SCAN
South East Scotland Cancer Network

NHS SCOTLAND

Working regionally to improve cancer services

South East Scotland Cancer Network Annual Report 2015/17

SCAN is a multidisciplinary NHS network which was established to improve cancer care in the South East of Scotland by facilitating communication and partnership working across the four South East Scotland health boards.

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Forward by James Mander, SCAN Clinical Lead

It gives me great pleasure to invite you to read the South East Scotland Cancer Network (SCAN) Annual Report for 2015-17.

Since being appointed as the SCAN Clinical Lead in August 2016 I have been impressed by the tireless dedication, enthusiasm and commitment of the SCAN staff and the clinical teams, all working to improve the care provided to our patients.

I applied for the role with a background of 15 years as a Consultant Colorectal Surgeon with a long commitment to quality improvement work in cancer care.

My initial aim was to take stock, review the tumour specific group's progress, work plans, understand priorities, meet the wider network of clinical contacts, regional board leads and understand how the SCAN work fits under the umbrella of national priorities. I discovered the Network in excellent shape, which is a credit to my predecessor Dr Val Doherty.

The publication of the Scottish Government National Strategy Beating Cancer: Ambition and Action in March 2016 provided the opportunity to take stock of the regional work plan and how SCAN performs against the national strategy. Going forward implementing the ambitions and actions in the strategy for Surgery, Radiotherapy and Systematic Anti Cancer Therapies, improving access and changing the models of delivery will be the priorities to ensure equity, safety, timely, effective efficiency and person-centred care.

The National Clinical Strategy (published 2016) and Realising Realistic Medicine (published 2017) provide opportunities to set out health and social care services for the future. Both documents put the person receiving health and care at the centre of decision-making and create a personalised approach to their care, whilst the aim of reducing harm and waste, simplifying care while managing risks, and innovating to improve is essential to a well-functioning and sustainable NHS. These will remain the underpinning principles for all future service developments in SCAN.

The SCAN region would like to extend their thanks and gratitude to Sandra Bagnall, who left the team in November 2016 after 6 years working as SCAN Patient Involvement Manager. Sandra left a fantastic legacy for her successor and made an outstanding contribution to the public and patient involvement agenda in the cancer network.

Thank you to everyone for their hard work, collaboration, achievements and contribution to the cancer network over the last two years, and I look forward to working with you in the future to improve things further.

James Mander
SCAN Clinical Lead
December 2017

Introduction

This annual report covers the South East Scotland Cancer Network (SCAN) programme activity from April 2015 to March 2017. The regional cancer network has delivered and achieved a wide range of actions and outputs over the two years, through regional collaboration from clinical and management teams, voluntary sector, and on the firm foundations of public and patient involvement.

The regional network work programme covers projects commissioned and approved by the Regional Cancer Advisory Group (RCAG), comprised of the Regional Board Chief Executives, Medical Directors and Planning Leads. The programme covers the whole patient pathway from prevention, screening, referral, early detection, treatment and support for people, to keep well and help them manage their own care once they have left active treatment.

The regional cancer network provides the opportunity for the four boards of the South East of Scotland to work collaboratively to improve cancer services through shared decision-making in service planning to maximise the efficiency and effectiveness of investment. The outcomes of the partnership working are detailed in the project reports and Tumour Specific Group reports.

The advent of the national cancer strategy “Beating Cancer: Ambition and Action” published by the Scottish Government in March 2016 sets out a five-year road map for developing cancer services in Scotland. This strategy builds upon and strengthens the existing SCAN service priorities and planned programme activity.

Regional Cancer Advisory Group Initiatives

The following sections detail the projects, activities and key priorities that have been commissioned by the SCAN Regional Cancer Advisory Group from April 2015 to March 2017 to improve services for the population of the South East.

Further detailed work plans on the tumour specific and project group activities can be found in the supplemental work plan documents, available on request.

Cancer Access Standards
NHS Boards operational teams have been working continuously to comply with cancer access standards but due to increasing demand for services, increasing cancer incidence, ageing population, development of more complex technologies, this has been a challenging 18 months for boards to comply with waiting times.

In February 2017 the all-Scotland performance against the 62-day standard is below 95% with two out of the four SCAN boards below 95%, but all boards were compliant with the 31-day standard.

Scottish Government is working closely with boards where compliance is an issue to help understand and manage the patient pathway, escalation processes and understand management of patients who breach the standards. Scottish Government plan to review national cancer standards in 2016/17.

Specialist Oncology Services

Systematic Anti-Cancer Therapy (SACT)
An annual increase of 8% is predicted in Systemic Anti-Cancer Therapy (SACT) service demand due to an increasing incidence in cancer, an ageing population with more complex co-morbidities and the introduction of new, effective anti-cancer medicines and therapeutic treatments. This remains one of the key priorities for the regional network to maximise resources, models and manage increasing demand. Detailed below is the current projects and activity in SACT services in SCAN.

Safe Administration of Systematic Anti-Cancer Therapies Audit - Chief Executive Letter (CEL 30 2012)
SCAN regional boards completed the self assessment audit in September 2015 and then participated in formal intra-regional and national peer review audits submitting a regional update on progress of CEL 30 Audit action plans to Healthcare Improvement Scotland by 1st July 2016. HIS met with the regional networks in October 2016 to review compliance.

From the SCAN perspective there were very few issues identified by the audit and boards had worked hard from the self-assessment phase to address areas of non-compliance. For any areas of outstanding non-compliance action plans were developed by each regional board to address issues.

Outstanding areas to consider in 2017-18 are development of a contingency process in Dumfries & Galloway in the event of Electronic Prescribing System failure; SACT Clinical

Leads in Fife and Dumfries (compounded by local vacancies and recruitment challenges); and a process for reviewing all deaths within 30 days of treatment.

Electronic SACT Prescribing System (ChemoCare)
Version 5.3.4 of ChemoCare was implemented in the "live site" in March 2016, with only minor issues noted, on the side of the supplier. The considerable preparation work by the eHealth pharmacy and nursing teams across the region ensured as smooth as possible transition to the new version of the application. The new software provides additional security levels and further work is required by the ChemoCare Management Group to define the parameters of the new security levels. The central project team are developing a schedule to complete the mapping of the security levels.

Stability of the delivery platform has continued to be an issue for the regional boards and Lothian eHealth team (as the hub for the electronic system) have worked continuously to identify the source of the instability. It is planned to provide a new platform for accessing the system later in 2017 in an attempt to address the access issue.

The Cancer Information Programme Manager and Nurse Project Manager have been instrumental in developing the reporting tool with the eHealth colleagues, specifically 30-day mortality data reporting and governance arrangements.

Systematic Anti-Cancer Therapy Regional Review
The SACT Review was commissioned in April 2016 by the Regional Cancer Advisory Group with the programme board established in August 2016, which reports directly to the Regional SACT Advisory Group chaired by Prof. David Cameron.

Phase 1 allowed the project team to engage with staff involved in the provision of SACT across the region and gather baseline data which was presented to a Cafe Event with key stakeholders in February 2017. Outputs from the Cafe Event led to the creation of an Action Plan and Phase 2 of the SCAN SACT Review Project. Phase 2 aims to develop a SACT Services Framework and to ensure delivery of safe & sustainable services for patients requiring SACT.

KEY PROGRESS TO DATE:

- Engagement with Lothian SACT Operational Group linking with the Edinburgh Cancer Centre (ECC) in-house Quality Improvement work to align with the Regional Action Plan;
- NHS Fife are progressing their Action Plan locally through improvement actions;
- Partnership involvement to progress staff engagement in the project;
- Development of regional Service Level Agreements with Boards;
- Progress against developing a Gold Standard patient pathway required to achieve SACT treatment readiness of patients;
- Standard Operating Procedure for ChemoCare Reporting agreed with local Boards;
- Regional process for introduction of new drugs documented and agreed;

- Linking with WoSCAN (West of Scotland Cancer Network) SACT review progress;
- A Staff Survey is ready to pilot in NHS Lothian;
- A Patient Experience questionnaire is ready to pilot in NHS Fife.

Regional Boards have found it challenging to release clinical staff to progress actions in Phase 2 for the Nursing Group in particular, as this impacts on service provision, scheduling and delivery. The Regional Programme Board have considered resource requirements that could aid Boards to progress actions to be submitted against the national strategy funding. Further information on the Regional SACT Review Project detailed Work Plan and progress to date can be found on the SCAN website or by contacting the SCAN Office.

Radiotherapy

The continued development of new and enhanced treatment techniques at the Edinburgh Cancer Centre (ECC) means more patients benefit from modern radiotherapy which aims to improve rates of tumour control whilst minimising toxicity to other surrounding tissues. The centre benefits from the continued investment of the Scottish Government which ensures the fleet of treatment machines can deliver such techniques with the required accuracy and precision.

Last year, the centre underwent a major upgrade to the software which is used to plan, record and verify all patient treatments. The new software supports paper-lite working and management of workflow throughout the radiotherapy process. New modules in the software also have the potential to improve automation and efficiency in the treatment planning and delivery processes.

