>▪ Reviews initiated and being progressed in line with timelines identified/agreed.</td>
</tr>
<tr>
<td></td>
<td>Continue regional peer review process for assuring compliance with CEL 30 (2012). ▪ Inverclyde Royal Hospital</td>
<td>Reg SACT Exec Grp</td>
<td>May 16</td>
<td>▪ Reports of compliance with CEL 30 (2012) for each site delivering SACT.</td>
<td>▪ Initial audit programme now complete. ▪ Complete, actions identified and action plan in progress.</td>
</tr>
<tr>
<td>Issue</td>
<td>Actions</td>
<td>Lead</td>
<td>Due</td>
<td>Outcome</td>
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<tr>
<td></td>
<td> Stobhill Hospital</td>
<td>Reg SACT Exec Grp</td>
<td>May 16</td>
<td></td>
<td>Completed, actions identified, action plan in progress.</td>
</tr>
<tr>
<td></td>
<td>Assess progress with action plans ahead of formal Healthcare Improvement Scotland review.</td>
<td>Reg SACT Exec Grp Chair/TC</td>
<td>Jul 16</td>
<td>Initial submission returned as requested 01/07/16. Further return made to HIS with position of all actions identified as at 30/09/16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participate in Healthcare Improvement Scotland review, agreeing any further actions that are required.</td>
<td>RMC/MM/MMG/JM/TC</td>
<td>Oct 16</td>
<td>Review meeting has taken place, formal report of the process will be published by in June 2017. Meantime the Network will continue to monitor WoS action plans with the Boards, taking into account recommendations cited in draft report. Await detail of input into the process going forward.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chemotherapy electronic prescribing</td>
<td>Review and define requirements to ensure a sustainable model of support is in place for electronic SACT prescribing. Prepare business case to support delivery model.</td>
<td>eHealth Prg Man/SC</td>
<td>Jun 16 Oct 16 Apr 17 TBC</td>
<td>Optimal regional service model in place that will ensure sustainability of service provision.</td>
</tr>
<tr>
<td></td>
<td>Input to national user group.</td>
<td>TBC</td>
<td>TBC</td>
<td>User group established with clear scope, remit and terms of reference.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Plan and host first exploratory meeting.</td>
<td>eHealth Prg Man</td>
<td>Oct 16 Nov 16</td>
<td>Top 10' ChemoCare Change Requests identified for review with CIS. Being progressed regionally. No further meetings currently planned.</td>
<td></td>
</tr>
</tbody>
</table>

West of Scotland Cancer Network
Final – Published WoSCAN Annual Report and Work Plan 2016/17 v1.0 08/08/17
### 3.5 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 and are being progressed and evaluated. Phase 3 of the programme will be taken forward in 2016/17 and will focus on sustainability and wider roll out of successful elements e.g. models of non medical follow-up and holistic needs assessment.
- Interim Programme Evaluation Report will be available in June 2016.

