**West of Scotland Cancer Network**

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**Annual Report**

**April 2023 to March 2024**

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# National and Regional Cancer Networks

The Scottish Cancer Network works closely with the three well established Regional Cancer Networks working across the 14 NHS Scotland Boards whose remit is to improve patient care and cancer services at both a regional and national level. Each Regional Cancer Network is chaired by a NHS Board Chief Executive and has a Regional Lead Cancer Clinician and a Regional Manager (Cancer) with overall management and operational accountability for the Network and delivery of the Regional Workplan.

The Regional Cancer Networks act as conduit between Scottish Government and the NHS Boards for   
co-ordination of commissioned strategic and improvement work programmes and to ensure key stakeholder representation on National groups ,within the scope of the National Cancer Strategy, and where the support and expertise of the Networks is required.

# Strategic Context

The ambitions and actions set out within the [Scottish Government National Cancer Strategy](https://www.gov.scot/publications/cancer-strategy-scotland-2023-2033/) 2023-2033 and [Action Plans](https://www.gov.scot/publications/cancer-action-plan-scotland-2023-2026/) 2023-2026 inform the overarching West of Scotland Cancer Network (WoSCAN) Regional Workplan. This workplan is aligned with both the West of Scotland (WoS) Regional Health and Social Care Delivery Plan and local NHS Board Delivery Plans and is the basis from which the tumour specific MCN workplans are derived.

The Regional Cancer Advisory Group (RCAG), chaired by the NHSGGC Chief Executive, is the primary forum through which the regional workplan is monitored and delivered: some actions will be progressed at a local, regional or national level.

# West of Scotland Cancer Network (WoSCAN)

WoSCAN is hosted by NHS Greater Glasgow and Clyde on behalf of the four WoS NHS Boards:

* NHS Ayrshire and Arran (NHSAA)
* NHS Forth Valley (NHSFV)
* NHS Greater Glasgow and Clyde (NHSGGC)
* NHS Lanarkshire (NHSLAN)

WoSCAN services are delivered across a range of settings including the Beatson West of Scotland Cancer Centre (BWoSCC), the second largest Cancer Centre in the UK, 14 acute hospitals, health and social care partnerships and National Organisations. WoSCAN provides the opportunity for the four constituent NHS Boards to work collaboratively in Managed Clinical Networks (MCNs) to improve cancer services through shared decision making and maximising the efficiency and effectiveness of investment. WoSCAN ensures that a systematic approach to the development and planning of cancer services is taken for those aspects of the service deemed most appropriate for provision at a regional level.

Examples of how WoSCAN has worked to meet the national ambitions and actions are highlighted throughout this report and in the accompanying tumour specific MCN annual reports. The reports present a selection of the activities and interventions across WoSCAN and are illustrative rather than comprehensive.

# Cancer in Scotland

[Public Health Scotland (PHS)](https://publichealthscotland.scot/publications/?ic=topics-cancer&q=&fq=topics%3ACancer%23&sort=pdesc) release a wide range of national publications relating to cancer. Links to some of the most recent publications are included below for ease of reference.

30 day mortality after [systemic](https://www.publichealthscotland.scot/publications/30-day-mortality-after-systemic-anti-cancer-therapy-sact/30-day-mortality-after-systemic-anti-cancer-therapy-sact-patients-treated-in-2022/) anti-cancer therapy (SACT): patients treated in 2022

[2022 Cancer Staging Data](https://publichealthscotland.scot/publications/cancer-staging-data/2022-cancer-staging-data-28-november-2023/) published 28 November 2023

[Cancer Incidence Projections for Scotland 2019-2040- CRUK](https://publichealthscotland.scot/publications/cancer-incidence-projections-for-scotland/cancer-incidence-projections-for-scotland-2019-2040-cancer-research-uk/) published 03 October 2023

[Cancer Survival Statistics: people diagnosed with cancer during 2018-2020](https://publichealthscotland.scot/publications/cancer-survival-statistics/cancer-survival-statistics-people-diagnosed-with-cancer-during-2018-to-2020/) published 30 May 2023

[Cancer Incidence in Scotland: to December 2021](https://publichealthscotland.scot/publications/cancer-incidence-in-scotland/cancer-incidence-in-scotland-to-december-2021/) published 28 March 2023

# Cancer Waiting Times (CWTs)

CWT reports are published by PHS on a quarterly basis.

