

South East Scotland Cancer Network Annual Report 2023-2024



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.

Table of Contents

1.	Foreword by Dr Cameron Martin, SCAN Clinical Lead	3
2.	Introduction	4
3.	South East Scotland Cancer Network.....	4
3.1	Chart One: SCAN Governance Flow Chart	5
3.2	Chart Two: SCAN Organisational Chart	6
4.	Delivery of SCAN Work Plan Initiatives	7
4.1	SCAN Cancer Audit.....	7
4.2	Prehabilitation	9
4.3	Chemotherapy Electronic Prescribing Administration System (ChemoCare)	9
4.4	Communications.....	10
4.5	Clinical Managed Pathways.....	10
4.6	SACT Nurse Education.....	10
5.	SCAN Tumour-Specific Groups	11
5.1	<i>Breast Group – Chair Mr Matthew Barber</i>	11
5.2	<i>Colorectal Group – Chair Mr Satheesh Yalamarthy</i>	11
5.3	<i>Gynae Group – Chair Mr Nidal Ghaoui</i>	12
5.4	<i>Haematology Group – Chair Dr Victoria Campbell</i>	13
5.5	<i>Head & Neck Group – Chair Mr Ashley Hay</i>	14
5.6	<i>Lung Group – Chair Dr Melanie Mackean</i>	14
5.7	<i>Skin Group – Chair Dr Shantini Rice</i>	15
5.8	<i>Upper GI Group - Chair Mr Richard Skipworth (OG) & Mr Andrew Healey (HPB)</i>	15
5.9	<i>Urology Group – Chair Professor Alan McNeill</i>	16
5.10	<i>Primary Care Group (PCG) – Chair Dr Fiona O’Brien</i>	16
6.	Specialist Oncology Services.....	17
6.1	<i>Regional Cancer Centre Development</i>	17
7.	Systemic Anti-Cancer Therapy (SACT)	17
7.1	<i>Safe Administration of Systemic Anti-Cancer Therapies Audit</i>	17
8.	SCAN Regional Pharmacy Group.....	17
9.	SCAN Capacity Tool.....	18
10.	Looking forward to 2025-2026	19
11.	Appendix One	20

1. Foreword by Dr Cameron Martin, SCAN Clinical Lead

South East Scotland Cancer Network (SCAN), 2023-2024

It gives me great pleasure to invite you to read the South East Scotland Cancer Network (SCAN) Annual Report for 2023-24. Once again it reflects the tremendous effort and hard work undertaken by a wide range of people across all four regional Health Boards.

1. Improving Quality and Assurance of Cancer Care

SCAN has continued to drive measurable improvements in the quality and consistency of cancer care across the region. Performance against National Cancer Quality Performance Indicators remained strong, providing assurance to Health Boards and partners. This was underpinned by robust, high-quality data collection and reporting, led by the SCAN Audit Team, supporting evidence-based service improvement and accountability.

2. Strengthening Regional Clinical Leadership and Multidisciplinary Working

Effective multidisciplinary leadership remained a central strength of SCAN. Nine Tumour-Specific Groups, together with the Primary Care Group, provided sustained clinical leadership across tumour pathways. Through coordinated audit, service evaluation, quality improvement, innovation, and research activity, these groups acted as key vehicles for regional alignment and continuous improvement.

3. Delivering on Regional Strategic Priorities

SCAN made tangible progress against agreed regional priorities:

- **Timeliness of care:** Continued focus on improving cancer waiting times, supporting earlier diagnosis and more timely treatment.
- **Digital enablement:** Advancing the upgrade of ChemoCare, strengthening the resilience and functionality of the regional chemotherapy prescribing platform.
- **Service consistency:** A comprehensive chemotherapy service review supported standardisation of regimens and the spread of best practice across Health Boards, reducing unwarranted variation.

4. National Influence and System Leadership

SCAN clinicians and Tumour Groups played a significant role in shaping cancer care beyond the region. Members contributed to national guideline development, clinical audit, and service redesign, reinforcing SCAN's position as a trusted partner in the national cancer improvement agenda. Hosting national educational events further supported workforce development and knowledge exchange.

5. Valuing People and Patient Partnership

SCAN formally acknowledged the sustained contribution of clinical teams, patient representatives, and administrative and audit staff. Their collective expertise and commitment were recognised as critical enablers of system improvement, clinical credibility, and patient-centred service design.

Cameron Martin
SCAN Clinical Lead

2. Introduction

This report covers the South East Scotland Cancer Network (SCAN) programme activity from 1st April 2023 to 31st March 2024. The regional cancer network has delivered and achieved a wide range of actions and outputs over the last year through regional collaboration from clinical and management teams and engagement with the voluntary sector.