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

<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>
<tbody>
<tr>
<td>Transforming care after treatment</td>
<td>Input to the work of the national programme board.</td>
<td>RLCC/ RMC</td>
<td>Ongoing</td>
<td>• Continued regional input to national programme.</td>
<td>Regular input by RMC and RLCC. [GREEN]</td>
</tr>
<tr>
<td>Support implementation of project plans for successful Phase 1 projects, ensuring appropriate regional input via WoSCAN and relevant MCNs:</td>
<td></td>
<td>SW/NSM</td>
<td>Ongoing</td>
<td>• Agreed project progressed in line with project plans. • Evaluation report produced for each project when completed. • Roll out plans should pilots demonstrate success.</td>
<td>3 of the 4 NHS Board led Phase 1 projects are complete and have received funding through Phase 3 of the programme to support wider rollout of the learning and outcomes from Phase 1. The remaining phase 1 project (NHS Lanarkshire) is scheduled to complete later in 2017. [GREEN]</td>
</tr>
<tr>
<td>• NHS Ayrshire &amp; Arran (Breast) • NHS Forth Valley (Prostate) • NHS Greater Glasgow and Clyde (Breast) • NHS Lanarkshire (Lung)</td>
<td></td>
<td>CR/DP ST/SC (FV) KO/AM (GGC) MS/JMcP (Lan)</td>
<td>Ongoing</td>
<td>• Evaluation of completed Phase 1 projects indicated these are worthy of further funding through Phase 3 of the programme to support wider rollout. The two projects which focussed on breast cancer patients have influenced regional follow-up guidance, thus having a wider regional impact. [GREEN]</td>
<td></td>
</tr>
<tr>
<td>Support implementation of project plans for successful Phase 2 projects, ensuring appropriate regional input via WoSCAN:</td>
<td></td>
<td>SB</td>
<td>Ongoing</td>
<td>• Clearly articulated project plans. • Scope for shared learning across projects</td>
<td>All Phase 2 projects have plans in place and being progressed. Rate of progress significantly improved with the appointment of dedicated teams. [GREEN]</td>
</tr>
<tr>
<td>Issue</td>
<td>Actions</td>
<td>Lead</td>
<td>Due</td>
<td>Outcome/Deliverables</td>
<td>Updated Position</td>
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<tr>
<td>• East Dunbartonshire Health &amp; Social Care Partnership (HSCP)</td>
<td>• NHS Greater Glasgow and Clyde</td>
<td>SC (ED)</td>
<td></td>
<td>optimised.</td>
<td>project resource. Shared key learning apparent in the regional Implementation Steering Group (ISG).</td>
</tr>
<tr>
<td>• NHS Lanarkshire/North and South Lanarkshire Councils</td>
<td>• NHS Lanarkshire</td>
<td>CH</td>
<td></td>
<td>Roll out plans should pilots demonstrate success.</td>
<td></td>
</tr>
<tr>
<td>• NHS Lanarkshire</td>
<td>• Renfrewshire HSCP</td>
<td>KCo</td>
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<tr>
<td>• Renfrewshire HSCP</td>
<td>• West Dunbartonshire Council</td>
<td>VT</td>
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<td>• West Dunbartonshire Council</td>
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<td>• West Dunbartonshire Council</td>
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<td>PB</td>
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</tr>
<tr>
<td>Develop and agree the 16/17 regional action plan.</td>
<td></td>
<td>SW/NSM</td>
<td>Apr 16</td>
<td>Regional action plan presented to and endorsed by the regional TCAT implementation steering group.</td>
<td>Regional action plan signed off for 2016/17.</td>
</tr>
<tr>
<td>Building on the work completed to date, progress the agreed regional action plan during 2016/17 with focus on:</td>
<td>• Engagement with people affected by cancer</td>
<td>SW/NSM</td>
<td>In line with project plan</td>
<td>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.</td>