Key developments at the ECC include:

Treatment Machines
A second linear accelerator capable of delivering very high precision treatment to small lesions – Stereotactic RadioSurgery (SRS) – was introduced clinically in 2016. The ECC treats patients from SCAN and other parts of Scotland with small intra-cranial lesions, including tumours and benign lesions, and is the only Scottish centre which has both SRS capability and expertise in managing these conditions. Following the introduction of this second machine, the ECC is in the process of establishing a National Specialist Service for patients with benign conditions from across Scotland who would benefit from such treatment. The new linear accelerator is also used to deliver image-guided Intensity Modulated RadioTherapy (IMRT) – known as RapidArc - meaning all accelerators in the ECC are now capable of delivering these techniques.

IMRT (RapidArc)
Continuing expansion of the use of RapidArc now means that any patient who would benefit from this technique will receive it for head and neck, prostate, anus, lymphoma and brain tumours. We are continuing to expand use of RapidArc with projects underway to introduce it for gynaecological and some lung tumours.

Breast Radiotherapy
Field-in-field breast radiotherapy planning and delivery is now a standard of care at the ECC and the first patient to be treated using the Deep Inspiration Breath Hold (DIBH) technique started in July 2017. With DIBH, patients take a deep breath in and hold that position while the radiation beam is on. This technique helps to reduce the dose to the heart in patients receiving radiotherapy to their left breast. The aim is to introduce DIBH for all left-sided breast patients after this initial implementation period.

Stereotactic Ablatative Radiotherapy (SABR)
SABR for lung cancer was introduced in 2013 and we now treat around 75 patients per year using this technique. This type of treatment gives a high dose of radiation to small primary tumours in the lung which is delivered over 3-8 treatment fractions instead of the 20 fractions in previous treatments. Work has begun to introduce similar SABR techniques for some prostate patients and metastatic tumour sites, including bones, lymph nodes, lung and abdomen.

In-Vivo Dosimetry

The ECC has continued and expanded the capability to measure the radiation dose received by a patient during treatment. Recent developments in In-vivo Dosimetry have included in-house software for measuring palliative patient treatments using the same measuring device as radical patients.

Clinical Trials

The ECC has entered patients in an increasing number of Clinical Trials involving Radiotherapy in head and neck, prostate, breast, bladder, oesophagus, brain, rectum and lung cancers.

Radiotherapy Capacity Planning

Capacity and demand for radiotherapy at the ECC is continually analysed and monitored with planning underway for extending the working day and replacement of linear accelerators in order to sustain service delivery.

Linda Carruthers
Head of Oncology Physics

Surgical Oncology Service Provision

Minimally Invasive Radical Prostatectomy
The development and planning of the minimally invasive radical prostatectomy service took place over 2015/16 with the implementation of the robotic surgery programme and formal launch on the 9th November 2016.

The overall volume of activity (cases) is in line with projections in the robotics business case and migration from laparoscopic surgery has been significantly faster than originally anticipated, with current prostatectomy activity undertaken at the Western General Hospital (WGH) now comprised entirely of robotic procedures.

Service capacity for prostatectomy will increase, as planned, in the early part of 2017 once all operators are trained. Additional operator capacity will assist in meeting cancer access time standards in Urology. Following direct liaison with NHS Lanarkshire and WOSCAN colleagues, it has been agreed that NHS Lanarkshire referrals to Edinburgh for prostatectomy should now cease and be redirected to the West of Scotland service.

Wider Urological Surgical Services Review
In September 2015 the National Planning Forum requested that each of the 3 Regional Planning Groups in Scotland undertake a review of Urological Surgical Services across each region. The SEAT Urological Surgical Services Review Group has led the Review on behalf of SEAT Regional Planning Group in collaboration with SCAN boards.
The key objectives for the review are:

- Map service provision / analysis of current activity;
- Review current urology surgery service provision across the region including assessment of current capacity/ demand, taking account where possible of case mix, with a view to identifying capacity gaps and informing future service and financial plans;
- Understand workforce issues and training / development needs of the service group and ensure any proposals take account of the need to meet training needs;
- Determine the standards for service delivery / care to optimise patient outcomes. The relationship between case volume and outcome will be looked at;
- Establish the clinical case for change.

Progress to date
The Urology community agreed a number of high level propositions detailed below which are being developed into a formal work plan:

- Optimise management of current and future demand and capacity across the East Region and articulate a model for local and regional urology services of the future
- Optimise existing urology workforce and develop a regional workforce plan which maximises skills and competencies across medical, nursing and AHP teams
- Assess opportunities for Technology Enabled Care in support of demand and capacity management and patient experience
- Optimise the patient journey and outcomes by sharing best practice, standards, development of consistent pathways
- Reduce unwarranted variation

Enhanced Recovery After Surgery Models of Care (ERAS)

Enhanced recovery after care continues to be rolled out and rooted into routine clinical practice, supported by cancer strategy funding from Scottish Government. Same day admissions and discharges have become the norm for specific routine surgical procedures in colorectal, breast and gynae services.

Other Specialist Oncology Services

Paediatric Radiotherapy

The paediatric radiotherapy component of the Managed Service Network (MSN) for Children and Young People with Cancer is delivered across two regional centres; Edinburgh and Glasgow.

There have been three key issues for Paediatric Radiotherapy services over the last 18 months regarding workforce and succession planning across the multidisciplinary team, capacity and increase in complexity of treatments – compounding increases in demand.

The Regional Cancer Advisory Group has kept a watching brief on the working group established within Cancer Services to develop action plans to mitigate the current risks associated with service delivery. This group has representation from the Programme Manager and Clinical Chair of the MSN.

The group are considering options for collaboration with Glasgow to ensure service resilience and review overall service provision through the MSN.

Head & Neck Cancer Surgery

There have been a number of discussions between NHS Fife, NHS Lothian and NHS Tayside to consider the future service delivery for Oral Maxillo Facial Surgery (OMFS) services in Fife. Options for future service provision were considered taking into account the patient impact, resilience and sustainability of the service.

NHS Fife transferred the OMFS Head and Neck pathway surgery service provision from NHS Lothian to NHS Tayside in November 2016.

SCAN Audit

Clinical Quality Monitoring and Improvement
Clinical audit data is essential to provide cancer services with evidence of quality and equity of care. In SCAN we have been collecting high quality cancer audit data for well over a decade. This allows us to scrutinise the quality of cancer care throughout SCAN in order to improve patient care and outcomes for cancer patients.

QPI reporting, National and Regional
Annual reporting against QPIs for all networks and health boards, has been mandated by the Scottish Government in 2012 (CEL 06) with three-yearly national reporting supported by ISD. Results in SCAN are subjected to expert clinical review to identify recommendations required for implementing improvements in accordance with the CEL. Action plans are completed by each Health Board in SCAN in order to document progress. SCAN comparative reports are available on the SCAN website www.scan.scot.nhs.uk.

National reports in this period included head & neck cancers, melanoma and prostate in 2016 and lung and colorectal in 2017, all published by ISD:
http://www.isdscotland.org/Health-Topics/Quality-Indicators/Cancer-QPI/

UK-wide Reporting
Involvement in UK-level audit provides a valuable wider context in which to view the standard of service in SCAN. In 2015-16, SCAN Audit data was submitted to UK bowel cancer audit and UK lung cancer (NLCA). Lothian data was submitted to the British Association of Urological Surgeons (BAUS) and SCAN data for breast cancer patients diagnosed through the breast screening program was submitted to BASO, the Association for Breast Cancer Surgery.

National Networks Meetings (ISD Supported)
SCAN Audit data was presented at the National Network Meetings of Head & Neck and Melanoma at the end of 2015, and Urology and Breast in 2016.

National Audit Meetings
In November 2015 SCAN hosted successful National meetings for Gynae (Ovarian year 1 QPI results were discussed), OG (QPI results were discussed for years 1 and 2) in January 2016 we hosted the Breast Cancer National meeting where 3 years of QPI results were presented by the SCAN Audit Facilitator and in March 2017 the SCAN Audit facilitator presented 2 years of melanoma data.

Survival Analysis and Recurrence
The reporting of survival is dependent on the availability of several years of high quality data. As the QPI data becomes mature enough, Cancer Registry data will be replaced by audit data for the National reports. Permissions have recently been put in place to allow the safe flow of audit data from the Networks to ISD in order to facilitate this.

In 2015 SCAN instigated a recurrence study using breast cancer audit data from 2007. SCAN, NoSCAN and Ayrshire and Arran Health Board were able to provide data for this which was presented at the National meeting in 2016 and updated with 2008 data for the meeting in 2017.

Audit Resource and Quality of Data

SCAN Audit has been seriously affected by staff vacancies in Lothian and Fife in 2015-17. This meant that some reports were delayed, some reports were issued without Fife data and some have not yet been reported. A huge effort has been made by staff in both Fife and Lothian in order to complete these backlogs.

All of the SCAN audit team members operate with a high level of dedication resulting in highly accurate data collection and detailed analyses for both annual reports and the various ad hoc reports requested throughout the year for clinical management and research projects. The combination of data collection and analysis makes SCAN Audit staff experts in their own fields and they continue to provide expert feedback to ISD as the QPI datasets are refined.