The regional work programme covers projects commissioned and approved by the Regional Cancer Advisory Group (RCAG), comprised of the constituent SCAN 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 keeping 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 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 and Tumour Specific Group summaries.

The publication of the Scottish Government's 10 year National Cancer Strategy "Cancer Strategy for Scotland 2023-2024" in July 2023 sets out a ten year road map for developing cancer services in Scotland. This strategy remains the foundation that SCAN activity is built upon and determines the existing SCAN service priorities and planned programme activity. The cancer strategy sets out the Scottish Government's vision for the next ten years to improve cancer survival and provide excellent, equitably accessible care.

3. South East Scotland Cancer Network

Cancer Networks underpin the delivery of the National Cancer Strategy by supporting the ambition that cancer incidence, morbidity and mortality is decreased, whilst patient empowerment, knowledge and quality of life is increased.

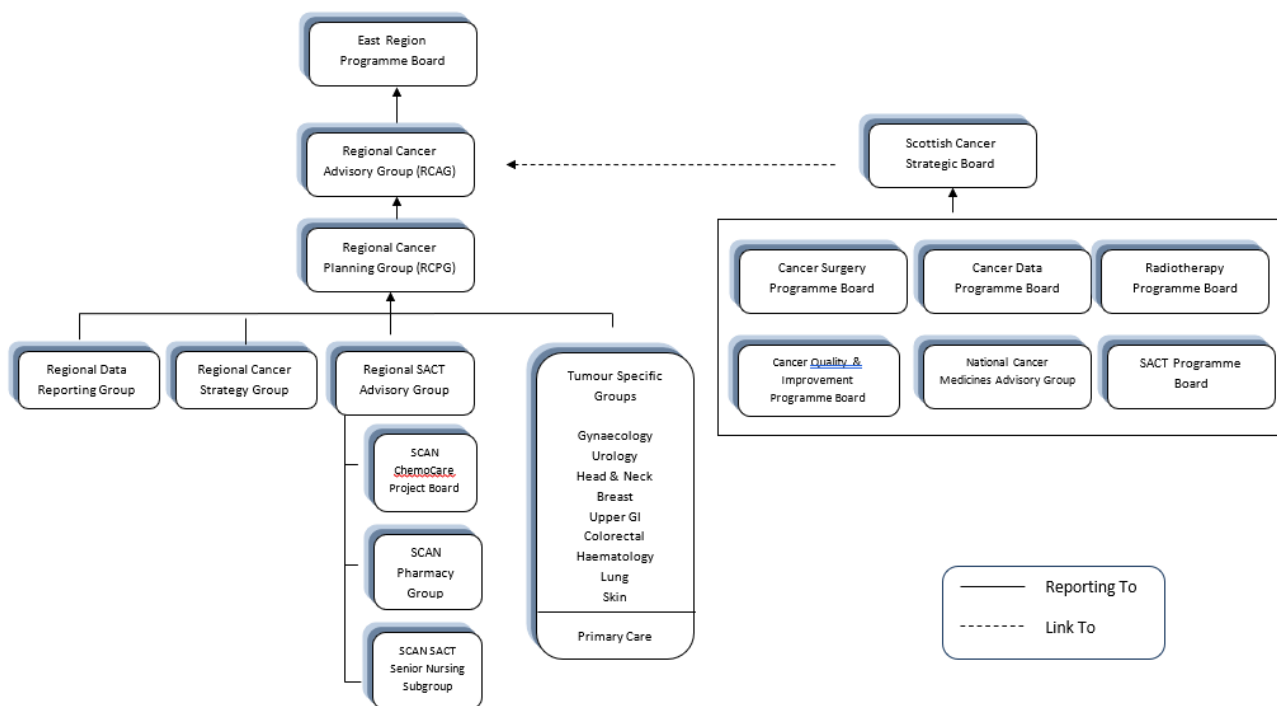
The South East Scotland Cancer Network brings together cancer professionals and organisations from primary, secondary and tertiary care across the South and East of Scotland to work in a co-ordinated manner, transcending geographical, organisational and professional boundaries to ensure equitable provision of high quality, clinically effective, patient-centred cancer services. Local networks of the constituent Boards of NHS Fife, Borders, Lothian and Dumfries and Galloway link with all local organisations with an interest in cancer services. The added value of SCAN is the bringing together of the energy, enthusiasm and expertise of all those committed to improving cancer services for a population of approximately 1.5m people.

SCAN leads on the regional collation and reporting of data and Quality Performance Indicators to support service improvements, to ensure national standards are met and that clinical practice is delivered to an equitable high standard. Nine Regional Tumour Specific Groups (TSGs) underpin the Managed Clinical Network alongside a range of other professional and specialty groups such as Pharmacy, Systemic Anti-Cancer Therapies (SACT), Nursing and Lead Clinicians, to drive forward improvements in care and outcomes for patients.