<td>Different engagement approaches across all the local projects and this is influenced by local organisational structures.</td>
</tr>
<tr>
<td>• Communication</td>
<td>• Education</td>
<td></td>
<td></td>
<td></td>
<td>Information shared on the regional ISG homepage on the WoSCAN internet site.</td>
</tr>
<tr>
<td>• Sustainability</td>
<td>• Roll out</td>
<td></td>
<td></td>
<td></td>
<td>Continuing to use the regionally hosted education events in support of wide clinical engagement and shared learning.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Projects finishing in 2016 already having discussions locally on roll out and sustainability.</td>
</tr>
<tr>
<td>Issue</td>
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<td></td>
<td>Initiate work to shape and support delivery of Phase 3.</td>
<td>SW/NSM</td>
<td>Apr 16</td>
<td>Recommendations for Phase 3 clearly articulated by sponsors.</td>
<td>Workshop held 22 April 2016.</td>
</tr>
<tr>
<td></td>
<td>• Hold a high level sponsor workshop to help define the scope and priorities for Phase 3.</td>
<td></td>
<td>Apr 16</td>
<td></td>
<td>Regional approach devised for the allocation of £200K and approved by RCAG and TCAT ISG. Applications from the 3 phase 1 projects finishing in 2016 assessed by an integrated/inclusive subgroup of the ISG on 18 August 2016. September decision and the 3 phase 1 projects successful with their Phase 3 applications.</td>
</tr>
<tr>
<td></td>
<td>• Plan for wider roll out of Phase 1/2 projects should projects demonstrate success.</td>
<td>SW/NSM</td>
<td>Ongoing</td>
<td></td>
<td>Regional plan will be influenced by the outcome of the assessment of funding applications, which were assessed on merit. 3 phase 1 projects moving forward with 1-year project plan development for phase 3 of the programme.</td>
</tr>
<tr>
<td>Follow-up</td>
<td>Review of follow-up guidance for:</td>
<td>MCN Man (TK)/Clin Leads</td>
<td>TBC</td>
<td>Reviewed regional guidelines published.</td>
<td>Breast follow-up guideline review carried forward. Guideline approved by Breast Cancer MCN Advisory Board. To be presented to June 2017 RCCLG.</td>
</tr>
<tr>
<td></td>
<td>• Breast</td>
<td></td>
<td>TBC Sep 16</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Prostate</td>
<td></td>
<td>TBC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Malignant melanoma</td>
<td></td>
<td>TBC</td>
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West of Scotland Cancer Network
Final – Published WoSCAN Annual Report and Work Plan 2016/17 v1.0 08/08/17
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<tr>
<td></td>
<td>Assess impact of the national funding allocated to NHS Boards to look at models on non medical led follow-up.</td>
<td>RMC/RLCC/Cancer Managers</td>
<td>Jun 16</td>
<td>▪ Evidence of practice change and development of sustainable solutions.</td>
<td>31&lt;sup&gt;st&lt;/sup&gt; Jan 17. Revised follow-up guideline drafted. Discussed at April 17 Skin Cancer MCN Advisory Board meeting; minor amendments to be made and then re-circulated for final approval. GREEN</td>
</tr>
<tr>
<td></td>
<td>Personalised information</td>
<td>In support of the national ‘Info For Me’ project promote the use of quality assured personalised information in practice.</td>
<td>NSM</td>
<td>▪ Provide a more sustainable integrated information system; an online resource for people affected by cancer to find quality assured information and be signposted to a range of support services.</td>
<td>Targeted work undertaken in Boards. Regional work targeted at lymphoma follow-up and review of compliance against regionally agreed guidelines. The latter will report in December 2016. GREEN</td>
</tr>
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</table>