* The **31 day** CWT standard states that 95% of all patients wait no more than 31 days from decision to treat to starting first cancer treatment.
* The **62 day** CWT standard states that 95% of all patients referred with an urgent suspicion of cancer should wait a maximum of 62 days from referral to first cancer treatment.

Monitoring of the 31/62 day CWT standards is managed within individual boards and at a service operational level. However, in instances of developing or implementing national or tumour specific improvement initiatives, WoSCAN representatives will form part of any key stakeholder groups and work closely with partners to drive improvements.

NHS Scotland performance against the 62 day standard for week ending 25 February 2024 is 70.0%. For the week ending 25 February 2024, there were 4,374 USC referrals. This is higher than the 3,956 referrals in the same week last year. Referrals are currently 54% higher than the pre-lockdown average weekly urgent suspicion of cancer.

# Systemic Anti-Cancer Therapy (SACT)

SACT is any drug treatment used to control or treat cancer. The drug treatment types may include chemotherapy, immunotherapy, targeted therapy, hormonal therapy or a combination of these. SACT can be given on its own, before or after surgery or with radiotherapy.

The Regional SACT Executive Steering Group (RSESG), established under the auspices of RCAG, provides leadership and an overarching governance forum for SACT Services in the WoS. The various strands of work progressed within this remit are summarised below.

**SACT Future Service Delivery Models (SACT FSD)**

Work continues to take forward implementation of the recommendations arising from the Strategic Review of SACT services. Recognising wider capacity and workforce pressures, during 2023, the SACT FSD group remit was redefined to include regional oncology services as a whole and not focus exclusively on SACT. Going forward this work will be aligned with the national Oncology Transformation Programme where capacity and workforce has also been identified as key priority areas. Benchmarking of capacity, demand, current working practices and workforce models is well underway and will continue in the coming months, culminating in the agreement of an agreed target operating model for the region that will support delivery of a resilient, safe and timely patient care/access.

**Non-Medical Prescribing (NMP) of SACT**

A key area of providing sustainable services is SACT NMP: this service continues to grow both in the number of trained active NMPs and in the level of activity. Detailed quarterly activity reports are produced which depict the upward trajectory and are utilised by the service for planning and monitoring. Work is ongoing to align practice across the region to optimise the use of this valuable resource.

**CEL 30 (2012) Revised February 2023: [Revised] Guidance for the Safe Delivery of SACT**

This provides NHS boards with a framework for safe practice in the prescribing, preparation, administration and disposal of SACT. NHS boards are required to demonstrate compliance with the CEL via a programme of self-assessment and regional peer audit, with Healthcare Improvement Scotland (HIS) providing external assurance.

**Regional Implementation and Compliance Audit Programme**

The most recent cycle of regional peer review, which was delayed somewhat during the COVID-19 pandemic, has been completed and the NHS Scotland Systemic Anti-Cancer Therapy Service Review Report was published on 12th December 2023.

Regional and NHS Board actions were identified, these will continue to be monitored to progression with a clear governance reporting mechanism to HIS.

# WoSCAN Regional Workplan Highlights

In the 2023/24 reporting period, WoSCAN has continued to focus on delivery of the consolidated Regional Workplan of which the constituent actions are tailored to improve the cancer services provided to patients across the WoS. The following sections provide an update on actions which are applicable across all MCNs.

## Developing and Maintaining Regional Guidelines to Optimise Patient Care

Development and review of tumour specific guidelines remains a core component of WoSCAN MCN activity to support effective, safe, efficient and equitable services across the region. Included within the scope are:

* Clinical Management Guidelines (CMGs)
* Clinical Guidance Documents (CGDs)

Approximately 80 CMGs are maintained within the WoSCAN remit which is underpinned by the Regional Prescribing and Advisory Subgroup. Further details on the development of new and update of existing CMGs/CGDs are detailed within the tumour specific annual reports.