SCAN is part of the wider East Region Regional Planning arrangements, reporting to the Regional Cancer Advisory Group (RCAG). RCAG provides a regional governance role and is responsible for agreeing and overseeing delivery of the SCAN workplan and any emerging projects.

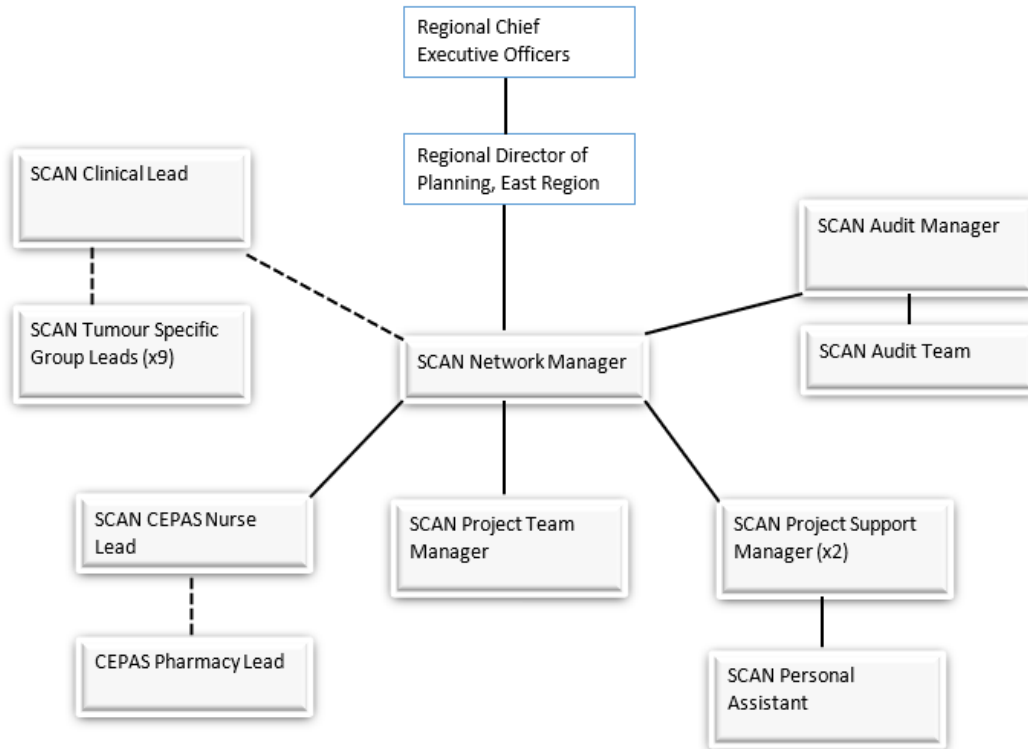
Governance arrangements and strategic links are illustrated in Chart One.

3.1 Chart One: SCAN Governance Flow Chart



The Regional Cancer Network Manager has overall responsibility for delivery of the regional work programme. The team comprises and is supported by the SCAN Project Manager, Audit Manager, two Project Support Managers, a team of Cancer Information Analysts, a Personal Assistant and a Consultant Nurse and Pharmacist. The team is supported by a Regional Clinical Lead, Regional Clinical Pharmacist and Regional SACT lead.

3.2 Chart Two: SCAN Organisational Chart



4. Delivery of SCAN Work Plan Initiatives

The following section provides detail on the projects, activities and key priorities that have been commissioned by the SCAN Regional Cancer Advisory Group from April 2023 to March 2024 to improve services for the population of South East Scotland.

Further detail of the activities in the Regional SCAN work plan and those for the Tumour Specific and Project group activities are in the supplemental work plan documents and are available on request.

4.1 SCAN Cancer Audit

Clinical Quality Monitoring and Improvement

We have been collecting high quality cancer audit data in SCAN for over 2 decades. Our cancer audit data feeds into the National Cancer Quality Program allowing comparison of patient treatments and outcomes across the SCAN region, and Scotland, through the Nationally agreed Quality performance Indicators (QPIs). These QPIs are a suite of carefully defined algorithms for each tumour specific audit and are used to provide the cancer services with feedback on quality and to provide insight for quality improvement and innovation in Scotland.

SCAN QPI results are subjected to a robust clinical review and sign off process and are published on the SCAN website [Comparative Audit Reports – SCAN Scotland](#) annually after the reports and action plans have been circulated to the Health Boards and clinical governance groups.

Exception reports (where QPIs are not met) are reported to the SCAN Regional Cancer Planning Group to make recommendations for implementing improvements in accordance with CEL 06 (2012). Action plans are developed by each Health Board in SCAN in order to document progress with assurance provided through structured clinical governance processes. SCAN comparative reports are available on the SCAN website www.scan.scot.nhs.uk.

