

***CANCER IN SCOTLAND: ACTION FOR CHANGE***

**West of Scotland Cancer Network  
(WOSCAN)**

**Fifth Monitoring Report**

**1 October 2003 to 31 March 2004**

## **Introduction**

This monitoring report is submitted on behalf of the West of Scotland Regional Cancer Network, covering the period 1<sup>st</sup> October – 31<sup>st</sup> March 2004. It summarises the continuing impact of additional investment monies, provided to help implement *Cancer in Scotland*, in sustaining and supporting continued improvement in cancer care throughout the West of Scotland, as well as reporting progress in the development of West of Scotland Cancer Networks.

## **Investment Plans/Monitoring**

Investments made are clearly demonstrating direct improvements and benefits to patient care. Specific details of each of the investments and the improvements they have made across the West of Scotland can be found in the detailed monitoring investment schedules provided with this report.

Few posts now remain unfilled due to recruitment difficulties. Where such issues persist reviews of current proposals are being undertaken. For example, in Lanarkshire it has not as yet been possible to recruit to 2 Consultant Oncologist posts. Discussions between Lanarkshire and the Beatson Oncology Centre are taking place; reviewing and revising proposed work plans and requirements for these positions. In the interim, funding has been reinvested on a non-recurring basis.

## **Regional Working & Regional Cancer Advisory Group (RCAG)**

Recognising the complexity of the organisational structure and environment in which the West of Scotland Cancer Network operates, together with the challenges and opportunities associated with this, the RCAG is currently undergoing a period of review. As part of this review, we are looking at how to reorganise and restructure regional groups and working arrangements in order to ensure that we are best positioned to develop and take forward what is a challenging programme of work. As part of this review we will be looking to strengthen partnership working between regional MCNs, clinicians, managers, the regional planning group, other NHS organisations and the population we serve.

Quality assurance is an integral part of the work of Regional Cancer Networks and the RCAG. As such, we are required to have a defined quality assurance programme, accredited by NHS QIS. Work has been undertaken to develop and agree a programme that is both realistic and challenging while ensuring that the programme developed supports the development of MCNs and continued improvements in care delivery. NHS QIS's accreditation panel is scheduled to meet to assess our submission on the 31<sup>st</sup> May 2004.

Together these actions will help to ensure that the West of Scotland Cancer Network continues to develop in a way that is supportive of improving cancer services through regional working.

## **Patient and Public Involvement**

Patient and public involvement in cancer care/service development continues to be supported and actively developed both locally and regionally. Patient representation is now established on a number of key working groups locally and regionally. In Ayrshire, for example, 2 patients now participate in Ayrshire's Cancer Steering Group, supported by staff from the Ayrshire Cancer Support Group and Lead Nurse, and both have undertaken

Advocacy training. In Forth Valley development days are planned to engage the public and local community to become actively involved in shaping cancer care/services. Patient representation has also been established on a number of Regional MCN Advisory Boards. To further develop and support this work we are in the process of recruiting to a patient/user involvement development post with interviews scheduled for the 27<sup>th</sup> May.

## **Managed Clinical Networks (MCNs)**

### **Breast Cancer MCN**

Lead Clinician: Professor George  
Network Manager: Christine Morran

The Network is currently working to produce the first West of Scotland MCN Breast Cancer Annual Report. This report will form a baseline for future service development and improvement.

2003 data for the West of Scotland MCN for Breast Cancer, collected on a common dataset and database, is now held in the MCN office. Some of the analysed data will be presented in the Annual Report to be published in 2004. The network recognises the contribution and commitment of the MCN members including the audit staff of in region.

The West of Scotland MCN has produced a patient information record, which will be launched and distributed available to patients mid 2004. This information will be offered in addition to the high quality information already used.

The network welcomed two patient/carers to the Advisory Board at the December meeting and we look forward to supporting the soon to be appointed Patient/User Involvement worker for the region.

The education programme of the network continues to provide opportunity to regionally inform, debate and discuss patient management. This forum will also be used to regionally agree patient management and develop protocols for specific areas. Currently being addressed for consensus are Patients with a Family History of Breast Cancer and Follow-Up of Patients Diagnosed with Breast Cancer.