The reliability and quality of data depends on our committed and experienced audit staff. The National QA programme continues to show excellent overall SCAN accuracy rates of over 97%.

Lorna Bruce
SCAN Audit Manager

National Initiatives

Cancer Modernisation

The National Cancer Strategy was launched in March 2016 and Scottish Government provided funding to support the implementation and delivery of the strategy with the underpinning principle of transformational change of NHS Scotland cancer services. Scottish Government also engaged with the regional networks to seek views on how the plan should be prioritised to achieve the aims over the five year timescale for the strategy.

The aim of the plan is to redesign, change services in order to build capacity and sustainable services for the future, with £100 million funding available across Scotland over the five years. Scottish Government asked to see evidence of regional and inter-regional collaboration on funding proposals, with plans in place to support this approach.

SCAN Boards submitted their respective plans for consideration at the National Cancer Clinical Services Group (NCCSG) meeting in September 2016. All SCAN boards were successful in attracting funding to support service improvement work to support delivery of the cancer strategy in the following specific areas: early detection & diagnosis, quality improvement, improving treatment, workforce, improving survival prevention, and living with & beyond cancer, which totalled almost £800k.

The Regional Cancer Planning Group (RCPG) will monitor progress with implementation of the projects and report to Regional Cancer Advisory Group (RCAG) and Scottish Government colleagues.

Transforming Care After Treatment

The Transforming Care After Treatment (TCAT) programme is a partnership between the Scottish Government, Macmillan Cancer Support, NHS Scotland and Local Authorities. The aim of the programme has been to test new ways of working to support people, keep them well and help them manage their own care once they have left active treatment.

Phase 1 was led by Secondary Care while Phase 2 was led by Local Authorities and/or Primary Care and Phase 3 will start in July 2017. All Phase 1 projects have completed and evaluated positively, Phase 2 projects will complete by late 2017. Many projects have struggled to get the uptake of patient numbers and inevitably numbers increase as the projects are reaching a conclusion. SCAN also hosts the national project for teenagers and young adults which is due to complete in 2017.

Projects have submitted posters and presentations to national and international meetings thereby enhancing the profile of the work undertaken in Scotland, all of which has been very positive.

SCAN has always enjoyed effective collaboration and involvement with patients affected by cancer and this continues throughout the TCAT programme. There are patient representatives at a regional level on the TCAT steering group and all local groups involve patients in planning, executing and evaluating their work.

A Cancer Experience Panel has been established nationally to include people from across Scotland with a role in scrutinising and commenting on the development of projects as well as scoring and prioritising future projects.

Phase 3, which will commence in mid 2017 will concentrate on spreading the learning from phases 1&2 and demonstrate how the small tests of change can be expanded across different specialities or across a region. £200,000 is set aside for the following projects:

- Fife Palliative Care – expanding the service principles to Upper GI, Renal and H&N;
- Borders Re-ablement – expanding the service across the Borders Region;
- Borders Acute – expanding the service to achieve sustainability and increasing treatment summary uptake.

These projects will start with various timescales over the beginning of 2017 with conclusion due by the end of 2018. A summary of all SCAN TCAT projects is attached in *Appendix Two*.

Elizabeth Preston
SCAN TCAT Clinical Lead

Patient Involvement and Information

SCAN has always had a firm commitment to involving patients and carers in its work. From the outset the network has employed a dedicated patient involvement worker and the network has been very fortunate in the calibre of the staff who have taken on this role. In this respect, SCAN was sorry to lose Sandra Bagnall at the end of 2016. Due to recruitment challenges this post remains unfilled at the time of writing but there is a clear commitment to the post with all alternative options being considered.

SCAN continues its close collaborative working with patients and carers on SCAN tumour-specific groups, SCAN website review and contribution to national pieces of work, such as the Transforming Care After Treatment programme, SACT Review and the National Patient Experience Survey. Individual boards are targets for the public for specific engagement on local work such as the Enabling project at the Edinburgh Cancer Centre, SACT Service Review, End of Treatment Summaries and the TCAT programme.

SCAN website: **www.scan.scot.nhs.uk**

In addition to information about different kinds of cancer, the SCAN website aims to offer information about local services, which is not found elsewhere. It is a resource for patients, carers and health professionals.

Grateful thanks and appreciation must be extended, as ever, to patients and carers, past and present, support groups, user groups, NHS colleagues and voluntary sector partners who all help to make the work happen.

SCAN Tumour-Specific Groups

The SCAN network is responsible for developing effective strategic healthcare plans to meet the needs of the people with cancer in the South East of Scotland and beyond, including meeting specific targets, co-ordinating the modernisation of the services and provision of services which promote equitable access for all members of the community.

The SCAN Tumour Specific Groups are the core hub of activity to enable the cancer network to achieve deliverables as set out in the Cancer Strategy. The tumour specific groups are compromised of clinical experts from multi-disciplinary professional groups and management colleagues involved in the delivery of cancer services. There are nine tumour groups which have representation from each of the four regional boards.

The following reports have been provided by the SCAN tumour specific clinical leads to reflect key achievements, actions and priorities going forward:

Breast Group – Chair Mr Glyn Neades

Once again the SCAN group have participated in the National Audit Day and performed well in achievement of QPI's relative to other groups. There has been a general improvement in the reporting of Her2 status for invasive cancers. Dumfries and Galloway have been faring the worst in this respect therefore an agreement to have the testing performed in Edinburgh has been agreed, which we expect to elevate the performance to the levels already seen in the SCAN region. I am pleased to acknowledge the agreement for the use of PET CT in breast cancer management has been agreed and that the breast group involvement in the TCAT pilot has concluded. The Transforming Care After Treatment (TCAT) programme is a partnership between the Scottish Government, Macmillan Cancer Support, NHS Scotland and local authorities to support a redesign of care following active treatment of cancer. The results, presented by Alison Hume, showed that there are a number of areas in which we can improve the type and quality of support that we currently provide. This however has significant staffing implications not only for breast cancer survivors but across all tumour groups. The challenge for the future will be in the implementation of the findings into our standard practice.

We continue to endeavour to audit our performance out-with the National QPI's and in conjunction with other regions have collected recurrence data from 2007 and 2008. Reassuringly the results are in keeping with international standards, however this has been a very labour intensive exercise and work is ongoing to collect this data in real time. Progress has already been made in the creation of a clinical outcome to record cancer status at review clinics. Other areas of interest include the collection of axillary outcomes after neo-adjuvant chemotherapy and recurrence rates in mastectomy and reconstruction patients.

Adjuvant treatment with bisphosphonates for three years is now a standard of care in higher risk breast cancer and I am therefore delighted to announce, that despite some delays, this is now available across the SCAN region. Similarly, we anticipate that gene testing using Oncotype Dx to help predict potential benefits from adjuvant chemotherapy is imminent across SCAN. Finally, the pressure on new patient clinic appointments across SCAN continues to rise, partly due to staff shortages but also due to a continuing rise of referrals from primary care. A pilot study in Lothian has suggested that a significant number of these referrals are inappropriate and that many conditions could be managed in primary care.

The GP referral guidelines widely used in Lothian is found on RefHelp and these have been updated to reflect current experience and practice. An audit of the impact of this on referral practice is keenly anticipated. Other ways of reducing the pressures are still being debated but may be implemented in the coming year.

Mr. Glyn Neades
Chair, SCAN Breast Group

Colorectal Group – Chair Mr Satheesh Yalamarthi

During the last 3 years (2015-17), the Colorectal Group has continued work on various aspects of the service. Colorectal Quality Performance Indicators (QPI) were introduced and the data submitted, analysed and reflected upon during this time period. Overall, performance of SCAN was as good as other Scottish Networks. We identified areas for development, some of which have common themes, mainly in pre-operative diagnostic work-up. Facilities at local level, in terms of MDM support from other services needs close monitoring and support if required.

The group has continued to influence national decision-making with regard to revision of the Colorectal QPIs and the development of new national referral guidelines. A review of the QPI has also been completed this year.

The other areas of development in the last year, has been formulation of Polyp-Cancer Follow-up guidance and a management strategy for Early Rectal Cancers.

The SCAN Colorectal Group held an educational study afternoon, as a yearly event. This was well attended by medical and non-medical staff, with good feedback.

The key areas of focus for 2017-18 are:

- Maintaining our high standards and also make further improvements against the revised QPIs for Colorectal Cancer, specifically on:
- Increasing the number of patients whose colon is completely imaged before elective surgery either by colonoscopy or CT Colonography;
- Improving the pre-operative complete staging investigations for all cancer patients, where appropriate, including MRI scan for patients with distal sigmoid cancers;
- Ensure that Radiology and Pathology support for the management of colorectal cancer patients, in terms of timely reporting and involvement at MDMs, is maintained and improved where deficiencies arise.
- Ensuring all patients at risk of a stoma, meet with a stoma nurse preoperatively;
- Patient pathways across the Network are being looked at by the Colorectal Nurse Specialists to reduce variation;
- Development of a pan-network service for Early Rectal Cancers;
- Carry out work on all rectal cancers with involved resection margins across the region;
- In 2017, we are holding an educational event on the management of colonic cancers and liver metastases.