National Meetings

SCAN audit QPI data was presented at the National Network Meetings in 2023-24 for: Brain, Breast, Colorectal, Head & Neck, HPB, Melanoma, Mesothelioma, OG and sarcoma.

Survival Analysis and Recurrence

The reporting of survival is dependent on the availability of several years of high quality data. With several years' worth of cancer audit data now available throughout Scotland via the QPI program, survival analyses using the cancer audit datasets is now possible. The first survival analyses carried out by Public Health Scotland (PHS) were for Upper GI, Ovarian, Head & Neck, and Cervix and Endometrial cancers. PHS continue to work on updates to H&N and Upper GI analyses, with lung on the horizon.

SCAN started reporting 5-year recurrence figures for breast cancer in 2019. 2024 will see the introduction of a QPI for breast cancer recurrence throughout Scotland using Audit data (patients diagnosed in 2017). This is an important new development giving outcome measures that clearly indicate quality of care, rather than process driven measures.

Audit Resource and Quality of Data

The SCAN Audit team and Audit Facilitators throughout SCAN dedicate their time to meticulous data collection, analysis, and reporting. In addition to the mandatory QPI reports produced annually for each of the 18 tumour sites, SCAN Audit staff have provided data for numerous clinical audit and quality improvement projects throughout the year.

The combination of meticulous data collection, involving forensic cross checking of multiple sources of medical information, coupled with detailed data analysis makes our SCAN Audit Team of Cancer Information Analysts and Cancer Audit Facilitators, experts in their own fields. Our Audit team continue to provide expert feedback to PHS as the QPI datasets are reviewed and refined.

The reliability and quality of our data remains dependent on our committed and experienced audit staff throughout SCAN.

Lorna Bruce
SCAN Audit Manager

4.2 Prehabilitation

SCAN has secured Macmillan funding to establish 8 projects that will support the development and linkage of Prehabilitation services across the SCAN region. Bids were sought from service teams and were then prioritised for submission to Macmillan. 6 service based projects have been funded, with a Project Manager (SCAN) and an Information Analyst (Cancer Information Team) post funded to support delivery and evaluation of all projects. The SCAN team is working collaboratively with the NHS Lothian Strategic Planning Team who are running a Prehabilitation and Enhanced Recovery After Surgery (ERAS) programme of work.

Funding is secured for 12 months and a SCAN Prehabilitation Steering Group has been formed to oversee delivery of these projects. Projects are due to commence from April 2024, with evidence to support business cases for extension of project initiatives to be collated throughout the lifespan of projects. Progress of projects will be reported on a regular basis to the national Cancer Prehabilitation Oversight Group (CPOG).

4.3 Chemotherapy Electronic Prescribing Administration System (ChemoCare)

The upgrade of ChemoCare to version 6 was completed in 2022, with this work being in business as usual (BAU) since that point. The CEPAS team provide ongoing support to SCAN service teams for the safe running and troubleshooting of ChemoCare system issues.

The existing SCAN contract with CIS Oncology for ChemoCare will be extended for an additional 2 years to allow a national procurement exercise to be undertaken. A Prior Information Notice (PIN) will be issued to test the market for potential suppliers which will then inform the preferred software and supplier for 2026 onwards. The contracts for all three cancer regions are also being aligned to create the possibility of a single national contract in the future. This process is being facilitated by the National CEPAS Oversight Group with guidance provided by NSS National Procurement.

SCAN has been working with Board Aseptic teams to test the ChemoCare Worksheet and Labels Module to scope potential implementation within Aseptic units in SCAN. This process is ongoing with input from CIS to escalate system bugs and requested fixes. An options appraisal will be developed in the coming months to help identify the optimal way forward.

Following regional and national engagement, a regional electronic toxicity screen is being developed to be implemented across SCAN. Local processes have been agreed and training and education will be rolled out once the tool build is finalised.

A ChemoCare reporting tool has been developed for the upgraded V6 of ChemoCare. This is in the final stages of testing before roll out and training to SCAN teams. This tool will provide an improved and user-friendly way for users to extract data from ChemoCare for operational delivery and the ongoing development and improvement of services.

4.4 Communications

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, not found on other NHS or third sector websites. It is a valuable resource for patients, carers, and health professionals.

4.5 Clinical Managed Pathways

In line with the Scottish Government ambition for a Once for Scotland approach to care, National Clinical Management Pathways (CMPs) have been developed by the Scottish Cancer Network (SCN). As defined by the SCN, CMPs is a consensus document describing practice from diagnosis to treatment options, follow up and end of life care. It is ultimately the intention that CMPs will be able to replace the existing regionally held Clinical Management Guidelines (CMGs). CMPs have been developed using clinical subgroups and represent clinical consensus on the best standard of care for cancer patients across NHS Scotland.