## Regional Prescribing Advisory Subgroup (PASG)

The RCAG PASG is a central source of advice on new and new use of cancer medicines for WoSCAN. The role of this multi-professional group is to:

* Facilitate a consistent and effective approach to the managed entry of cancer medicines (SACT) across WoSCAN; and
* Promote and monitor the equitable provision of safe, clinical and cost effective cancer medicines (SACT) across WoSCAN.

The output from PASG is issued as advice to NHS Boards and Area Drug and Therapeutics Committees (ADTC) for review, approval and local implementation.

The number of cancer medicine submissions to the Scottish Medicines Consortium (SMC) remains high. From January through to December 2023 PASG considered 32 SMC accepted medicines. This is in line with the number of SMC accepted medicines in 2022. The continued high volume of new developments aligned with the SMC approvals has placed a significant workload on the Prescribing Advisory Sub Group, the regional pharmacy team, the MCNs and clinical teams.

Individual MCNs continue to work closely with PASG and the wider pharmacy team to progress a number of actions associated with medicines governance (i.e. CMG development, SACT protocols, New Medicine Request forms).

In this reporting period, the first consultant pharmacist in Scotland was appointed for the WoSCAN. This is a significant landmark for the pharmacy profession and provides assurance to patients and staff of high level expertise within their area of practice and across the four pillars, namely clinical practice, leadership, education and research.

## National Cancer Medicines Advisory Group (NCMAG)

NCMAG provide advice on the medical benefits and value for money of medicines to treat cancer and review medicines that are

* off label i.e. medicines which are useful for conditions that they are not licensed for
* off patent i.e. medicines that have previously been unavailable due to cost effectiveness considerations.

In this reporting period NCMAG reviewed nine submissions, six of which were supported for use and incorporated into CMGs as appropriate.

## Follow up guidance

WoSCAN develops evidence based and best practice clinical guidance documents such as regional follow up guidelines for key treatment areas as clinically required. Follow up guidelines are managed in line with the WoSCAN CGD standard operating procedure (SOP).

## Development of National Clinical Management Pathways (CMPs)

The Scottish Cancer Network (SCN), established in 2021, is a dedicated national resource to support and facilitate a ‘Once for Scotland’ approach to cancer services which will assist in enabling equitable access to care and treatment across Scotland. The aims of the initial three year SCN commission were to:

 Develop and operate a system for the production, review, and hosting of National CMPs,

 Oversee and drive improvement of the three existing National MCNs and scope similar national network approaches for other areas, for example areas with low volume activity, that may benefit.

The CMPs are accessible via the [Right Decision Service (RDS) platform](https://rightdecisions.scot.nhs.uk/) which is hosted by the Evidence Directorate of Healthcare Improvement Scotland. The CMPs are saved within the NHS National Services Scotland “tile”. Users are required to [register](https://forms.office.com/Pages/ResponsePage.aspx?id=veDvEDCgykuAnLXmdF5Jmod2BZ-16PBGpLy30EbDe9lUN0VXTjdSSlNPSUtHUTc1Uk41MTNQM1hTOS4u) following which a password will be issued from SCN.

In this reporting period, national consensus based CMPs have been published for breast cancer, lung cancer, and adult neuro-oncology. In September 2023, SCN advised that prostate cancer and head and neck cancer have been selected as the next tumour groups for CMP development.

Further details are provided within the relevant MCN annual reports.

# National Optimal Cancer Diagnostic Pathways

Within NHS Scotland, development of optimal cancer diagnostic pathways fall under the remit of the national [Centre for Sustainable Delivery (CfSD)](https://www.nhscfsd.co.uk/). The development of optimal cancer diagnostic pathways will help improve the timeliness and efficiency of the diagnostic pathway, enabling accelerated access to treatment for those with a cancer diagnosis, while providing reassurance and reducing anxiety for those who do not. A framework has been developed to decide, based on evidence, the order in which optimal pathways are developed for cancer types in Scotland.