Mr. Satheesh Yalamarthi
Chair, SCAN Colorectal Group

Gynae Group – Chair Mr Cameron Martin

The Gynaecology Oncology Tumour Specific Group continues to show strong performance in all cervix/endometium and ovary quality performance indicators. We have worked hard to update our clinical protocols to help meet and forward plan within the terms of The Lothian Cancer Strategy. Last year we introduced pelvic lymphadenectomy for patients with endometrial cancer to allow a rationalisation of radical radiotherapy. We have developed equitable access to smoking cessation and have a robust lymphadenectomy service. The central complex pelvic service has been successful in offering more ovarian cancer patients radical primary surgery with impressive (benchmarked against National) resection rates which we hope will translate to improved progression free and overall survival.

We also offer a radical approach to relapsed cervical and endometrial cancer patients. However, we continue to provide a high quality model of regional working with excellent support to all our district general hospitals. We have subspecialists operating on appropriately selected patients near to their families and homes. We continue to co-ordinate chemotherapy treatments locally. Further developments include sentinal node biopsy in patients with vulval cancer, a procedure which will dramatically reduce morbidity. Our MDM has been updated with contemporaneous TRAKCare recording.

Mr. Cameron Martin
Chair, SCAN Gynaecology Group

Haematology Group – Chair Dr Fiona Scott

During 2017, the SCAN Haematology group continued its work to improve the quality of care received by patients with haematological malignancies.

Care of elderly patients with malignancy remains a pressing issue and this year has seen completion of a pilot undertaken within Lothian to evaluate the role of a specific frailty team, consisting of a generic practitioner and specialist nurse, in the care of elderly patients with a haematological cancer. Review of the work undertaken by the project group has received very positive feedback from patients and relatives. Input from the frailty team has been shown to reduce duration of the time spent in hospital. Based on the final project report, the group has been successful in obtaining a 2 year Macmillan grant to support and extend the work of the project group.

The 3 year assessment of the Lymphoma related QPIs was completed this year: review of the QPIs has demonstrated evidence of good practice both nationally and within the local network, but no Board has achieved all QPIs. The QPIs have proved successful in driving forward access to molecular diagnostics in real time which has helped optimize patient management in some aggressive Lymphomas. Liaison across all three cancer networks has resulted in an update and development of national guidelines for Follicular Lymphoma, Hodgkin lymphoma and Chronic Lymphocytic Leukaemia.

Challenges over the last 12 months have included limited radiology support for the regional weekly multidisciplinary meeting and growing pressures of radiology services within Fife due to workforce issues. Access to and support for clinical trials in Fife and St John's remains a challenge. Additional trials nurse resource has been identified for St John's Hospital which will undoubtedly improve clinical trials access for West Lothian based patients. The continued increase in clinical demand remains a pressure across all SCAN Haematology units as does the affordability of new medicines.

Priorities for 2017 include review of patient care and support post completion of treatment. There is also a pressing need to ensure more robust radiology support for the Regional weekly MDM as this is an important factor in ensuring an optimal decision making forum.

Dr Fiona Scott
Chair, SCAN Haematology Group

Head & Neck Group – Chair Mr Iain Nixon

Over the past 12 months the head and neck group has seen a number of changes. Guy Vernham stepped down as Chair and was replaced by Iain Nixon, who was the previous deputy. Kirsty McLachlan replaced Iain as Deputy Chair, to be the first non-doctor in a leadership role within SCAN subgroups.

Over the past year there have been issues related to staffing in both the clinical and audit sides of the team. Maternity leave resulted in a single handed oncologist providing the service. The pressures placed on the group manifested with difficulty providing a service at the end of 2016 when patients were referred to the Beatson Oncology Centre in Glasgow for a 6-week period. The return of one of the oncologists has been complicated with additional sick leave and therefore this remains an issue going forward. Continuing staff shortages in the audit department have prevented the group providing quality metrics for national review.

During the same period we have secured funding for 2 new Clinical Nurse Specialist (CNS) positions. One of these has been filled in Fife and the second will be advertised in the next few months in Lothian. In addition to increasing numbers, the CNS role in Lothian will expand to include thyroid patients.

A number of changes to the group's governance framework have been implemented including a 6 monthly business and governance meeting. This allows the team to discuss operational issues for the MDT and the wider clinical team. A standard operating procedure is being ratified through a process of review of the updated British Guidelines. Morbidity and Mortality is also discussed in this forum.

Retrospective review of pulmonary nodules in head and neck patients has formed the basis of 2 peer reviewed articles and a prospective database now held to analyse the outcomes for these patients. This is translating into changes in the follow-up of such patients following treatment.

In September 2017 the group will host its first educational event with external speakers from Newcastle and Dublin invited to talk on subjects including staging of head and neck cancer and changes in the management of oropharyngeal cancer.

Over the next 12 months, one of the oncologists should return to work, lessening the pressure on the oncology service. It is also hoped that a new member of audit staff can be recruited to improve data collection in relation to QPIs. Recruitment in to national trials continues to increase with the adoption of new trial protocols in the Edinburgh Cancer Centre. Practice developments in the fields of sentinel node biopsy and 3D printing offer the chance for improvements in patient care. Research developments including the introduction of a tissue bio-bank also offer opportunities for patients to be involved in cutting edge research.

Mr. Iain Nixon
Chair, SCAN Head & Neck Group

Lung Group – Chair Dr Colin Selby

I must first record my continued appreciation to colleagues across the network for a further productive and supportive year despite continuing pressures and resource challenges.

Lung Quality Performance Indicators (QPIs) have been a feature through this year. We continue to collect data; now as I dictate this into the fourth year of such recording. Over the years we have transited from a financial year to a calendar year for reporting. Three years of lung cancer QPI data prompted a national tri-network review of those Indicators at the turn of the year. A couple have been dropped; a couple added and several have had their definitions or targets adjusted. There was also a formal National and External Assurance of performance against these QPIs chaired by Healthcare Improvement Scotland. Their formal report is still awaited but will become available on their website (www.healthcareimprovementscotland.org). All of these actions are supported only by conscientious relentless data collection at each Board and striving clinically to improve the patients' journey which is reflected by overall steady improvement in these Indicator targets. However, even now not every Board in SCAN (nor in Scotland) is achieving every target. There remains therefore this attraction, if not drive, for even further improvement although sometimes it feels that it may not be achievable. An example would be attempting histological confirmation in an increasingly elderly and co-morbid population. We are also looking forward to nationally available Quality Assured Survival data of patients with lung cancer from our colleagues in ISD.

Closely aligned to a quality patient's journey and indeed some Indicators is the support from our colleagues in the diagnostic services. More individualised treatments have become available for an incremental small number of patients with mutations over the years. However, we are looking forward to a time when immune therapies as targeted treatment will be possible for a greater number of patients. This will have implications across the service and we are already making adjustments and critiquing our abilities to match this new but exciting therapeutic challenge. Transforming Care after Treatment (TCAT) projects have completed and are reporting across the network. All have produced interesting work and are driving quality initiatives locally and indeed nationally. Work from Fife's project is developing a national conversation around what is meant by "Best Supportive Care".

Vacancies in peripheral Boards continue to challenge the ability to deliver an expedited quality pathway. Vacancies have occurred at consultant level in especially radiology which has prompted the development of novel methods of networked working. Colleagues in pathology services and clinical nurse specialists are sorely stretched too. With the expected demographic changes and despite strategies to improve the Health of the Nation, these shortfalls will continue to remain a challenge for the foreseeable future without an obvious solution in sight. Close supportive networked work in these situations becomes even more crucial. The first Lung Away Day was held Autumn 2016. Knowledge and thoughts on a range of topics were shared and much networking achieved. Nevertheless we go into the following year as excited as ever by new treatments and opportunities, diagnostic challenges and service modifications for our patients here in South East Scotland.

Colin Selby
Chair, SCAN Lung Group

Skin Group – Chair Dr Megan Mowbray

Achievements: A 6 monthly meeting has been established between the skin chairs of the 3 Scottish managed clinical networks. We hope this will enable a National approach to all skin cancer guidelines and targets. The second year of melanoma quality performance indicator (QPI) data has been reviewed. Actions have been detailed with the aim of improving the melanoma QPIs at 3-year review. The SIGN 146 cutaneous melanoma guidelines were published in January 2017. A clinical governance review has been performed by Lothian and Fife. The majority of the guideline recommendations can be met with little change in clinical practice and no major cost implications.

A high risk non melanoma skin cancer (HR NMSC) MDT is now in place. The past 6 months have seen this meeting expand rapidly with numerous more complex cases being discussed. The MDT is functioning well and demonstrates a previously unmet need in the management of HR NMSC.

All SCAN skin patient information leaflets have now been reviewed and updated, we encourage nurses, primary and secondary care clinicians to use these.