### 3.6 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 national cancer quality programme with discussion ongoing with Scottish Government Health Department colleagues around the future sustainability of the programme.
- In line with CEL 06 (2012) reporting against QPIs commenced in 2013/14. 4 Formal Healthcare Improvement Scotland reviews are scheduled for 2016/17 after which reports will be published in the public domain.
- A programme of formal review of QPIs commenced in late 2015 and will continue throughout 2016/17 and beyond.
- A psychological therapies and support framework was developed in 2015/16 in collaboration with a range of partners. This will be implemented in 2016/17.

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

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<tr>
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<tbody>
<tr>
<td>National QPIs</td>
<td>Continue to manage the delivery of the National Cancer Quality Programme.</td>
<td>RMC/Q&amp;SIM</td>
<td>In line with timelines set out in agreed national work programme</td>
<td>Small sets of nationally agreed QPIs, with national datasets and measurability criteria reviewed and updated where required.</td>
<td>Programme progressing to agreed work plan. GREEN</td>
</tr>
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</table>
|                   | Undertake baseline reviews in line with agreed schedule.  
|                   |   - Acute leukaemia  
|                   |   - Testicular  
|                   |   - Bladder  
|                   |   - Endometrial and cervical | JD       |                                          |                                                                                     | Baseline reviews complete for all cancers. Revised QPI’s and supporting documentation published on HIS / ISD websites. BLUE |
|                   | Initiate and progress formal reviews in line with agreed schedule.  
|                   |   - Colorectal  
|                   |   - Lung  
|                   |   - Upper GI  
<p>|                   |   - HPB | JD       |                                          |                                                                                     | All progressing to agreed schedule. Revised Upper GI Cancer QPIs published on HIS website. Revised HPB Cancer QPIs with formal review group for final agreement. Final changes to the revised Colorectal Cancer QPIs underway following finalisation meeting. GREEN |</p>
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<tr>
<td></td>
<td>• Ensure datasets and measurability criteria are tightly controlled, ensuring alignment with nationally agreed QPIs.</td>
<td>JD</td>
<td></td>
<td></td>
<td>▪ All updated datasets and measurability documents with Information Services Division for quality assurance checks prior to publication where reviews are completed.</td>
</tr>
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</table>
|       | • Complete the transition from project delivery to business as usual functions.  
  ▪ Secure adequate resource to sustain the programme.  
  ▪ Continue to take forward the work programme of the National Cancer Quality Operational Group. | RMC/Q&SIM | | | ▪ Sustainable National Programme. | GREEN |
|       | • Participate in the formal 3 year review of performance in line with the agreed governance framework.  
  ▪ Breast  
  ▪ Prostate  
  ▪ Renal  
  ▪ Lung  
  ▪ Upper GI  
  ▪ HPB | RMC/ MCN Leads | | | ▪ Assurance re. quality of outcomes across NHS Scotland. | BLUE |
|       | • Clinical audit Optimise the use of available resource regionally and locally:  
  ▪ Support local reporting through development of SQL Server Reporting Services (SSRS) and ad hoc reports.  
  ▪ Deliver training for users in SSRS.  
  ▪ Further streamline regional reporting, ensuring close alignment with national reporting schedule. | 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.  
  ▪ Improve efficiency and optimise resource | GREEN |