The [lung cancer diagnostic pathway](https://www.nhscfsd.co.uk/our-work/earlier-cancer-diagnosis/diagnostics/optimal-cancer-diagnostic-pathways/lung-cancer-diagnostic-pathway/) was published in December 2022.

The [head and neck cancer diagnostic pathway](https://www.nhscfsd.co.uk/our-work/earlier-cancer-diagnosis/diagnostics/optimal-cancer-diagnostic-pathways/head-and-neck-cancer-diagnostic-pathway/) was published in December 2023.

WoSCAN, through its tumour specific MCNs, has worked with Boards to undertake baseline audits of these pathways to determine where additional funding would best be targeted. It has then worked with Boards to support improvement work aimed at shortening the time it takes from diagnosis to treatment. A further audit of the pathway will be undertaken to assess improvements during 2024. Sharing of good practice across Boards has also been supported.

# Rapid Cancer Diagnostic Services

Following a two-year evaluation period, during which five Rapid Cancer Diagnostic Services (RCDS) have been established, the University of Strathclyde published their evaluation report on 29 February 2024. Within the WoS, services were established in Ayrshire and Lanarkshire. The evaluation aimed to better understand the role of the RCDSs in detecting cancer and to help ensure optimal components are embedded in future models.

A summary evaluation report can be found on the [Centre for Sustainable Delivery’s website](https://www.nhscfsd.co.uk/news/speeding-up-cancer-diagnoses/). Focussed calls have taken place with Boards’ Cancer Management Teams week to consider the outputs of the evaluation, discuss Boards’ plans to establish such a pathway (if not already in place) and agree next steps to help ensure equitable access across Scotland.

## Service Configuration Maps

Each MCN maintains a high level tumour specific service configuration map which provides a visual representation of the services available within each NHS board as well as relevant data relating to new case numbers and treatments, amongst others. The service configuration maps are reviewed and updated on an annual basis in line with the QPI reporting schedule prior to upload to the WoSCAN intranet.

## Healthcare Professionals Education Programme

WoSCAN is responsible for the management of a successful regional education programme across all tumour specific MCNs, the aim of which is to fostershared learning of current best practice, innovation and help drive forward overall objectives of the National Cancer Strategy. National Education events, and the Regional hosts, are agreed by the National Cancer Quality Operational Group (NCQOG).

In this reporting period, WoSCAN organised and hosted ten regional education events and three national events. The events are generally themed to include presentations which reflect the current relevance, clinical interest or importance of the topic and to promote clinical debate.

Since 2020, specifically the onset of the COVID-19 pandemic, WoSCAN has hosted a number of Regional Virtual Education Events via MS Teams all of which were evaluated highly by the delegates.

In this reporting period, a number of the MCNs have hosted face to face or hybrid meetings which can be a forum to promote richer clinical debate and networking opportunities. Other MCNs have adopted the virtual format as their preference as this offers a wider group of delegates the opportunity to attend and encourages participation from renowned external speakers.

Further details are provided within the tumour specific annual reports.

## Use of Clinical Data to Drive Improvement in Quality of Care and Outcomes

All aspects of WoSCAN’s work plan are aligned with the dimensions of quality set out in the [National Healthcare Quality Strategy.](https://www.gov.scot/publications/healthcare-quality-strategy-nhsscotland/pages/1/)

## Cancer Clinical Audit

Included within the overarching regional and each tumour specific MCN work plan, is a core objective aligned to effective utilisation of clinical audit data in driving quality of care and outcomes.

Tumour specific clinical audit data is collected in a bespoke electronic system and downloaded by the WoSCAN Information Team in accordance with a detailed schedule for publication of QPI audit reports at intervals throughout the year.