### **Colorectal Cancer MCN**

Lead Clinician: Mr I Finlay  
Network Manager: Kevin Campbell

Following the success of the first National Colorectal MCN event held in May 2003, the National Steering Group, chaired by Mr Finlay, was asked to construct a programme for a meeting in 2004. This meeting will take place on 23 April 2004 and the programme for the event will concentrate on investigation and diagnosis. The National Steering group also agreed a national comparative presentation of data from all three regions for this event. West of Scotland MCN staff, assisted by ISD, have taken the lead in producing comparative results, based on audit data returned across Scotland, for all new cases diagnosed in 2002.

Presentation of these comparative audit results is an important first step in developing further national collaborative working on areas of clinical and service development.

The Network has produced its second annual report including results of 2002 audit data. These results included analysis of further data points from pathology. The report reiterated the problems identified in our first annual report around delays between referral and surgery. It also endorsed the results from the first year that showed that surgical preparation and performance are good across the Network. Confidential hospital-based reports have been prepared and the Lead Clinician and Network Manager will meet with representatives from each of these individual units to discuss the results.

Production of patient-held information packs is now complete. The production process has taken around twenty months, from review of all existing patient information provision, to printing and distribution of this new pack. The pack consists of a core set of information that can be further added to and tailored to each individual patients treatment and information needs. Sufficient quantities have been produced to accommodate provision to all newly diagnosed colorectal cancer patients throughout the next three years.

The resource from the Centre for Change and Innovation has been facilitating local services in mapping their patient pathways and identifying potential areas for improvement in service provision. Potential reductions in delays in the early part of the pathway have been identified through this work and planned improvements are underway.

### **Gynaecological Cancers MCN**

Lead Clinician: Dr Jo Davis

MCN Manager: Kevin Campbell

#### **Summary of key achievements since MCN established:**

- Involvement of all clinicians treating gynaecological in the MCN process
- Pan regional prospective audit of ovarian cancer – 1999 onwards
- Pan regional prospective audit of endometrial cancer – 2001 onwards
- Pan regional prospective audit of cervical cancer – 2003 onwards
- Publication of 2 annual reports, including analysis of management of ovarian cancer
- Development of Gynaecological Oncology Nursing Module by the MCN Nursing subgroup in collaboration with Paisley University
- Increased specialist surgical involvement in treatment of ovarian cancer
- Pan regional multi-disciplinary team review of all gynaecological cancer patients
- Implementation of teleconferencing and information management systems to support regional MDT
- Reduced involvement of non-specialists in elective surgery for ovarian cancer
- Established regional redesign programme
- Established patient and carer involvement group
- Produced and published consensus guidelines for the management of ovarian cancer
- Produced and published consensus guidelines for the management of endometrial patients
- Secured NOF funding for production of standardised patient held information packs
- Secured regional funding for addition specialist gynaecological oncologist
- Undertaken research of the patient journey from the patients' perspective
- Established MCN educational programme

#### **Summary of work in progress:**

- Quality Assurance of Ovarian Cancer Prospective Audit Data
- Produce Clinical Guidelines for the Management of Cervical Cancer in the West of Scotland

- Produce Clinical Guidelines for the Management of Vulval Cancer
- Establish Network of Lead Nurses, with an interest in Gynaecological Oncology to influence local service improvements
- Regional Implementation of redesign outcomes
- Produce MCN Annual Report – including analysis of audit data relating to the management of ovarian and endometrial patients and survival outcomes for ovarian cancer
- Ensure early referral to Regional MDT, as per the Network Guideline, for the Management of Ovarian Cancer
- Define and Agree Regional Gynaecological Oncology Service Model
- Written Protocols for the use of Chemotherapy for each gynaecological disease
- Produce standardised patient held information packs for use throughout the MCN
- Increase public and patient/carer involvement in the MCN agenda

#### **Main challenges:**

- Establish local management and clinical support for regional lead link nurses
- Produce robust and sustainable regional service model for gynaecological oncology with management support
- Attract and retain specialist surgical staff
- Maintain continued collection of prospective audit data

#### **Priority areas for development 04 / 05:**

- Regional lead link nurses
- Produce robust and sustainable regional service model for gynaecological oncology.