West of Scotland Cancer Network  
Final – Published WoSCAN Annual Report and Work Plan 2016/17 v1.0 08/08/17
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<tr>
<td></td>
<td>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.</td>
<td>IM</td>
<td>Ongoing</td>
<td>▪ Quality assurance and improvement reports issued to service to inform service provision and redesign.</td>
<td>2016/17 QPI Analysis and Reporting delivered in line with scheduled dates, with minor delay to the publication of Urological Cancer Audit Reports. A number of Action Plans from one west of Scotland Board remain outstanding and work ongoing to resolve this issue.</td>
</tr>
<tr>
<td>Patient Experience</td>
<td>Support NHS Boards to implement national patient experience QPIs. ▪ Share models of good practice. ▪ Participate in Healthcare Improvement Scotland assurance programme.</td>
<td>WoSCNG NHS Boards</td>
<td>Ongoing</td>
<td>▪ Supported implementation of patient experience QPIs. ▪ Assurance that patient experience is being used to inform/drive service improvement.</td>
<td>▪ Review of activity undertaken as part of Healthcare Improvement Scotland review of breast cancer QPIs. Evidence of activity, although national tools developed have not yet been used to support local work. Meeting scheduled to review alignment with national patient experience survey with colleagues in the Scottish Government.</td>
</tr>
<tr>
<td></td>
<td>Review feedback from the National Patient Experience Survey and identify any areas that require further review and improvement.</td>
<td>Cancer Managers/ RMC</td>
<td>TBC</td>
<td>▪ Patient centred areas of good practice and areas for improvement identified, scrutinised and auctioned.</td>
<td>▪ Boards have their own local data and are currently reviewing outcomes. Themes emerging regionally include scope for improvement around patient information, shared decision making and communication. Discussion ongoing with Boards.</td>
</tr>
<tr>
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</table>
| Psychological therapies and support framework | Establish short life working groups to take forward the work streams previously identified to support implementation of the agreed framework:  
- Education and training  
- Data collection and measurement  
- Referral patterns and pathways | SW/Q&SIM | Mar 17 | - Framework successfully implemented.  
- Education and training matrix developed and being piloted by 3 organisations.  
- Data baseline position established and work on-going to determine future data collection and reporting requirements.  
- Pathways subgroup undertaking work to develop referral criteria to enable understanding of services available at what level of support.  
- Implementation approach and toolkit for presentation to RCCLG in September 2017. | **GREEN** |
| Regional/national guidelines | Review and revise regional guidelines and protocols in line with agreed timescales/processes. | MCN Man/ Clin Leads | In line with regional review dates | - Regional/national guidelines reviewed and updated to reflect current best practice, including discontinuing some aspects of current practice, where appropriate.  
- Work progressing in line with timelines agreed. | **GREEN** |
| Neuroendocrine Tumours: eNET accreditation | Determine the feasibility of taking forward eNET accreditation within NHS Scotland: submit paper to the three RCAGs for consideration ahead of taking paper to the National Cancer Clinical Services Group (NCCSG). | Q&SIM | Dec 16 | - Plan for progressing accreditation agreed if endorsed nationally to proceed.  
- Business cases for new diagnostic and treatment approaches supported in principle by 2 RCAGs and Regional Planning Directors. Discussion on-going with National Services Scotland. | **AMBER** |
| National and regional education programmes | Host national meetings for:  
- Gynaec-oncology | IM/MCN Man &Clin Lead | Sept 16 | - Successful meetings where nationally agreed QPIs are reported.  
- Event held 30/09/16 – well attended with good representation from all 3 regional MCNs | **BLUE** |
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<tbody>
<tr>
<td></td>
<td>▪ HPB cancers</td>
<td>LC/SWi</td>
<td>TBC</td>
<td>▪ 11/11/16 in Aberdeen successfully completed.</td>
<td></td>
</tr>
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<th>Due</th>
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<tbody>
<tr>
<td></td>
<td>▪ Sarcoma</td>
<td>LC/IN</td>
<td>May/Sept/Dec 16</td>
<td>▪ 03/05/16 education day in Aberdeen, 14/09/16 education day in Glasgow and 01/12/16 education day in Edinburgh successfully completed.</td>
<td></td>
</tr>
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</table>