In line with WoSCAN governance processes, tumour specific QPI Exception Reports are prepared by the WoSCAN Information Manager and presented to the Regional Cancer Oversight Group (RCOG) to highlight the key areas for improvement for inclusion, as board specific actions, in the clinical audit report.

All MCN annual audit reports are public facing and are available on the [WoSCAN website](https://www.woscan.scot.nhs.uk/) under ‘Reports and Publications’ for each tumour-specific MCN.

The Information Team undertook analysis of QPI data for 9 regional cancer MCNs during 2023/24. Data analysis for the 4 national MCNs was carried out by NSS on behalf of the Scottish Cancer Network.

In addition to the routine scheduled analyses the Information Team undertook further analyses to support various MCN workstreams during the reporting period. Examples include examining variance in radical treatment rates in lung cancer, analysis of robotic surgery data to support service redesign across the region and national analysis of upper GI data to explore regional differences in proportions of patients progressing from neoadjuvant treatment to surgery.

Further details are provided within the tumour specific annual reports.

## National Cancer Quality Programme

**Formal Review of Quality Performance indicators (QPIs)**

Scottish Government has commissioned WoSCAN to support Delivery of the National Cancer Quality Programme with the National Cancer Quality Programme Coordinator and Project Officer co-located with the WoSCAN team. This includes a triennial programme of tumour specific QPI formal reviews to ensure that the QPIs remain clinically relevant and continue to drive improvements in the delivery of cancer care for patients across Scotland.

The formal review process affords the opportunity to review existing QPIs; to propose changes based on current clinical practice, evidence, measurement methodology, and identify any QPIs where targets could be amended (increased or decreased).

It also enables QPIs to be archived which have sustained achievement as a result of embedded practice and includes scope for consideration of any proposals for new QPIs.

The WoSCAN Information Team actively support this by ensuring any queries with regards to measurability or data definitions are flagged and resolved as part of the wider review process. Additionally, ad hoc data analysis can be undertaken by the WoSCAN Information team to help inform the development of any new QPIs or refine the measurement of existing indicators.

The revisions are subject to a formal period of public engagement and are then approved by the National Cancer Quality & Improvement Board (NCQIB) - formerly National Cancer Quality Steering Group (NCQSG)- ),then ratified by the Scottish Cancer Strategic Board (SCSB). The QPIs are published on the HIS website.

In this reporting period, a total of 5 QPI formal reviews have been progressed namely for prostate, brain/CNS, ovarian, head and neck and melanoma. A further 2 QPI formal reviews are due to commence in March 2024 (acute leukaemia and bladder cancer). The process for developing thyroid cancer QPIs is still in progress.

Further details are provided within the tumour specific annual reports.

## National Cancer Quality Programme External Governance and Assurance

Scottish Government commissioned HIS to provide external quality assurance around performance against cancer QPIs and publish their findings on a 3 yearly basis. PHS receives tumour specific data from NHS boards and publishes triennial reports for the tumour specific QPIs.

HIS are in the process of redefining their external scrutiny process to support the National Cancer Quality & Improvement Board (NCQIB)/Scottish Cancer Strategic Board (SCSB) arrangements.

# Regional Living with Cancer Programme (LWC)

As the incidence of cancer rises and treatments become more effective, increasing numbers of people are living with and beyond cancer and programmes of work continue to be undertaken at both a regional and local level to support patients and carers.

The Regional LWC Programme is Macmillan funded to the end of January 2024 and aims to ensure that all aspects of the cancer journey are supported. The programme comprises three clinically led workstreams namely:

* Prehabilitation
* Risk Stratified Follow Up
* Patient Reported Outcome Measures (PROMs)

## Prehabilitation

Prehabilitation is actively improving physical and mental wellbeing to prepare for what lies ahead. In April 2022, Scottish Government launched the [NHS Scotland Prehabilitation for Scotland Website](https://www.prehab.nhs.scot/) with the tag line of “Small Changes Make a Big Difference”. The website hosts resources for both patients and professionals.

To address unwarranted variation and ensure quality of care, the following professional frameworks have been developed to support the sustained development and implementation of cancer prehabilitation across Scotland.