To date, CMPs have been developed for Lung, Breast and Neuro-Oncology which have now been published on the Right Decision Platform. It is expected that CMPs will be developed at a rate of 2 per annum thereafter until all tumour sites have been covered, with Head and Neck and Prostate CMPs being progressed from November 2023. To date SCAN have not signed off on the current published CMPs and therefore these have not yet been implemented across the region.

4.6 SACT Nurse Education

The Regional SACT Advisory Group asked SCAN to review the education pathways and processes to ensure [CEL \(30\)](#) (2023) requirements were being met and to consider whether the current systems in place were regionally consistent and meeting staff and service needs.

A workshop involving representation from all 4 SCAN boards and NHS Lothian education team was held in April 23 to review the current nurse SACT education pathways and processes within SCAN. Throughout the year work has been ongoing to address the outputs from this and progress to date is outlined below

Formal Education

The format and content of the current SACT Education model is being changed to provide a focus on online induction and an increase in frequency of taught days. It is anticipated these changes will come into being in the latter part of 2024.

Supernumerary Status and Study Time

A consistent approach to paid study leave during induction and the taught course has been agreed by all Scan boards.

Learning Agreement

To support the planned changes, and provide a tool for audit of these, a learning agreement document is now in place. The agreement defines the model of SACT education for nurses working with SACT and outlines the responsibilities of NHS Lothian Education Department and the constituent boards within SCAN in the delivery of this.

5. SCAN Tumour-Specific Groups

SCAN 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 include clinical experts from various 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 SCAN boards.

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

5.1 Breast Group – Chair Mr Matthew Barber

The last few years have seen significant challenges with recovery from the impact of COVID. Most areas have caught up but patients are still waiting longer than we would like in Fife following routine referrals. The plastic surgical team also has a big backlog which is having an impact on those having risk reducing surgery for breast cancer.

The QPIs remain useful in driving change with notable improvements in provision of DIBH radiotherapy and overnight stay after mastectomy. This year, recurrence at 5 years has been added to the national QPIs following 3 years where the SCAN audit team had managed to provide local figures. This is hugely valuable information to have.

Breast screening patients from Forth Valley and many from the Borders are now able to have their treatment.

Large volume vacuum biopsy is back in place across the region saving many patients from operations under general anaesthetic.

Issues remain with the breast screening audit system and staffing is very precarious. Changes in advice regarding those with a family history of breast cancer is also likely to provide a challenge to services in coming years.

5.2 Colorectal Group – Chair Mr Satheesh Yalamarthy

The Colorectal group has had a good year. 1030 cancer cases were recorded in the last audit year, 200 of these via the screening programme. 19% of cancers presented with metastatic disease, lower than in previous years. Delivery of cancer care to patients have been of a high standard, with excellent outcomes. 3 new QPIs have been introduced and there has been a progressive improvement in heading to the required targets. It was expected that achieving these targets will take some time and it is satisfying to see these incremental gains.

Over the year, there have been further developments in the use of qFIT for suspected colon cancer referrals and this is helping in triaging patients for diagnostic investigations and also to downgrade referrals due to a low probability of an underlying cancer. Double qFIT has

been introduced for those with an initial negative qFIT. Over the next few years, there will be further work in this area, focussing on the threshold levels for investigations. It has helped in reducing the need for unnecessary investigations like colonoscopy.

Surgical outcomes across the SCAN units have been excellent and this is being maintained every year. This provides reassurance about the quality of care provided to colorectal cancer patients in the network. There has been a gradual progression into robotic assisted surgery for colorectal cancers in 2 of the 4 units in the network. This new technology has been safely introduced and we are seeing positive outcomes.

Despite the challenges in Radiology, our colleagues continue to provide timely and accurate staging, as well as contributing to the colorectal MDT, performing interventional procedures such as colonic stenting and drainages and providing follow-up imaging.

Pathology also remains a service under pressure but make a huge contribution to the diagnosis and staging of our colorectal patients. They provide a core component of the MDT and have embraced the move towards new techniques like MMR/MSI testing.

Oncology services are seeing some developments in the delivery of neoadjuvant treatment for colorectal cancers (FOXTROT trials) and are expanding on a different approach to rectal cancer management following the RAPIDO trial. Exciting new developments in immunotherapy are also on the horizon.

The Colorectal Nursing Team across the Network continue to provide excellent care to their patients.

Priorities for this cancer group would be: (1) to maintain high standards of care across all units, as in previous areas; (2) make further progress on the new QPIs; (3) keep the ongoing work on qFIT, as this is a relatively new approach and we need to gain further knowledge of how best to use this tool; (4) make further progress with the robotic development across the network, and finally (5) successfully recruit into the new oncology trials.