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<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>▪ Neuro-oncology</td>
<td>LC/AK</td>
<td>TBC</td>
<td>▪ 18/11/16 in Edinburgh successfully completed.</td>
<td></td>
</tr>
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</table>

Contribute to programme development for national haemato-oncology meeting, national urology meeting and national breast meeting.

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>▪ Neuro-oncology</td>
<td>MCN Man/Clind Leads</td>
<td>In line with national programme</td>
<td>▪ SCAN hosting the haemato-oncology event and date to be re-confirmed. National Haemato-oncology education event cancelled.</td>
<td></td>
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</table>

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

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</thead>
<tbody>
<tr>
<td></td>
<td>▪ Neuro-oncology</td>
<td>MCN Man/Clind Leads</td>
<td>Ongoing in line with agreed programme</td>
<td>▪ Agreed programme progressing as planned.</td>
<td></td>
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</table>

**Treatment Summaries**

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<tr>
<th>Issue</th>
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<tbody>
<tr>
<td></td>
<td>Take forward and support the introduction of treatment summaries into clinical practice, building on work already commenced within the region.</td>
<td>RLCC</td>
<td>Ongoing</td>
<td>▪ Development progressing in some areas. Challenges around IT infrastructure to support implementation. Work ongoing nationally to agree how this work can be expedited and supported.</td>
<td></td>
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</table>

Assess potential for regional implementation of NHS Forth Valley TSum system.

<table>
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<tbody>
<tr>
<td></td>
<td>▪ Neuro-oncology</td>
<td>KC/eHealth Prog Man</td>
<td>Jul 16</td>
<td>▪ Discussed with regional eHealth Leads. Adoption of TSum application not thought to be viable.</td>
<td></td>
</tr>
</tbody>
</table>

**Outcome/Deliverables**

- ▪ Tripartite agreement of national programme across Networks.
- ▪ Successful education programme across a wide variety of topics with participation from multi-professional groups.
- ▪ Business analysis of options for technical solution completed to
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<tbody>
<tr>
<td></td>
<td>• Identify champions to lead work across MCNs and potential early implementer sites.</td>
<td>SW/MCN Man</td>
<td>Aug 16 Oct 16</td>
<td>• Key stakeholder buy-in achieved in support of wider adoption of the electronic treatment summary.</td>
<td>Seeking closer alignment with other local IT developments. Work being initiated within each Board.</td>
</tr>
<tr>
<td></td>
<td>• Agree plan for supported introduction.</td>
<td>KC/eHealth Prog Man</td>
<td>TBC</td>
<td>• Defined timescales and activities articulated in a clear plan.</td>
<td>In addition to NHS FV development (TSum), NHS A&amp;A planning development and pilot of their own solution – unclear at this stage if this will have the potential to be adopted by other Boards.</td>
</tr>
<tr>
<td></td>
<td>• Input to national user group once established.</td>
<td>KC/eHealth Prog Man</td>
<td>TBC</td>
<td>• Standardised proforma in use across NHS Scotland.</td>
<td>Local assessment of requirements being made by individual Boards – timescales indicated only by NHS Ayrshire and Arran at this time; expected pilot implementation of a local solution before the year end. Extended roll-out to across tumour groups planned in Forth Valley.</td>
</tr>
</tbody>
</table>