* [Key Principles for Implementing Cancer Prehabilitation across Scotland](https://www.prehab.nhs.scot/for-professionals/key-principles/)
* [Psychological Therapies and Support Framework for People Affected by Cancer](https://www.prehab.nhs.scot/for-professionals/psychological-framework/)
* [Nutrition Framework for People with Cancer](https://www.prehab.nhs.scot/for-professionals/nutrition-framework/)

One of the key achievements from the Regional Prehabilitation Steering Group in this reporting period has been the successful recruitment of Prehabilitation Advocates. One advocate is currently in post and a further four posts are on schedule to be in post by the end of May 2024. These posts will be responsible for mapping and understanding all available sources of prehabilitation support for the patients in each board. They will also help to test and develop patient screening and outcome measures for prehabilitation going forward. An ongoing plan of education events is in development one of which will focus on industry partners.

A successful patient engagement exercise was undertaken and published towards the end of 2023 where patients reported their experiences or perceptions of prehabilitation support provision. The main message was the need for a focus on targeted and individualised information availability related to both cancer diagnosis and its treatment. In this regard, a suite of written, audio and visual information for patients is being developed with support from individual board Patient & Public Involvement teams. Work to develop a regional and board specific digital resource, aligned to the national digital resource, for patients and clinical teams to aid prehabilitation support is also in development.

## Risk Stratified Follow Up (RSFU)

Evidence supports the theory that stratified follow up improves patient experience and quality of life for people following treatment for cancer, as well as making services more efficient and cost-effective.

WoSCAN was awarded three projects in the latter part of 2021 aligning with the [Recovery and Redesign Action Plan for Cancer Services](https://www.gov.scot/publications/recovery-redesign-action-plan-cancer-services/) Single Point of Contact (SPOC) action. The three projects are being progressed via the gynaecological, lung and urological cancers MCNs.

Further details are provided within the relevant tumour specific annual reports.

## Patient Reported Outcome Measures (PROMs)

PROMs are tools for measuring the impact and ongoing outcomes of illness or treatment, from a patient or carers’ perspective, usually in a subjective way and with a focus on quality of life. WoSCAN continues to support the national PROMs Advisory Group and supported the development of core principles for establishing and delivering PROMs initiatives.

The evidenced based benefits have piqued the interest of a number of clinicians. However, the introduction of PROMs has not been without its challenges. Despite extensive attempts at engagement with various cancer clinical teams it has been extremely challenging moving from expressions of interest to proceeding to test and implement PROMs.

The regional team have engaged with multiple clinical teams, via MCNs and other strategic groups, to identify areas of practice in which to embed PROMs pathways. Despite this enthusiasm, clinical teams are finding it difficult to commit to testing various PROMs for a number of reasons, chief among them being time, capacity and resources. There is also concern regarding sustainability beyond the phase of testing. Extensive work was undertaken with two WoSCAN clinical teams to test a PROM jointly, this was close to going live unfortunately the local clinical teams could not commit to continuing. Discussions are ongoing with 2 clinical teams in NHS Lanarkshire exploring how PROM’s might be used in their specific pathways.

A regional PROM workshop was planned for December 2023. This was postponed as a consequence of low registrant’s numbers.

To conclude, there is interest in PROMs and their potential benefits to improving the quality of patient experience, unfortunately transforming this to participating has been unsuccessful for the reasons set out above.

# Regional Multidisciplinary Team (MDT) Improvement Programme

The Regional MDT Improvement Programme was launched in late 2019 with the aim of ensuring regional and local cancer MDTs, across the WoS, are clinically effective and optimally efficient. Within WoSCAN, there are approximately 60 MDTs, which operate over a mixture of geographic footprints and have varying case numbers.

Regional oversight of the MDT Improvement Programme is maintained via RCAG with operational progress monitored by the Regional MDT Improvement Programme Board. This forum includes high level clinical and managerial representation from all WoS Boards and underpins the ambition to drive improvement with a focus on optimising critical analysis for decision making and effectiveness of treatment planning.