#### **Haemato-oncology MCN**

Lead Clinician: Dr EJ Fitzsimons

Network Manager: Shirley Anne Savage

The Haemato-oncology (Blood Cancer) network continues to develop. The Advisory Board and sub-groups continue to progress various pieces of work.

##### **▪ Audit**

An audit facilitator is now in place for haemato-oncology who is working with clinicians on blood cancer registration and dataset development. Funding has been secured for an audit officer to assist the facilitator in collection of data with a focus on drug use and costs.

##### **▪ Database**

A database is being developed by the WoS MCN IT Team and audit facilitator to enable collection of blood cancer data in Scotland. This database will be common across Scotland and will also be used in the East and North Networks.

##### **▪ Data Collection**

Registration of lymphoma cases across the West of Scotland was started in January 2004. These cases are registered mainly via pathology but backed up with clinical registration. Registration of all the other blood cancers is underway through clinical registration.

- **Datasets**

Development of datasets and data definitions for blood cancers is well underway in conjunction with the East and North Blood Cancer Networks and ISD. Once these are agreed across the three Scottish Networks they will be built into the database and the audit facilitator will start collecting data across the six health board areas.

- **Multi-disciplinary Team Meeting (MDT)**

The regional lymphoma MDT (via teleconferencing) for pathology review of lymphoma and clinical discussion continues to develop. More geographical sites across the West of Scotland are now linking in to this meeting. The registration and clinical discussion forms for this meeting have been further developed to facilitate collection of audit data on the patients presented at these meetings.

- **Teleconference**

The network continues to further utilise the teleconferencing facilities with a quarterly meeting to discuss network issues.

- **Education**

Education days are run throughout the year via the network. The last education day in November concentrated on leukaemia and trials.

- **Protocols**

Protocols for the treatment of lymphoma are being developed with the East and North networks.

- **Joint Project with Head & Neck**

The Haemato-oncology and Head & Neck networks are working together to develop referral guidelines for neck lumps.

- **Clinical Trials**

The Haemato-oncology network is working in close collaboration with the Scottish Cancer Research Network (SCRN) to increase participation in haematological clinical trials. Funding has been secured for 1 year for a trials co-ordinator for haemato-oncology.

### **Head and Neck Cancer MCN**

Lead Clinician: Mr K MacKenzie

Network Manager: Shirley Anne Savage

The work of the Advisory Board and subgroups of the managed clinical network in Head and Neck Oncology continues. In the last year there has been considerable co-operation between the various groups involved in the care of head and neck cancer patients.

- **National Audit**

The final draft of the National Head and Neck Cancer Audit (1999-2000) was submitted to the Scottish Executive in November 2003 and we await its publication. This will allow comparison of data within the West of Scotland and with the rest of Scotland.

- **Dataset**

A dataset and data definitions have now been agreed for Head & Neck cancer across Scotland based on the DAHNO (Data for Head and Neck Oncology) dataset from England and Wales. This should allow comparison of Scottish data with the rest of Britain.

- **Database**

The use of the DAHNO database has not been possible, as the DAHNO database will not be supported in Scotland due to the IT Strategy of the Scottish Executive. This has therefore delayed the collection of head and neck cancer data. An alternative database platform is now being sought for head and neck cancer in Scotland.

- **Clinical Meetings**

Regional clinical meetings have been running once a month since November 2003. These meetings use the teleconferencing facilities and bring together the local multi-disciplinary teams (MDTs) across the region to discuss complex head and neck cancer cases. These meetings have been extremely successful and given considerable benefit to clinicians and patients.

- **Education**

A summary of the activity to date took place at an Education Symposium in May 2003 at Glasgow Royal Infirmary with a presentation from each of the sub-groups. Another symposium is planned for 12<sup>th</sup> May 2004. Topics for discussion at this include network update, Clinical Nurse Specialist (Role and Evaluation) and WoS Cancer Awareness Project update. There will also be presentations and discussion with members of the lung network to discuss joint protocols for treatment of synchronous head & neck and lung primaries and an opportunity for the members of the network to present their current work or research.

- **Patient Information**

The production of a patient information package for head and neck cancer patients is almost complete. This will be distributed across the 5 health board areas to all head and neck cancer patients.