5.3 Gynae Group – Chair Mr Nidal Ghaoui

Mr Nidal Ghaoui has been appointed as SCAN lead for the Gynae-oncology group in February 2024. Nidal has been a member and key contributor of the SCAN Gynae Group since 2011

We have transformed ovarian cancer surgery into a world class service performing radical intraabdominal Cytoreductions including a multi-speciality collaboration between Gynae oncology hepatobiliary and colorectal.

SCAN has currently a fully up and running Robotic service with 4 fully trained Robotic surgeons this allowed SCAN to offer surgery to patients with high BMI above 50. The group has now a fully functional dietetic and pre-habilitation service allowing us to offer a holistic approach.

Looking ahead the group will aim to maintain high standards and meet our national QPIs.

In endometrial and vulval cancer we are aiming to introduce sentinel lymph node biopsy to replace systematic lymph node dissection this will decrease patient morbidity and allow better theatre utilisation.

In cervical cancer the group will look to lead change in cervical QPIs to reflect the emerging and increasingly valid evidence in the management of cervical cancer.

In ovarian cancer we will continue to offer a high quality Multi speciality service that aims to improve the survival of ovarian cancer. We also aim to increase our secondary cytoreduction surgical activities to reflect the new evidence in the management of recurrent ovarian cancer.

Finally within SCAN we have formed working groups led by a clinician to focus and drive excellence in each Gynaecological malignancy (ovarian, endometrial and vulval)

5.4 Haematology Group – Chair Dr Victoria Campbell

There has been considerable change within Haematology.

Treatment landscapes, and consequently patient care, has dramatically changed. Most diseases now have multiple lines of therapy available; some of these treatments offer a potential for cure where treatment was previously palliative. CMGs are more important than ever; three National CMGs have been written or revised since 2022, with a new CMG in development for Diffuse Large B-Cell Lymphoma. These work synchronously with BCSH guidelines to which members of SCAN contribute.

NHS Lothian is now commissioned to provide CAR-T therapy alongside its autologous SCT activity; it is the first autologous only transplant centre in the UK to offer CAR-T. Until 2023 CAR-T was only available in Greater Glasgow & Clyde.

Whilst diagnostics, and in particular genomics, is a rapidly evolving discipline, haematology is fortunate with many of its tests already being reported within challenging national guideline timeframes. Additionally, the service provides NPM1 MRD for the whole of Scotland, repatriating this assay from NHS England has significantly improved turnaround times. It should be noted there are tests which would support patient care that are currently unavailable across Scotland, this is being reviewed but is challenging. It will be vital we ensure clinician input into the review of the National genomic service.

Staffing pressures remain considerable. This applies across the UK - there is a national shortage of Consultant Haematologists. Fortunately in 2024 there have been substantive appointments in Borders General Hospital and St John's Hospital, posts previously unfilled for a number of years. NHS Fife continues to rely on locums to support its service. All boards are looking at other staffing models to try to support patient care.

Despite a high level of activity the Regional MDT continues to function well, though it is coming under increasing pressure. It ensures clinicians have access to specialist interpretation of investigations and can discuss treatment decisions, including clinical trial options, for all new diagnoses and an increasing number of relapsed / refractory cases.

5.5 Head & Neck Group – Chair Mr Ashley Hay

The Head & Neck Group have continued to provide care in 2023 with progress in a few important areas.

Mr Ashley Hay has taken over the position of Chair after the successful tenure of Mr James Morrison and I would like to thank James for his dedication to the continued improvement of Head & Neck services for our patients.

There was a successful bid to the National Optimal H&N Diagnostic Cancer Pathway – Centre for sustainable delivery. This has allowed the purchase of some new endoscopy equipment with a focus to move some inpatient work to the outpatients. Despite the equipment arriving in NHS Lothian it is not yet available for clinical use.

Prehabilitation has had a successful bid for a dietician with Macmillan funding was achieved to bolster the long under resourced head and neck dietetic team.

There has been continued effort and work towards publication for a prospectively collected Head & Neck Swallowing Outcomes project.

The recently set up Patient & Wellbeing Clinic staffed by the clinical nurse specialist team, speech and language therapy and dietetic team with input from dental and psychology teams has gone from strength to strength.

National work on Clinical Management Pathways and head and neck cancer referral guidelines by the Scottish Cancer Network has involved the SCAN team and will be available in 2024.

The Trans Oral Robotic service for head and neck was started with 11 very successful cases. The current program is paused.

5.6 Lung Group – Chair Dr Melanie Mackean

Lung cancer continues to be a key focus area in Scotland following commitments from the Scottish Government within the National Cancer Strategy 2023-33.

The SCAN Lung Group has continued to work with our national colleagues on the development of an Optimal Diagnostic Lung Cancer Pathway for Scotland. All SCAN Health Boards were successful in receiving funding to aid with implementation of this pathway and we will continue to work to improve regional services and engage nationally around challenges being faced across the country.