3.7 DELIVERY

Regional & national working
- Delivery of this work plan and realisation of the benefits for patients is highly dependent on effective regional and national working. The terms of reference for key regional groups have recently been refreshed.

eHealth
- The regional cancer eHealth programme of work will be refreshed in 2016/17. This will be taken forward in conjunction with eHealth Leads to ensure close alignment with other local, regional and national developments. Work will focus on support for treatment summaries, cancer audit, and electronic prescribing in the coming year.
**Workforce**

- New appointments to some MCN Clinical Leads were made during 2015/16: Primary Care (Dr Ken O’Neill) and Sarcoma (Dr Ioanna Nixon) with further ones planned for 2016/17.

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

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<tbody>
<tr>
<td>Cancer Intelligence</td>
<td>Participate in national work-stream progressing the modernisation of cancer intelligence in NHS Scotland. Assess regional implications of proposals being made.</td>
<td>RLCC/RMC</td>
<td>Ongoing</td>
<td>Regional input to shape national work-stream.</td>
<td>Revision to the ‘Resource Loan Agreement’ for the eHealth Prog Man to commit 1 day per week to the IHDP programme to be extended to 2.5 days a week from May 2017. Plans will be put in place to review resource usage/ benefit on a regular basis.</td>
</tr>
<tr>
<td>CEPAS</td>
<td>Monitor business as usual activity, chairing fortnightly meetings.</td>
<td>eHealth Prog Man</td>
<td>Ongoing</td>
<td>Ongoing monitoring of activity.</td>
<td>BAU team have agreed that monthly meetings are sufficient and appropriate. Meetings are now scheduled to take place on the 2nd last Tuesday in the month.</td>
</tr>
<tr>
<td></td>
<td>Complete work to determine feasibility of implementing a TrakCare/CEPAS interface.</td>
<td>JF (GGC)</td>
<td>Oct 16</td>
<td>Interface developed and implemented.</td>
<td>Discussions underway with eHealth Strategy and Programmes to seek support/ resource to progress discussions with Lanarkshire and A&amp;A to revisit the detailed scoping. Anticipated date to initiate discussions post end of April 2017; links to key service contacts across these Boards to be arranged</td>
</tr>
<tr>
<td></td>
<td>Finalise and gain CEPAS Executive approval of System Security Policy (SSP).</td>
<td>eHealth Prog Man</td>
<td>Apr 17</td>
<td>Finalised and approved System Security Policy.</td>
<td>Approvals have been received from all Health Boards. (Highland response is verbal).</td>
</tr>
<tr>
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<tr>
<td>Scoping implications/requirements for WoSCAN move to V6 of Chemocare</td>
<td>eHealth Prog Man</td>
<td>Aug 16, Aug 17</td>
<td></td>
<td>▪  Report of future business requirements and implications of planned system developments to inform decision making regarding system upgrade.</td>
<td>The CEPAS Executive on the 19th Dec. 2016 agreed to put V6 feasibility on hold for at least 12 months. Reasons for this were: ▪  Expectation that the Chemo Scheduling Module will not be generally available until late 2017 ▪  The Chemo Pharmacy module has not been rolled out and appears to be live in only 1-2 locations in England (well behind original CIS timescales). ▪  An assessment of V6 benefits and implications of implementation cannot be undertaken until a ‘full’ ChemoCare system is available for general release/ assessment.</td>
</tr>
<tr>
<td>eCASE (System that supports clinical audit)</td>
<td>Progress agreed development plan in conjunction with National Services Scotland (NSS).</td>
<td>eHealth Prog Man/IM</td>
<td>In line with agreed project plan</td>
<td>▪  Sustainable national system to underpin clinical audit.</td>
<td>V3 QPI changes: ▪  Lung: data Capture/ validations and Data Model – complete. Reports are in progress. ▪  V3 development of Upper GI, HPB and Colorectal will commence on publications of v3 specifications. Anticipated date is now May 2017 (moved from March 2017). Investigation underway re possibility of auto-populating eCASE with ‘Date of Death’ from National CHI.</td>
</tr>
<tr>
<td></td>
<td>Ensure eCase development continues to meet technical requirements to support Boards to meet their reporting requirements</td>
<td>eHealth Prog Man</td>
<td></td>
<td></td>
<td>▪  SSRS reporting capabilities are available to all eCASE users. ▪  Supplementary assistance provided through the eCASE User Group approval process for the development of more complex</td>
</tr>
<tr>
<td>Issue Description</td>
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<tr>
<td>Monitor and ensure delivery of Service Level Agreement (SLA).</td>
<td>eHealth Prog Man</td>
<td>Monthly</td>
<td>Service Level Agreement delivered.</td>
<td>GREEN</td>
<td></td>
</tr>
<tr>
<td>Define, prioritise and monitor work programme to be delivered by National Services Scotland and monitor delivery, reprioritising when required.</td>
<td>eHealth Prog Man</td>
<td>Monthly</td>
<td>Prioritised and agreed development programme.</td>
<td>GREEN</td>
<td></td>
</tr>
<tr>
<td>Integrated reporting of haematology diagnostic testing</td>
<td>eHealth Prog Man/MCN Clin Lead (MD)</td>
<td>Mar 17</td>
<td>Feasibility assessment. If feasible, costed business case.</td>
<td>GREEN</td>
<td></td>
</tr>
<tr>
<td>Portal/portal view access</td>
<td>RMC/Regional eHealth Leads/Prog.Manager</td>
<td>May 16</td>
<td>Early adopter clinical testers. If successful extend to wider groups of clinicians.</td>
<td>BLUE</td>
<td></td>
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</table>