- **Patient Pathways**

A project to provide a description of various patient pathways from time of referral to treatment and follow-up in the various sub-specialties and MDT's across the region is underway. This project may be developed further in collaboration with the Centre for Change and Innovation, Cancer Improvement Programme.

- **Research**

The network holds a registration of head and neck cancer research carried out by members of the MCN. This aims to encourage greater collaboration in research across the network.

- **Joint Project with Haemato-oncology**

The Head & Neck and Haemato-oncology networks are working together to develop referral guidelines for neck lumps.

- **Protocols**

There are plans to develop protocols and guidelines for treatment of Head & Neck cancer in conjunction with the South East Cancer Network (SCAN) Network.

## **Lung Cancer MCN**

Lead Clinician: Dr Noelle O'Rourke  
Network Manager: Susan Buchanan

The MCN Advisory Board continues to be all-inclusive and open to all those interested in taking the network forward. It will meet in April to discuss the progress of the Network against CSBS recommendations and to look at the first six months of MCN data collected throughout the West of Scotland.

Mike Peek, Consultant Physician in Leicester has been invited as a guest speaker to share the English experience of sustainable changes that have been made within the Lung Cancer Patient Pathway.

An Inaugural meeting of a newly appointed Executive Steering Group will take place prior to the Advisory Board Meeting. The terms of reference for this group are to provide a conduit to local service provision and implementation of Network initiatives.

### **▪ Protocol Subgroup**

The following protocols have been developed:

1. Oncology/Radiotherapy Guidelines
2. Guideline for the Referral of a Suspected Lung Cancer
3. Guideline for Palliative Care
4. Guidelines for Radiology and Imaging
5. Chemotherapy Guideline (This document is currently under annual review)
6. Guidelines for referral to Allied Healthcare Professionals
  - a. Speech and Language Therapy
  - b. Occupational Therapy
  - c. Physiotherapy
  - d. Psychology

Guidelines for future development Include

1. Surgical referral guidelines
2. Systematic approach to record keeping

### **▪ Clinical Trials Sub Group**

First meeting held and terms and reference agreed:

- Encourage knowledge of, and access to, clinical trials and research within the West of Scotland in the area of Lung Cancer. This would apply to all health professional and lay members.
- Encourage communication and collaboration of interested health professional and thus improve patient access to appropriate information and participation if desired.

The specific remit of the group would be first to document current trials, then to publicise it through meetings and the web site, then to provide information on future research and developments, while working in close collaboration with the SCR Network.

The Patient Information Subgroup has developed the patient information pack and patient information video, which is now complete and ready for dissemination in May. A launch of the pack has been organised for Clinical Nurse Specialists as they will be the main

gatekeepers and this will be followed by a wider launch aimed at all health care professionals in June. This group will then amalgamate with the Patient and Public awareness group and take forward patient stories.

- **Training the Trainers**

This group continue to train trainers in communication skills. The group recently met to agree a forward planning Strategy for the forthcoming year.

### **Palliative Care MCN**

Lead Clinician: Professor J Welsh

Network Manager: Hazel Taylor

The Palliative Care MCN has recently held a successful half-day consensus event on pain tools. Patients were closely involved in the consensus process with two focus group meetings being held with cancer patients. These were arranged with the assistance of the cancer charity Tak Tent. A presentation of the views expressed by patients was delivered by the manager of Tak Tent at the consensus event, and had a powerful influence on all who attended. A summary report was produced and circulated widely, to allow for comment from all members of the network. It is hoped that a recommendation will be agreed at the next Steering Group Meeting. Agreement on the use of a standard pain tool across the region will enable the development of a regional pain audit.

MCN Sub Groups are actively taking the network forward, and a number of developments are taking place as a result of their activities. A selection of this work has been described below.

A number of evidence based symptom guidelines are currently being developed, and are being based on existing guidelines where possible. The first five guidelines have been distributed for comment and will be tabled for agreement at the next Steering Group Meeting.

The Education Sub Group has been working on an educational framework that will identify the different core competencies required at different levels by staff delivering Palliative Care. A meeting has been held with NES, who have agreed to provide accreditation for the framework once complete.