Lung Cancer has also seen the development of a National Clinical Management Pathway by the Scottish Cancer Network. Members across the SCAN Lung Group have been influential to the development of this pathway by their participation in specialty sub-groups. SCAN Lung Group members will continue to work with the Scottish Cancer Network with the joint aim of reducing variation across Scotland and scoping areas of this pathway, which can be implemented into our service.

Looking forward we will continue to be involved in the initial discussions around Lung Cancer Screening through a Scottish Expert Advisory Group, which has been established through the

Scottish Screening Committee. Lung Cancer Screening will be an important development for the treatment of lung cancer in years to come and is a key commitment in the Scottish Government National Cancer Strategy.

SCAN is also set to host the National Lung Cancer Managed Clinical Network Meeting in May 2024. This meeting will bring key colleagues from across Scotland together to review the latest Quality Performance Indicator results and discuss the latest advances in the treatment of lung cancer.

Finally, SCAN would like to acknowledge the importance of Dr Melanie Mackean who has led the SCAN Lung Group for the past five years and is due to retire in June 2024. Dr Mackean has brought energy, enthusiasm and effective leadership to the role and has played a pivotal role in the recent developments in lung cancer across the SCAN region.

Dr Mackean has been influential across the SCAN Network during both her tenure as Lung Cancer Lead and as SCAN Gynaecology Lead between 2007-2013. On behalf of the entire SCAN Team we would like to thank Dr Mackean and wish her all the best in her retirement.

5.7 Skin Group – Chair Dr Shantini Rice

The SCAN Skin Group continues to be a forum for bringing together colleagues involved in the care of skin cancer across clinical specialities and the region.

Activities by the SCAN Skin Group during this reporting period have included reviewing the recently published SIGN guidelines and its impact on SCAN services. The group has also reviewed what patient information is available to ensure that patients are provided with the most effective and appropriate information for their situation.

Members of the SCAN Skin Group have also been involved in national developments, which have included providing input into a national consensus on the management of Cutaneous Squamous Cell Carcinoma. The SCAN Skin Group has also carried out a review of our QPI data, which was presented to the Annual Scottish Skin Cancer Meeting in March 2024.

The SCAN Skin Group has also been a forum where regional colleagues are able to share updates on local initiatives and challenges and encourages shared learning and peer support. This has included discussion on reviews of the Melanoma pathway, expanding the use of photography in Primary Care and local workforce challenges.

5.8 Upper GI Group - Chair Mr Richard Skipworth (OG) & Mr Andrew Healey (HPB)

The SCAN Upper GI Group welcomed the appoint of Mr Richard Skipworth to the role of SCAN Oesophageal-Gastric Lead in 2023 who will lead the group alongside HPB Lead Mr Andrew Healey.

The SCAN Upper GI Group used our meeting to focus on signing off the regional QPI data for both specialities ahead of the Oesophageal-Gastric national meeting in November and HPB national meeting in early 2024.

The SCAN Upper GI Group will continue to operate as a forum to bring together regional teams to share learning and discuss challenges within the service.

The HPB teams within SCAN also continue to link closely with the National HPB Managed Clinical Network and on the ongoing National HPB Cancer Improvement Programme.

5.9 Urology Group – Chair Professor Alan McNeill

The SCAN Urology Group continues to put a focus on education and shared learning of local initiatives, which may be expanded across the SCAN region.

During this reporting period the SCAN Urology Group has had discussions on the implementation of Transperineal Prostate Biopsy across the SCAN region, which Health Boards are continuing to make progress on.

The group has also monitored the progress of an electronic Patient Reported Outcome Measures (PROMS) system, which is currently live in NHS Lothian with an aim for this to be used across Scotland as a tool for monitoring patient PSA follow-up. We have also linked with Prostate Scotland, who have presented their latest patient facing updates to the group including an app designed for prostate cancer patients and provided us with an overview of their ongoing initiatives across the country to support patients.

As a group we also provide a forum for the Urology sub-speciality leads to update us on the latest developments in Bladder, Testicular and Renal cancers. This has included information on local service reviews, changes in surgical techniques and developing oncological treatments.

As a group we are also involved in national developments and recently had the Scottish Cancer Network present at our meeting to update the group on the upcoming development of a National Clinical Management Pathway for Prostate Cancer. We look forward to seeing how this work progresses and will provide specialist input where required.

5.10 Primary Care Group (PCG) – Chair Dr Fiona O'Brien

The SCAN Primary Care Group meetings quarterly with representation from the Lead Cancer GPs from each SCAN Health Board.

As a group we aim to provide peer support across the region during a challenging time for Primary Care services.