The Fife TCAT phase I project has been evaluated positively. Skin cancer link nurse melanoma follow up clinics have received substantive funding. Dumfries and Galloway have successfully copied the skin cancer link nurse model. It has been confirmed that 3 melanoma workshops will take place in Maggie's Fife each year. A standard melanoma clinic letter for GPs and patients has been improved following feedback. The format has been shared across SCAN and Scotland. The Fife skin cancer support team have been awarded an NHS Fife achievement award for their work.

Challenges: Melanoma QPIs: Comprehensive pathology recording remains an issue. Clinical lymph node examination takes place but recording is poor. Patient feedback suggests the QPI they would most like to see improved is that concerning the time from diagnostic biopsy to definitive treatment, as all regions of Scotland fail this target. We will continue to look at local reasons which lead to this delay and address them at a local level.

Radiology cover at the HR NMSC MDT is becoming an issue as the number of more complex cases increase. SCAN will work the Skin group to identify a solution for this issue.

Fife are working on a phase III TCAT project which aims to develop the role of a plastic surgery skin cancer link nurse and address patient support while they are under the care of plastic surgery service.

Fife have two detect cancer early projects which will be active in 2017:

- GP lesion recognition and management;
- Public education regarding sun protection and self examination on Fife beaches.

Megan Mowbray
Chair, SCAN Skin Group

Upper GI Group – Chair Mr Peter Lamb

2016 was a busy year for Upper GI SCAN. We have developed a SCAN wide MDT for oesophageal (OG) cancer which started in July 2016 to ensure equity of care and improve communication in the network. We are continuing to work to overcome organisational issues to improve the function of this meeting, for all boards, with the introduction of new video-conferencing facilities.

We have also been involved in a national QPI review process following completion of the first three year QPI cycle. This has identified many areas of good practice and also some areas for development, and should provide robust data to improve patient care. Importantly, future QPI data will be augmented by a national analysis of survival outcomes.

Current challenges for Upper GI SCAN are to improve communication between different boards through SCAN wide MDTs, and to optimise staging pathways.

Mr. Peter Lamb
Chair, SCAN Upper GI Group

The Hepatopancreaticobiliary service in South East Scotland continues to receive increasing numbers of referrals both from within the SCAN region and from other cancer network regions across Scotland.

This year saw the first review of the Quality performance Indicators (QPIs) introduced in 2013 providing an opportunity to appraise our results and revise certain aspects.

The EUS team led by Dr Ian Penman has worked extremely hard to continue increasing the availability of the EUS service for our HPB patients, reducing waiting times for this service, and effectively triaging urgent cases.

Our video-linked Hepatocellular Cancer (HCC) MDT between Edinburgh and Glasgow continues to function effectively allowing easy access to patients in the WoSCAN region and improving the referral pathway for these patients and the capture of QPIs.

We continue to actively participate in the Scottish HepatoPancreatoBiliary Cancer Network. The last Scottish HepatoPancreatoBiliary Network (SHPBN) educational network meeting was held in Aberdeen in November 2016 and we presented our results at the national morbidity and mortality meeting held in Inverness in March 2017

Ms. Anya Adair
Deputy Chair, SCAN Upper GI Group

Urology Group – Chair Mr Prasad Bollina

The past year has been challenging for the SCAN Urology Group, with prostate, bladder, kidney, testes and penile cancers of a very large tumour(s) specific group in SCAN with an increasing incidence (prostate and renal cancers), many requiring multi modality treatments to cure, control and palliate at various stages of presentation and during follow up with increasing sub-specialisation for each of these cancers to deliver optimal outcomes.

A significant development over the past year is the establishment of robotic prostatectomy in Edinburgh which is now offered to all suitable men across SCAN region. Robotic partial nephrectomy is now an imminent development in the region which will deliver better outcomes and faster recovery for suitable patients. The use of adjuvant chemotherapy along with standard hormone therapy for men with advanced prostate cancer, based on recent Randomised Control Trial (RCT) data will add 10 months or more to the cancer specific survival. We have strengthened our links with colorectal and gynae surgical colleagues to manage the complex pelvic cancers and the recurrent tumours to optimise their outcome and minimise the inherent morbidity of these complex cases.

The first Managed Clinical Network (MCN) Meeting for urological cancers took place in March 2016 in Dundee. Clinicians from SCAN Urology Group have chaired three of the four QPI sessions to review data for three years. Helped with good data collection, after discussion of the targets, we agreed to refine of some of the QPI's. SCAN Urology along with other networks has delivered good outcomes although much work remains to be done.

Data collection and cancer audit is an indispensable tool to monitor treatment outcomes for SCAN Urology. Despite the best efforts of the SCAN audit staff, the task remains challenging due to many factors with data collection for nearly 50 QPI's for the Urology TSG. ISD published a report on survival analysis for Renal Cancer in Scotland, but there were some differences in how data was captured and patients identified across Scotland. This highlighted the need for accurate, verified data collection, ideally captured by the SCAN audit team prospectively with close links to the relevant clinicians.

SCAN Urology now has strategies in place to deliver the increasingly complex state of the art and multi modality treatments for better outcomes. However the ageing population with complex medical conditions require additional strategies such as to provide frailty assessment, offer individualised cancer management and practice realistic medicine.

The current manpower shortages remain critical. The recent critical situation for radiologists in Fife, ongoing lack of adequate urological surgeons to deliver the specialist surgery (prostate and bladder in particular), and core urological surgery (in Dumfries) has made the delivery of optimal urology and urological cancer services particularly challenging across the region. In this context I wish to record my appreciation for the tremendous efforts and hard work undertaken by my clinical colleagues, members of the SCAN Urology Group across all the four Health Boards; special thanks to our very active patient representatives and support groups

Prasad Bollina
Chair, SCAN Urology Group

Primary Care Group (PCG) – Chair Dr Neil Pryde

The SCAN Primary Care Group (PCG) is co-chaired by Neil Pryde (Lead GP, NHS Fife) and Murdina MacDonald (Lead Nurse, NHS Fife). The function of the group is to highlight and promote cancer issues impacting on Primary Care, and the interface with Secondary Care. The PCG monitors regional and national initiatives, and works to achieve an integrated approach by liaising with all the SCAN tumour-specific groups. The Chair of the SCAN PCG, or a deputy, sits on the Regional Cancer Planning Group. There is representation from the PCG on the Scottish Primary Care Cancer Group, where colleagues from across the country network and influence national issues and initiatives.

The four Board Lead Cancer GPs are each allocated responsibility to liaise with tumour-specific Groups in SCAN, with a commitment to attend their meetings and report issues back to the PCG:

- Dr Maude Donkers (Borders) – Gynaecology and Urology
- Dr Peter Hutchison (D&G) – Haematology, Head and Neck, and Lung
- Dr Lorna Porteous (Lothian) – Breast and Colorectal
- Dr Neil Pryde (Fife) – Dermatology and Upper GI

The rolling programme of SCAN tumour site-specific Leads attending PCG meetings has continued to help with communication and engagement between Primary and Secondary Care. Over the last year we were delighted to be joined by Dr Fiona Scott (Haematology Group), and Mr Glynn Neades (Breast Group). As a result of these meetings key issues were identified and agreed to take forward:

- GP access to radiology;
- Referral criteria;
- Delivery of treatments locally;
- Treatment summaries.

Effective IT remains central to both clinical and non clinical work regionally. The PCG was pleased to hear that TRAKCare was being adopted across SCAN Boards, with Fife adopting it this year. Following on from the discussions with Mr Neades the PCG invited Dr David Maxwell to present RefHelp, a tool to help GPs that is presently only available in Lothian. The group were impressed and look forward to it being used more widely.

The Detect Cancer Early (DCE) programme continues regionally, although future funding remains unclear. Some of the original initiatives have been accepted into core services. We await further direction on specific areas of priority.

Treatment summaries remain an aspiration. There are processes for specific tumour types in the Borders, and Forth Valley, but a comprehensive system remains elusive. The PCG continues to be involved in working to develop these with colleagues across both the region and nationally. The effectiveness and success in their implementation is dependent on compatible IT systems, with support from Primary and Secondary Care, and at a National level.

Electronic Key Information Summaries (eKIS) is another IT tool available to enhance good communications between health professionals, which is presently not used to its full potential. The PCG are working to encourage GP colleagues to maintain and regularly

update the summaries. Dr Libby Morris was invited to present a progress report. The PCG were disappointed that there were no plans to evolve eKIS at present, and in particular to allow other members of the multidisciplinary team to add information to eKIS. This concern was passed on to the Scottish Primary Care Cancer Group (SPCCG).

GPs having direct access to imaging for patients presenting with concerning, but non-specific, symptoms remains variable across the region. Guidelines have been prepared, peer reviewed, and agreed with the colleges of General Practice and Radiology. Access is available in Borders and D&G, but not in Lothian and Fife. This is despite good evidence that it does not add pressure to the system, and achieves a more timely diagnosis. This issue was again taken to the Scottish Cancer Taskforce, and received a positive response. The PCG hope that appropriate systems will be established in all the Boards over the next year.