Clinical Audit remains the most challenging area for the MCN. However with the development of guidelines and agreement on a common pain tool, it is hoped that this process can begin to move forward. Palliative Care involves both specialist and generalist practitioners in all areas of the health Service from community services to the specialist provision in hospices/specialist palliative care units, which are funded predominantly by charities with some NHS funding. This will make co-ordination of clinical audit particularly challenging, and will require a dedicated resource, funding will need to be identified to provide this additional support.

The MCN is currently developing links with Palliative Care organisations on a local, regional and national level. Links between the regional and local MCNs are being established as the local networks emerge. This enables all the Palliative Care networks to be aware of developments across the region, providing a forum for decisions on local implementation and providing opportunities to share problem solving and best practice as appropriate. On a national level agreement has been reached with the Scottish Partnership for Palliative Care on future joint meetings between the West of Scotland MCN WOSCAN

Strategy Group and the Partnership's West of Scotland Regional Group. This will reduce duplication of regional meetings that look at strategic issues, and provide better communication links to national developments in Palliative Care.

The first step towards inclusion of issues related to treating patients with non-malignant conditions has been made, with a presentation on the need to include Palliative Care professionals in the multi-disciplinary teams treating Motor Neurone Disease.

Some of the challenges for the coming year include: -

- The development of regional clinical audit
- Co-ordination of clinical audit across all Palliative Care providers
- Publication and distribution of initial symptom guidelines
- Completion of Educational Framework
- Identification of additional funding to support both audit and the expansion of network activities into non-malignant conditions

### **Skin Cancer – MCN**

Lead Clinician: Dr R M Herd

Network Manager: Susan Buchanan

The second Advisory Board meeting took place in December 2003 where a strategy for the development of the Network was discussed including three key priority areas for the forthcoming year. It was agreed to set up subgroups to take forward the following areas:

1. Audit and Data Collection
2. Research
3. Education
4. Patient Information
5. Clinical Trials

The Lead Clinician and the Manager have now visited 4 out of the 5 Health Board areas and completed a high-level service map of the current service provision. This will provide the basis for Network development and strategic planning and will be presented at the next Advisory Board Meeting.

The first meeting of the Audit and Data collection, Patient information and Education will take place in the next 2 months.

### **Upper G.I. Cancer MCN**

Lead Clinician: Mr B Williamson

Caretaker Manager: Christine Morran

Much has been achieved in the development of a national dataset and database, which is currently being trialed in key centres. It is recognised that user friendliness is central to the success of the audit and therefore the time taken to deliver a tool acceptable to all is paramount.

Opportunity to participate in MDT meetings involving professionals from across the region is taking place at Glasgow Royal Infirmary and Western Infirmary. It is open invitation and meetings are weekly and fortnightly.

A programme of meeting dates of the Advisory Board will be circulated. The Board is currently seeking patient/carer representation to enhance the structure that presently exists.

Funding has been made available for the Upper G.I. Network to develop a patient information record and a sub-group of nurse specialists with input from other healthcare professionals are working to deliver this.

Sponsorship has been made available for the nurse specialists to hold an event that will bring patients/carers and healthcare professionals together. They recognise this as a source of valuable information to improve the service

The network hopes to advertise and appoint two key individuals to the network structure in the coming few months, the network manager and an audit/data manager.

### **Urology MCN**

Lead Clinician: Mr G Hollins

Network Manager: Hazel Taylor

The MCN initially focused its efforts on Prostate Cancer, in particular the development of clinical guidelines. However as this work is nearing completion it has now been agreed to expand the group to include all Urological Cancers. This will require adjustment to the current MCN structures, and the recruitment of additional members. In order to complete this process a service mapping exercise will be completed.

Work has already begun on the review of audit forms for all urological cancers. Forms used by Scottish Urological Cancer Audit have been updated, and are currently out for consultation with network members. It is hoped that these forms will be ratified at the next Steering Group Meeting. Arrangements for the implementation of the audit across the region can then be made.

The Patient Information and Counselling Sub Group have now begun work on a Patient Information booklet for patients with Prostate Cancer. The sub group, which has active patient involvement, is adopting a patient information format developed by West of Scotland Patient Information Group. Once produced, this information will be available to all new patients as a folder. However it is also hoped that sufficient funds will be available to provide a website version, thus allowing access to those patients who have already been diagnosed. Nursing Sub Group has recently been formed and members have agreed to be actively involved in the development of this information.