During our meetings throughout this reporting period we have discussed various ongoing initiatives underway within SCAN Health Boards, including Rapid Cancer Diagnostic Service pilots underway in three of our Health Boards, which have all had positive patient feedback. We have also discussed the ongoing SCAN Prehabilitation Project, which is due to have programmes starting in NHS Borders and NHS Lothian in the coming months.

The SCAN Primary Care Group now also has a colleague from the Cancer Screening Team as a permanent member of the group and can provide us with updates on the various ongoing cancer screening programmes across Scotland. We also continue to have representation from Research to keep the group updated with any recent publications of interest.

SCAN Primary Care Group members also continue to work with our colleagues in Secondary Care through attendance at the SCAN Tumour Specific Groups.

6. Specialist Oncology Services

6.1 Regional Cancer Centre Development

The Western General Hospital is the Regional Tertiary Centre Cancer Hospital for South-East Scotland, incorporating breast, urology and colorectal surgery. Cancer Services are currently provided in out-dated infrastructure that no longer meets the needs and expectations of modern healthcare and prevents the service from adapting to meet the growing demand.

This has been acknowledged by Scottish Government approving the Initial Agreement for Oncology Enabling, a programme of work which will address current issues and allow a sustainable service to be provided until a new Cancer Centre can be built.

The longer term vision is the *“development of a world class specialist cancer centre and service on behalf of the region – and nation”* through re-provision of the Regional Cancer Centre at the Western General Site by 2025. Following budget announcements in December 2023, this programme of work has been paused for at least two years and any projects working to deliver this capital programme have been paused.

7. Systemic Anti-Cancer Therapy (SACT)

7.1 Safe Administration of Systemic Anti-Cancer Therapies Audit

Healthcare Improvement Scotland (HIS) revised the National SACT Governance Framework in August 2018 with all staff involved in audit undertaking training in the revised Framework arrangements. Teams benefited from working through realistic scenarios, sharing learning and engaging in multi-professional discussions.

The SCAN Health Boards completed the audit in 2023 with HIS subsequently providing recommendations for each health board in Scotland under the SACT Service Review.

8. SCAN Regional Pharmacy Group

The SCAN Pharmacy network is a collaborative group led by the SCAN Lead Pharmacist and includes the specialist oncology and haematology pharmacists from across the region. The group meets 3-4 times a year to develop regional models for service delivery, align practice, consider service improvement initiatives, provide peer support and share good practice.

Members of the pharmacy team are named contacts for SCAN Tumour Specific Groups who support development and updates of Master Prescription Charts, Clinical Management Guideline's etc. The SCAN Pharmacy group are currently exploring broader representation from across all the SCAN Boards to support these processes.

9. SCAN Capacity Tool

Throughout this year there has been a continuing increase in demand and pressure on SACT Services. In response to these challenges and, to model current and future demand, all SCAN Boards have agreed to use the SCAN SACT Capacity Modelling Tool to report bi-annually on their individual activity demand and resource utilisation (day case unit chair, nurse and clinical pharmacist time). This will give a consistent measure of staffing levels and space relevant to activity across SCAN and assist in effective and informed decision making about present and future capacity and demand planning.

Health Improvement Scotland (HIS) is leading on a national approach to measuring SACT capacity and modelling demand, with a view to a Scottish standardised solution. SCAN are supporting this work which is being progressed through SACT Programme Board. In conjunction to this they are also working with PHS to explore the feasibility of a national approach to using the metrics available within the SCAN tool and consider how such a tool could be developed at national level utilising the National SACT dataset.

Following ongoing interest in the Scan Capacity Tool from Trusts in NHS England, Wales and Northern Ireland, NICE and the NHSE Cancer Programme Board, the SCAN team have suggested that this is formally progressed via the UK SACT Board taking into account outputs from the HIS workstream.

Work is ongoing around Intellectual Property to protect the integrity of the tool, ensure recognition for SCAN and make sure it is used appropriately by a third party if shared.

10. Looking forward to 2025-2026

This report highlights the regional and local NHS Board work that has been undertaken in partnership from April 2023 to March 2024 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.

In the year ahead the Regional Cancer Network will continue to drive the changes required, ensuring effective collaboration with patients, carers and stake-holders to ensure equity, reduce variation, using the cancer intelligence data to inform service and quality developments. In addition, work with colleagues across Scotland to review and benchmark cancer incidence, mortality, morbidity, outcome data and strive to improve survival, reduce mortality, morbidity and strengthen assurance in quality of services delivered.

SCAN Network Manager

South East Scotland Cancer Network

Website: <http://www.scan.scot.nhs.uk>

11. Appendix One

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
NCA	North Cancer Alliance
NCCSG	National Cancer Clinical Services Group
NHS	National Health Service
NLCA	National Lung Cancer Audit
OG	Oesophageal
OMFS	Oral Maxillo Facial Surgery
OMMC	Oncology Medicines 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 Ablative 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

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