There remains considerable concern about maintaining an adequate workforce in Primary Care. Practices within the region are closing, and being taken back by Health Boards. Recruitment issues and impending retirements will leave General Practice significantly short of GPs by the end of this decade.

Future areas to address for SCAN PCG are:

- Timely access by GPs to appropriate diagnostics;
- Improved IT systems across the region to support integrated pathways of care for patients with cancer;
- Development and promotion of eKIS;
- Development of standardised treatment summary protocols and templates;
- Improved recruitment and retention to the Primary Care setting.

Neil Pryde
Murdina MacDonald
Co-Chairs, SCAN Primary Care Group

Scotland Cancer Research Network South East

The Scottish Cancer Research Network South East (SCRN SE) delivered 150 clinical trials to patients across the South East of Scotland in Lothian, Fife, Borders and Dumfries and Galloway last year. Almost 1000 patients consented to be part of these studies which demonstrates the significant contribution SCRCN SE is making to further knowledge and advance treatment options for cancer patients, both locally and on a global stage.

As a network we have contributed to important international studies in a variety of disease types. One such study is the SCOT study which was reported at the American Society of Clinical Oncology (ASCO) meeting in June this year, led locally by Dr Lesley Dawson. A comparison was made between 3 and 6 months of oxaliplatin-based adjuvant chemotherapy in colorectal cancer patients at high risk of relapse. Results indicate that there is no advantage to the longer treatment period in terms of disease free survival. This study is likely to be practice changing as reducing the number of treatments (currently standard 6 months) decreases significant toxicity and hospital visits for patients and also reduces costs to the NHS. Full publication is awaited.

Recent developments have focused on establishing a program of Phase I, first in-man studies supported by Dr Symeonides and Dr Clive. We have opened three new studies in this category recently investigating novel combinations of immunotherapy, new agents designed to block tumour cell DNA replication and a Chk 1 inhibitor, targeting regulation of the cell cycle and cell survival. In collaboration with other Phase 1 centres in the UK, these trials are at the forefront of developing new cancer treatments.

Our commitment at SCRN SE continues to be to offer all patients the opportunity to be part of these ground breaking studies. We strive to offer a broad range of clinical trials both within the main cancer centre and in peripheral units. We have recently begun the process of opening studies in St. John`s Hospital in Livingston, offering patients later phase treatments nearer home. This gives us greater capacity in Edinburgh to offer patients in the South East of Scotland the opportunity to be part of the more complex targeted early phase trials. Our expectation as a Network for the coming year is to develop our trials facilities in a new research location to enable us to undertake more multifaceted trials which require detailed patient monitoring and sample collection, ultimately giving us greater flexibility in broadening our trial portfolio further.

Dorothy Boyle
SCRN Network Manager

Pharmacy Network

The Group membership includes cancer care pharmacists and pharmacy service managers from across the four health boards, Lead Pharmacist MSN for Children & Young People with Cancer, SCAN Modernisation Manager and SCAN Network Manager. The group is chaired by the Associate Director of Pharmacy (NHS Lothian Acute and SCAN).

The SCAN Pharmacy Group exists to support the safe, patient-centred, efficient and cost effective use of SACT therapies across SCAN boards. The priorities of the group are to:

- Provide collaborative working to support the introduction of new SACT therapies and services to improve quality of care and contribute to prescribing efficiency savings;
- Consider and mitigate risks in pharmacy service delivery across the SCAN boards.

The remit of the group includes:

- Standardisation of practice and pharmacy service delivery across SCAN;
- Provision of a communication forum for cohesive work across pharmacy services within SCAN;
- Review of drivers for service change, strategic development and implementation of change to support SACT service delivery;
- Consideration and planning for clinical changes impact upon service delivery;
- Horizon scanning of medicines and budget impact monitoring;
- Medicines governance related issues of SACT therapies;
- Cancer research and audit projects from a pharmacy perspective;
- Pharmacy service delivery risk management;
- Business continuity planning;
- Workforce planning.

The further details on the objectives and progress updates on the work of the Pharmacy group in 2016/17 can be found in *Appendix Three*.

Conclusion

This report highlights the SCAN Pharmacy Group and related work that has been undertaken in 2016/17 to continue to improve care in cancer services in South East Scotland. It identifies the main achievements and some of the challenges faced in delivering the services.

The dedicated pharmacy teams across SCAN continue to collaborate and work hard to deliver high quality services. The team continues to pursue local, regional and national improvements via partnership working with multi-professional teams, patients, carers and stakeholders. The chemotherapy services review is welcomed by the group and pharmacy services, and we look forward to seeing the continued improvements that this work will bring for the network.

Melinda Cuthbert
Associate Director of Pharmacy (NHS Lothian Acute & SCAN)

Conclusion

This report highlights the regional and local NHS Board work that has been undertaken in partnership over 2015/17 to continue to improve care in cancer services in South East Scotland. It identifies the main achievements and also the considerable challenges faced in delivering quality services.

The years ahead remain financially challenging for the NHS. The unwavering dedication and commitment of all staff working in cancer services across South East Scotland will drive the changes required, ensuring effective collaboration with patients, carers and stake-holders to address inequalities of service delivery, reduction in cancer incidence, mortality and strengthen assurance in quality of services delivered.

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Appendix One

SCAN Regional Priorities Funding 2016/17

Proposal	Funding Amount	Lead
Health Needs Assessment in Breast Care Patients, NHS Dumfries & Galloway *What will be done?* Initiation of Health Needs Assessments in breast care patients so that they can be fully assessed as per SG plan for all cancer patients before being able to self support in the community *Expected outcomes:* Improved patient experience with the smooth running of process. Increased capacity that will enable us to embed new ways of working.	£5,000	Carole Morton
Reduce Variation in Practice/Inequalities in Access to the Most Advanced Treatments, NHS Fife *What will be done?* To reduce variation in practice/inequities in access to the most advanced treatments in accordance with individual clinical need and thereby improving outcomes: Determine the optimal model to sustain the infrastructure for chemotherapy delivery in Fife and the necessary additional staff resource required to meet the increasing demand on our local Chemotherapy Unit in line with our cancer Strategy. Release staff time (nursing and pharmacy) to undertake this work and develop new pathways. *Expected outcomes:* Meet the current and increased need for chemotherapy provision for patients treated in NHS Fife.	£20,000	Dr Shirley Anne Savage

Prevention Programme, NHS Fife *What will be done?* 1. Build on the programmes of work undertaken for the DCE campaign where we connected the programme to Health Promotions core areas of work and initiatives such as eating a healthy diet, undertaking moderate levels of physical activity, avoiding too much alcohol, local stop smoking support etc. 2. Having recently signed the Tobacco-free generation charter, we will fulfil the actions we committed to making around smoking cessation for young people, pregnant women, education on smoking in primary and secondary schools. 3. Continue to support young people reduce risk taking behaviours such as alcohol within holistic wellbeing models, whilst offering targeted preventative group. based and 1:1 support within school based communities. Evidence of early success has been MAIT a targeted harm reduction model and our alcohol drama based project. 4. Deliver practical cooking skills programmes. Support the Fife Community Food project to continue to work with low income/vulnerable groups to enable them to make better lifestyles choices. 5. Ensure barriers to physical activity are considered and removed or negated where possible. Support the development of green spaces in all locality planning, build in physical activity to all behavioural change programmes from stopping smoking to cardiac rehab, reduce financial restrictions for target groups such as LAAC and young mothers by offering free physical activity sessions *Expected outcomes:* 1. Increased awareness and understanding of risk factors and lifestyle impact on health. 2. Numbers of young participating in prevention programmes. Increased number of young people stopping smoking. Decrease in tobacco experimentation by young people. Increased number of smoke free homes with a higher proportion of children in the household who are under 5 yrs. 3. Reductions in young people at A&E with alcohol related attendances, Reductions in youth crime related to alcohol, increased participation in alcohol awareness programmes in at least 50% of schools within Fife, and increased number of young people's wellbeing HUBS within schools and school communities. 4. Improved lifestyles choices across Fife.	£20,000	Margaret Hannah