NSS delivery of SLA is monitored formally through monthly conference calls and weekly via System Issue Report assessment.
An eCASE Executive meeting took place on 09 May – discussion included review of SLA requirements for 2017/18. Executive chair noted that eCASE was progressing smoothly under ‘Business as Usual’.

NSS work programme is reviewed, assessed and prioritised on a monthly basis.
Priorities have been agreed with the eCASE User Group for change requests.

This action is now part of wider ‘laboratory developments’ – no regional requirement to progress this at this time.

Portals to portal now live to RBAC 1 group users (approx. 14,500) in GGC with two-way links in place with Golden Jubilee, Lanarkshire and A&A. Dumfries & Galloway link now in test and should be live in the near future. Note: Golden Jubilee have similar portal to portal links in place as GGC.
Appointment of Clinical Leads
Recruit to Clinical Lead posts where terms of appointment are ending.

Lead: RMC/RCCL
Due: Mar 17
Outcome/Deliverables:
- Posts successfully appointed.

Updated Position:
- Lead Clinician for Skin MCN and TCAT Regional Lead successfully appointed. Process to recruit a new Gynaecology MCN Lead will be initiated later this year. Regional Lead Cancer Clinician post Interviews scheduled for 3 November 2016.

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**Lead Abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Anna Morton, Project Manager</td>
</tr>
<tr>
<td>AK</td>
<td>Avinash Kanodia, Adult Neuro-Oncology MCN, Clinical Lead</td>
</tr>
<tr>
<td>CEPAS IM</td>
<td>CEPAS Information Manager</td>
</tr>
<tr>
<td>CH</td>
<td>Chris Hewitt, Clinical Psychologist, NHS Greater Glasgow and Clyde</td>
</tr>
<tr>
<td>CPSO</td>
<td>Cancer Programme Support Officer</td>
</tr>
<tr>
<td>CR</td>
<td>Caroline Rennie, Macmillan Cancer Nurse</td>
</tr>
<tr>
<td>DD</td>
<td>David Dodds, Clinical Director BWoSCC</td>
</tr>
<tr>
<td>DP</td>
<td>Debbie Provan, Project Manager</td>
</tr>
<tr>
<td>GGC</td>
<td>eHealth Programme Manager</td>
</tr>
<tr>
<td>GO</td>
<td>Gren Oades, Urology MCN Clinical Lead</td>
</tr>
<tr>
<td>HW</td>
<td>Heather Wotherspoon, MCN Manager</td>
</tr>
<tr>
<td>IM</td>
<td>Information Manager</td>
</tr>
<tr>
<td>IN</td>
<td>Ioanna Nixon, Sarcoma MCN Clinical Lead</td>
</tr>
<tr>
<td>IR</td>
<td>Iona Reid, Breast MCN, Clinical Lead</td>
</tr>
<tr>
<td>JD</td>
<td>Jen Doherty, National Cancer Quality Programme Coordinator</td>
</tr>
<tr>
<td>JF (GGC)</td>
<td>Joanne Freer, NHS Greater Glasgow and Clyde</td>
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<tr>
<td>JM</td>
<td>John Murphy, SACT Lead NHS Lanarkshire</td>
</tr>
<tr>
<td>JMcP (Lan)</td>
<td>John McPhelim, Lung Cancer Lead Nurse, NHS Lanarkshire / Lung MCN Clinical Lead</td>
</tr>
<tr>
<td>KC</td>
<td>Kevin Campbell, MCN Manager</td>
</tr>
<tr>
<td>KCo</td>
<td>Kathy Coonagh, North Lanarkshire Council</td>
</tr>
<tr>
<td>KO (GGC)</td>
<td>Keith Ogston, NHS Greater Glasgow and Clyde</td>
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<tr>
<td>MD</td>
<td>Mark Drummond, Haemato-oncology MCN, Clinical Lead</td>
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<tr>
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<tr>
<td>MF</td>
<td>Matthew Forshaw, Upper GI MCN, Clinical Lead</td>
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<tr>
<td>MG</td>
<td>Maureen Grant, Lead Nurse, BWoSCC</td>
</tr>
<tr>
<td>MM</td>
<td>Mary Maclean, Regional Cancer Care Pharmacist</td>
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<tr>
<td>MS (Lan)</td>
<td>Mhairi Simpson, Consultant Nurse, NHS Lanarkshire</td>
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<tr>
<td>MMcc</td>
<td>Melanie McColgan, General Manager, BWoSCC</td>
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<tr>
<td>NS</td>
<td>Nadeem Siddiqui, Gyn MCN, Clinical Lead</td>
</tr>
<tr>
<td>NSM</td>
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<tr>
<td>PB</td>
<td>Peter Barry, West Dunbartonshire Council</td>
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<tr>
<td>PCCN</td>
<td>Primary Care Cancer Network</td>
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<tr>
<td>PH</td>
<td>Paul Horgan, Colorectal MCN Clinical Lead</td>
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<tr>
<td>PR</td>
<td>Pauline Robbie, Renfrewshire Council Health &amp; Social Care Partnership</td>
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<tr>
<td>Q&amp;SIM</td>
<td>Quality &amp; Service Improvement Manager</td>
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<td>Regional Systemic Anti Cancer Therapy Executive Group</td>
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<td>RPD</td>
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<tr>
<td>RLCC</td>
<td>Regional Lead Cancer Clinician</td>
</tr>
<tr>
<td>RMC</td>
<td>Regional Manager (Cancer)</td>
</tr>
<tr>
<td>SB</td>
<td>Stephen Brown, North Ayrshire Council</td>
</tr>
<tr>
<td>SC</td>
<td>Sarah Coulter, CEPAS Pharmacist</td>
</tr>
<tr>
<td>SC (ED)</td>
<td>Sandra Cairney, East Dunbartonshire Health &amp; Social Care Partnership</td>
</tr>
<tr>
<td>SG (FV)</td>
<td>Sandra Campbell, Consultant Nurse, NHS Forth Valley</td>
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<tr>
<td>SR</td>
<td>Stuart Robertson, Head and Neck MCN, Clinical Lead</td>
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<tr>
<td>ST (FV)</td>
<td>Seamus Teahan, Lead Cancer Clinician, NHS Forth Valley</td>
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<tr>
<td>SW</td>
<td>Sandra White, Clinical Lead Transforming Care after Treatment</td>
</tr>
<tr>
<td>SWi</td>
<td>Steve Wigmore, HPB MCN, Clinical Lead</td>
</tr>
<tr>
<td>TC</td>
<td>Tracey Cole, MCN Manager</td>
</tr>
<tr>
<td>TK</td>
<td>Tom Kane, MCN Manager</td>
</tr>
<tr>
<td>VT</td>
<td>Vicky Trim, Project Manager</td>
</tr>
<tr>
<td>WoSCNG</td>
<td>West of Scotland Cancer Nurses Group</td>
</tr>
</tbody>
</table>

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