The MDT Improvement Programme is focussed on two distinct workstreams:

* 1. **Development and Implementation of Regional MDT Referral and Management System**

The bespoke Regional MDT System is based on Office 365 technologies and managed within the NHSGGC eHealth resource. The system was introduced into use to support the Regional Gynaecological Cancer MDT in December 2021 and has also recently been implemented by Head and Neck MDTs in NHSGGC.

Demonstrable operational success of the system and positive clinical engagement and feedback have initiated development of a rollout plan for the system and a development programme that will support extended use of the system across all tumour groups; Hepato-pancreato-biliary clinicians are already engaged with eHealth colleagues to progress their requirements and the Urological Cancer MCN is currently finalising their data set specification.

An adaptation of the new MDT System has also been developed to help establish a new National Molecular Tumour Board MDT; this version of the system is currently being trialled.

This next phase of the development programme will also provide a focus on expanding the streamlined (protocolised) patient pathways that are being defined within the system and which will enable improved efficiencies in both the referral process and MDT treatment planning, ultimately reducing the time and resource required to operate the MDTs and potentially reducing delays, for patients, in starting treatment.

Further details are provided within the relevant tumour specific annual reports.

* 1. **Delivery of the MDT-FIT Programme (Feedback for Improving Team-working)**

MDT-FIT is an evidence-based, quality improvement framework for MDTs to provide feedback in a safe and supportive way, which helps to identify opportunities for improvement using a developmental rather than judgemental process. Developed by Green Cross Medical and the University of Surrey, the three stage process of assessment, feedback and discussion begins with an anonymous survey of core MDT members and peer observation to identify what the team does well, and what could be improved. The resulting report forms the basis of an independently facilitated meeting to allow more in depth discussion and identify actions for improving how the particular MDT operates.

Within the WoS, more than half of the MDTs have completed the MDT-FIT programme with numerous improvement actions identified by the MDT teams in the facilitated discussion meetings. The actions have been categorised into common themes which encompass shared challenges across the tumour groups and health boards within WoSCAN. Responsibility for completion of the actions fall within the remit of the MDTs in the most part. However others require input from the wider MCNs or extend to a regional remit.

# Looking Ahead: 2024/25

WoSCAN will continue to develop and build on the success noted throughout this report. The new National Cancer Strategy will again form the foundations of the WoSCAN strategic objectives within the Regional workplan, as well as underpinning individual MCN workplans.

We look forward to working with our partners to achieve our objectives and drive improvements in care over the coming year and beyond.

**Links to Tumour Specific Reports**

[Breast Cancer MCN Annual Report](https://www.intranet.woscan.scot.nhs.uk/guidelines-and-protocols/breast-cancer/)

[Colorectal Cancer MCN Annual Report](https://www.intranet.woscan.scot.nhs.uk/guidelines-and-protocols/colorectal-cancer/)

[Gynaecological Cancer MCN Annual Report](https://www.intranet.woscan.scot.nhs.uk/guidelines-and-protocols/gynaecological-cancer/)

[Haemato-oncology Cancer MCN Annual Report](https://www.intranet.woscan.scot.nhs.uk/guidelines-and-protocols/haemato-oncology/reports-and-publications/)

[Head and Neck Cancer MCN Annual Report](https://www.intranet.woscan.scot.nhs.uk/guidelines-and-protocols/head-and-neck-cancer/)

[Lung Cancer MCN Annual Report](https://www.intranet.woscan.scot.nhs.uk/guidelines-and-protocols/lung-cancer/)

[Skin Cancer MCN Annual Report](https://www.intranet.woscan.scot.nhs.uk/guidelines-and-protocols/skin-cancer/)

[Upper GI Cancer MCN Annual Report](https://www.intranet.woscan.scot.nhs.uk/guidelines-and-protocols/upper-gi-cancer/)

[Urological Cancers MCN Annual Report](https://www.intranet.woscan.scot.nhs.uk/guidelines-and-protocols/urological-cancers/)