5. Improved physical activity uptake via monitoring of uptake levels, improved accessibility provision via local FSLT audit, improved green space planning through strategic assessment of community plans.		
ECC Outreach Sessions, NHS Fife *What will be done?* Ensure adequate capacity to support increasing oncology numbers through ECC outreach sessions. Additional Outreach sessions required in 16/17	£39,600	Dr Shirley Anne Savage
Improving Cancer Survival, NHS Fife *What will be done?* To reduce variation in survival rates among the least affluent and most affluent areas across Scotland. Create tailored and generic cancer awareness messages through a variety of resources, providing information of what to do and where to go. Promote help seeking behaviour amongst special interest groups and hard to reach groups using community development techniques. ; To empower people to make balanced and informed decisions around participation in National screening programmes. Design a series of messages on cancer signs, symptoms and prevention using social marketing techniques. Provide support to reduce barriers to seeking help and improve participation in screening programmes. *Expected outcomes:* Better uptake of cancer prevention offers in most deprived areas in Fife; Better uptake of cancer screening programmes in Fife.	£30,000	Margaret Hannah
Optimal Chemotherapy Delivery, NHS Fife *What will be done?* To reduce variation in practice/inequities in access to the most advanced treatments in accordance with individual clinical need and thereby improving outcomes: Determine the optimal model to sustain the infrastructure for chemotherapy delivery in Fife and the	£20,000	Dr Shirley Anne Savage

necessary additional staff resource required to meet the increasing demand on our local Chemotherapy Unit in line with our cancer Strategy. Release staff time (nursing and pharmacy) to undertake this work and develop new pathways. *Expected outcomes:* Meet the current and increased need for chemotherapy provision for patients treated in NHS Fife.		
Introduction of QFIT, NHS Borders *What will be done?* 1. Introduce QFIT testing at point of referral for a colon test. GP and hospital doctors will be asked to check a QFIT stool test. The QFIT value will be required on all new colon test referrals and will determine urgency and requirement. 2. Patients with QFIT undetectable blood will only be offered a diagnostic colon test if they have additional features such as a palpable abdominal or rectal mass. 3. Patients with undetectable blood on QFIT are suitable for reassurance and a watch and wait approach. Patients with QFIT detectable blood will have a colon test booked. Patients with a high QFIT result will be fast tracked for an urgent colon test. 4. Assessment colonoscopy for patients with known IBD, follow up colonoscopy for polyp surveillance and screening colonoscopy for positive family history will continue without requiring prior QFIT testing. Supplies of QFIT test will be made available in primary care along with instructions on use. 5. Non-recurring funding will be used to pilot QFIT testing until the end of March 2017. Impact on demand will be monitored and patient management will be monitored with a view to securing recurring funding. For all, funding non-recurring until end March 2017. Hardware and software set-up costs: £5,300, testing costs for 5 months: £8,100, costs for labs staffing to process samples (0.1 WTE Band 6): £1,600, project support costs (0.2 WTE Band 3): £2,000 *Expected outcomes:* 1. QFIT is cheaper, safer and less invasive than colonoscopy - reduce need for unnecessary invasive procedure and improve patient experience. 2. QFIT is more accurate at identifying significant bowel pathology therefore allowing the service to more effectively prioritise appointments.	£17,000	Heather Tait

3. Introduction of QFIT testing prior to acceptance of colon test referral is expected to reduce demand by approximately 20%. 4. Pilot QFIT testing model to measure effectiveness and impact on demand for colonoscopy. 5. Patients with high suspicion of cancer are prioritised.		
HNA Scoping Exercise, NHS Borders *What will be done?* Scope the possibility of HNA's being carried out in non acute settings throughout the Scottish Borders Deliver education regarding the recovery package to generic staff in health and social care settings *Expected outcomes:* Identify areas outwith the acute sector that could offer HNA's to patients Widen the base of people confident to undertake HNAs Increase generic staff awareness of TCAT and phase one findings Increase the number of patients completing an HNA Increase the number of patients with a care plan Increase the number of patients attending a health and wellbeing event Increased ability of patients to self manage with improved self confidence Increased integration with commuity based teams across health and social care and third sector as seen in TCAT phase one pilot. Funding includes 15 hrs band 7, 7.5 hrs band 6, 7.5 hrs band 5, plus travel.	£11,000	Judith Smith
Sun Safe Campaign, NHS Lothian *What will be done?* Take part in national 'sunsafe' campaigns on prevention of UV damage.	£5,000	Alison McCallum

Oncology Assessment Area, NHS Lothian *What will be done?* Oncology Assessment Area - The oncology assessment area at the WGH provides a first-line service supporting patients from across all tumour groups, and supporting the efficiency of the whole Oncology service. Oncology Assessment provides urgent treatment for patients undergoing active treatment for cancer. The area has expanded to receive patients 24 hours a day. Cancer Strategy funding will help to ensure sustainability of the improved service model. *Expected outcomes:* Sustainability of current model	£517,000	Elaine Anderson
Improving Cancer Screening in Deprived Areas, NHS Lothian *What will be done?* 1. Practice profiling work linked to support for the ten most deprived practices in Lothian with the lowest screening cancer uptakes. 2. Additional hours to enable our breast screening health promotion team to develop links and provide support to hard to reach women in Lothian for example those with learning difficulties, mental health issues, deafness and those in HMP *Expected outcomes:* 1. Increased awareness and uptake in the cancer screening programmes in areas of deprivation. 2. Increase awareness and improve access to breast screening for hard to reach groups in Lothian.	£58,000	Sue Payne/Lorna Porteous
Improving Conversation Skills, NHS Dumfries & Galloway *What will be done?* Implementing improvement methodology training that supports staff across all sectors to undertake difficult conversations that guide and support people through decision making in relation to treatment options *Expected outcomes:*	£5,000	Carole Morton

Staff better supported to have difficult conversations with people with cancer and their families and Carers		
Improving MDT Communication, NHS Dumfries & Galloway *What will be done?* Development of IT recording system for Colorectal MDT; Pump priming for post to help aid development work for MDT's (Band 6/Band 4) *Expected outcomes:* Improved communication between health and social care professionals; Pending review of model for ongoing support to MDTs	£25,000	Carole Morton
Stoma & ERAS Pilot, NHS Dumfries & Galloway *What will be done?* Pilot to bring Stoma and ERAS clinical nurse model together. Band 6 , 1wte *Expected outcomes:* Shared skills and workload providing a full years cover and a more cohesive service	£19,000	Carole Morton
Total funding for SCAN	£791,600	

Appendix Two

TCAT: Phase 1 and Phase 2 Project Information

Project Summary	Project Leads	Executive Lead
Phase 1: NHS Borders (1 year) Health and Wellbeing Support Programme. Funding received £54,300 Concluded July 2015. Evaluation Report produced in September 2015 All cancers. Holistic Needs Assessment (HNA) at 2 key points in pathway for patients living in Hawick. Individual care plan formulated with patients. Three Health and Wellbeing events in the community. Development of an End of Treatment Summary Next Steps- Follow up funding secured from Scottish Government to support roll out of HNAs and Health and Well Being events across the whole of Borders. Piloting Treatment Summaries with chemotherapy patients from Summer 2016. Phase 3 funding approved	Judith Smith	Katie Morris Clinical Service Manager, NHS Borders
Phase 1: NHS Lothian (22 months) Developing a Recovery-Based Approach to Cancer Care in Lothian. Funding received £58,409 Concluded February 2016. Evaluation Report expected July 2016 Recovery Clinics – Lung, Breast, Colorectal and Gynae Cancers Post-operative intervention clinics to support side effects of surgery – Prostate Cancer – will be sustained by the service Complete	Alan McNeill Gillian Knowles	Alex McMahon Director of Nursing, NHS Lothian

Project Summary	Project Leads	Executive Lead
Phase 1: NHS Fife: Lung Cancer Palliative Care (2 years) Lung Cancer Palliative Care End Date: June 2016. Evaluation report expected November 2016. Funding received £256,486 Offers Lung Cancer patients requiring best supportive care, earlier and proactive access to Palliative Care Services via rapid response clinics. It also offers co-ordination of community-based palliative care services following assessment. Interim evaluation suggests fewer in-patient admissions, fewer bed days, fewer secondary care appointments and interventions and fewer people dying in hospital. Complete Phase 3 funding approved	Sheena Scragg	Frances Elliot Medical Director, NHS Fife
Phase 1: NHS Fife: Melanoma (2years) Melanoma Skin cancer support and follow up End Date: November 2016. Funding received £51,768 Piloted a change in follow up via developing a person-centred pathway led by Skin Cancer Link Nurses. Patient education sessions delivered by Maggie's, Kirkcaldy Complete Link nurse roles sustained	Megan Mowbray	Frances Elliot Medical Director, NHS Fife

Project Summary	Project Leads	Executive Lead
Phase 2: NHS Lothian (Primary Care) (2 years) Westerhaven After Care Project End Date: March 2017. Funding received £79.256 Develop a primary care protocol so that all patients and carers at Wester Hailes Medical Centre have access to support and appropriate services following cancer treatment. Delivered in partnership with Westerhaven, a third sector organisation. Look to engage other GP practices in the locality to adopt the primary care protocol. Complete Integrated Joint Board has committed funding Big Lottery Grant secured	Sineaid Bradshaw	Alex McMahon Director of Nursing, NHS Lothian
Phase 2: Fife Council (2 years) Integrated Cancer Care End Date: June 2017. Funding received £100,000 Develop an integrated and shared approach to identify, assess and address the needs of people affected by cancer across Fife. Strategic approach to cancer within Fife Council via Cancer Champions Network. Formal links with NHS Fife's Phase 1 TCAT projects via Local Area Co-ordinators. Ongoing funding secured from Council & Integrated Joint Board (IJB) and may morph into Improving Cancer Journey.	Julie Paterson Alison Watt	Sandy Riddell Director of Health and Social Care, Fife Council
Phase 2: Midlothian Council (2 years) Living Well After Treatment End Date: October 2017. Funding received: £105,000 Develop local services which will provide the basis for responding to the range of individual needs of people recovering or living with cancer, to stay healthy both physically and emotionally.	Tom Welsh Andrew Hebson	Eibhlin McHugh Director of Health and Social Care Midlothian Council

Project Summary	Project Leads	Executive Lead
Phase 2: Scottish Borders Council/NHS Borders (2 years) Re-ablement Project End Date: September 2017. Funding received £81,552 Tweeddale based project to offer an earlier transition into Social Work-led support via assessment by an Occupational Therapist (OT), direct referral to the British Red Cross Re-ablement Buddy (BRCRB) Service and access to an existing exercise programme. Evaluation complete Phase 3 funding approved	Maude Donkers Angie Lloyd-Jones	Susan Manion Director of Health and Social Care Scottish Borders Council
Phase 2: NHS Dumfries and Galloway (2 years) Regaining Well-Being End Date: Jan 2018. Funding received £99,936 This project proposes a more co-ordinated approach between agencies from all sectors in supporting those with cancer by establishing referral systems/ pathways from NHS, LA and third sector partners. A model has already been established to support people with long term conditions and meet the needs of those living in rural areas called 'Building Healthy Communities'.	Thomesena Lochhead	Alex Little NHS Dumfries and Galloway

Appendix Three

Pharmacy Network Objectives and Progress to date

Objective	Progress update
Establish link to paediatric MSN work from SCAN Pharmacy group to ensure that there is not a disconnect between adult services and paediatric services for the overlapping age group treated across both services	SCAN Manager and the Lead Pharmacist Managed Service Network (MSN) for Children & Young People with Cancer (CYPC) is now the established conduit for ensuring the alignment between SCAN Pharmacy Group. The lead pharmacist post has been a new development for the MSN CYPC in Autumn of 2016. This is being provided via a service level agreement with NHS Lothian. This post's remit includes the facilitation of links and communication between the MSN and Regional Adult Cancer Area Networks to minimise potential for inequalities of care delivery.
Capacity planning with specific input into the Chemotherapy Review SLWG work from a pharmacy service perspective	The group has been the platform for Lois Pollock to take forward required pharmacy related items for the Chemotherapy Review SLWG. Pharmacy workforce task analysis undertaken. Data was collected on preparation time for chemotherapy and presented for approval to inform better capacity planning for preparation and supply of medicines for patients. This data will inform future capacity work.
Job planning for cancer pharmacy posts	Work has been undertaken in Fife but pending sharing with the group for discussion and next steps.
Quarterly medicines expenditure tracking	The Regional Cancer Advisory Group agreed in February 2016 that greater review of expenditure against medicines was required quarterly. A template was agreed in June 2016 for the SCAN health boards to complete for compilation for RCAG meetings. Subsequently the SCAN pharmacy lead pharmacists and finance team members have collaborated to provide information for the reports to be completed by the SCAN Lead Pharmacist.
Horizon scanning process improvements and communication	A new Horizon Scanning tracking sheet that included a 3 year growth profile for cancer medicines was trialled this year to establish if it gave any better predictions of expected budget impact for the financial year. The health boards engaged well with the process. The success of the sheet was still limited from a budget setting perspective. We will continue to monitor budget expenditure against predictions annually to see if this process can be improved.
Efficiency savings ideas and planning for implementation across SCAN boards	Continue to share ideas and discuss plans for implementation of medicines efficiency ideas via this forum. Some examples in the last year include daily G-CSF, dexamethasone preparation switch, and imatinib. With the latter contributing over £1.2M in full year effect savings against medicines budgets.

Objective	Progress update
Delivering against Safe Delivery SACT CEL 30 (2012) audit actions related to pharmacy/ medicines	All items from medicines/pharmacy perspective have been addressed with the exception of the action for Fife for verification of TKIs by pharmacists in the haematology clinic; and information going into ChemoCare. Feedback from the Fife Lead Cancer Pharmacist is that a redesign of the service is required to achieve this, which is out with the control of pharmacy to take forward.
Staff resource to meet workload growth and gaps in current service	Funding for a new 1.0Whole Time Equivalent (WTE) Band 6 pharmacist at the ECC and a 1.0WTE Band 7 at St John's Hospital for cancer services has been reinvested from efficiency savings on medicines in NHS Lothian. The Band 6 post at the ECC will support succession planning for more senior posts as they become available and provide an increase in staff resource to meet growing requirements for supply of new chemotherapeutic agents. The post at SJH will support transition to electronic prescribing and verification of medicines in haematology outpatient setting via ChemoCare; as well as the re-establishment of clinical trial availability on the site for patients. Unfortunately the same opportunity for reinvestment of some of the medicines efficiency savings into pharmacy staff resource did not occur in all 4 SCAN boards.
Access to new medicines: Peer Approved Clinical System (PACS)	Further to CMO/2013/20 after a significant delay in guidance being given by the Scottish Government, NHS Lothian began to pilot the PACS system in NHS Lothian in 2016. The IPTR process for SCAN is managed by the ECC Oncology Medicines Management Committee (OMMC) so upon request from the other Health boards for the PACS process for ultra orphan medicines will also be managed for all 4 health boards by the OMMC.
Readiness for transfer of RHSC to Little France site in February 2018	A Short Life Working Group is taking forward the establishment of a joint Intrathecal policy and registers for the professions between paediatric, neurology and pharmacy services; and training for new staff on RIE site is being planned. Planning for aseptic services for SACT and supportive therapies on the new campus is underway for the new aseptic suite being built at RIE at present. Discussions regarding transfer and integration of cancer clinical trials into the main RIE pharmacy department are also in progress. The upgrade of ChemoCare is in progress for RHSC and requires completion prior to move to new build.

Objective	Progress update
Establishment of a joint risk register for pharmacy related elements for cancer services across SCAN	Individual health board pharmacy departments hold up-to-date risk registers for their service that would include cancer services risks. Pending extraction of cancer related risks and submission from health boards before it can be compiled.
Pursuing models of delivering SACT via community setting	The ECC and D&G are both exploring alternate means of supplying oral medicines in the community setting. Outcome of national conversations regarding use of Hospital Based prescriptions for supply of Abiraterone and Enzalutamide is awaited.
National SACT Protocol template for Scotland	A SLWG has been established via the Scottish Oncology Pharmacy Group to develop a national SACT protocol template; and work has begun and progressing to agree the template for use across Scotland for adults and paediatrics. The draft template will go out for consultation to wider multi-professional group in Autumn 2017.

Glossary of Terms

ASCO	American Society of Clinical Oncology
BASO	The Association for Cancer Surgery
BAUS	British Association of Urological Surgeons
BRCRB	British Red Cross Re-ablement Buddy Service
CEL	Chief Executives Letter
CNS	Clinical Nurse Specialist
CT	Computed Tomography
CYPC	Children & Young People with Cancer
D&G	Dumfries & Galloway
DCE	Detect Cancer Early
DIBH	Deep Inspiration Breath Hold
ECC	Edinburgh Cancer Centre
eKIS	Electronic Key Information Summary
ERAS	Enhanced Recovery After Surgery
G-CSF	Growth-Colony Stimulating Factor
GP	General Practitioner
HCC	Hepatocellular Cancer
HR NMSC	High-risk Non-melanoma Skin Cancer
HNA	Holistic Needs Assessment
IJB	Integrated Joint Board
IMRT	Intensity Modulated RadioTherapy
IPTR	Individual Patient Treatment Request
ISD	Information Services Division (Scottish Government)
MDM/T	Multi-disciplinary Meeting/Team
MRI	Magnetic Resonance Imaging
MSN	Managed Service Network
NCCSG	National Cancer Clinical Services Group
NHS	National Health Service
NLCA	National Lung Cancer Audit
NoSCAN	North of Scotland Cancer Network
OG	Oesophageal
OMFS	Oral Maxillo Facial Surgery
OMMC	Oncology Medcines Management Committee
OT	Occupational Therapist
PACS	Peer Approved Clinical System
PET	Positron Emission Tomography
PCG	Primary Care Group
QA	Quality Assurance
QPI	Quality Performance Indicator(s)
RCAG	Regional Cancer Advisory Group
RCPG	Regional Cancer Planning Group
RCT	Randomised Control Trial
RHSC	Royal Hospital for Sick Children
RIE	Royal Infirmary of Edinburgh
SABR	Stereotactic Ablatative Radiotherapy
SACT	Systemic Anti Cancer Therapy

SCRN	Scottish Cancer Research Network
SCAN	South East Scotland Cancer Network
SEAT	South East & Tayside Regional Planning Group
SHPBN	Scottish HepatoPancreatoBiliary Network
SJH	St Johns Hospital
SLWG	Short Life Working Group
SPCCG	Scottish Primary Care Cancer Group
SRS	Stereotactic RadioSurgery
TCAT	Transforming Care After Treatment
TKIs	Tyrosine Kinase Inhibitors
TRAKCare	Intersystems unified healthcare information system
TSG	Tumour Specific Groups
WoSCAN	West of Scotland Cancer Network
WGH	Western General Hospital
WTE	Whole Time Equivalent