Challenges for the next twelve months include:

- Publication and distribution of Clinical Guidelines for Prostate Cancer
- Establishment of effective Clinical Audit
- Development of Patient Information
- Expansion of Network to provide representation for all Urological Cancers at a regional level

### **Pharmacy Cancer Network**

Regional Cancer Care Pharmacist: Ms M Maclean

The Pharmacy Cancer Network steering group is now formally recognised as a sub-group of the RCAG with agreed terms of reference. The steering group has met on two occasions to monitor and progress the work plan agreed in September 2003.

Significant progress has been made including:

- **Horizon scanning for new cancer medicines**

To help ensure new cancer medicines are introduced in a timely and efficient manner information has been collated for all adult cancers in a single document and been circulated to key staff involved in the planning of cancer treatments in Health Boards across the region. This will be a dynamic document developed in conjunction with key clinicians within the MCNs.

- **Primary care**

A needs assessment of the educational requirements of community pharmacists and support staff in the prevention, early detection and pharmaceutical care of patients undergoing treatment for cancer was completed by Forth Valley.

- **Early detection**

Increasing awareness of oral cancer is a priority and community pharmacists are playing their part in encouraging patients to come forward.

- **Capacity planning**

To help ensure pharmacy services remain safe and efficient we have re-applied the capacity-planning model for pharmacy staffing and service provision for cancer patients in hospital. A report and action plan is being developed in conjunction with colleagues from NoSCAN and SCAN.

- **Clinical effectiveness**

A prospective audit of the treatment of non-small cell lung cancer (NSCLC) undertaken in collaboration with the Lung MCN is nearing completion. Data collection is complete and is currently being analysed. The results will inform the review and update of the current West of Scotland protocol for the management of patients with NSCLC.

- **Electronic Prescribing and Administration**

Work is under way, in collaboration with colleagues in other regions, to develop a specification for a chemotherapy prescribing and administration system and address the feasibility of a regional approach.

- **Supplementary prescribing**

Three cancer care pharmacists are now qualified and registered as supplementary prescribers and are in the process of establishing their practices. Further cohorts of pharmacists are undergoing training. These new roles are being developed to help improve patient care and access to treatment.

The significant investment in pharmacy staffing together with co-ordination and collaboration through the Pharmacy Cancer Network is resulting in continued improvements in the delivery of pharmaceutical care to patients.

## **Scottish Cancer Research Network**

Network Lead: Professor J Cassidy

Network Coordinator: Mrs A Gordon

The Scottish Cancer Research Network (SCRN) has been established, in part, to increase accrual of cancer patients to peer reviewed trials but also to contribute to improvement in cancer care for patients across the West of Scotland.

Recruitment of staff is now complete - see attached table with breakdown of information and start dates. Recruitment of staff has taken longer than anticipated due to local processes and, although all posts were centrally graded and funding in place, all local trusts repeated the grading evaluation process prior to recruitment progressing.

SCRN Staff recruitment		Start date
North Glasgow	Network Coordinator	July 03
	Computer Programmer	Nov 03
	Administrator	Jan 04
Forth Valley	1 trials practitioner, 1 data manager	01 Mar 04
Lanarkshire	2 trials practitioners, 1 data manager	05 Apr, 17 Apr 04
Ayrshire & Arran	1 research nurse, 1 data manager	08 Mar, 22 Mar 04
South Glasgow	2 research nurses	29 Mar, 05 Apr 04
Argyll & Clyde	2 research nurses,	May 04 (Date to be confirmed)

Verbal agreement has been obtained from the Scottish Executive to allow slippage to be used regionally and the intention is to use the slippage to employ additional staff to increase patient recruitment to cancer trials. A draft plan has been produced but no further action will be taken until written confirmation is received from the Scottish Executive.

The finance departments across the region have been notified to defer all unspent SCRN ring fenced budget to next year.

Suitable trials for local implementation are being identified with the initial focus on cancers in breast, colorectal, lung and haematology. It is anticipated that recruitment to trials will be slow in the first year. There are likely to be some local differences across the region as some health board areas already have a history of participation in research, but some do not and will need significant assistance to initiate the process.

The first SCRN (West) steering group was held on March 04 with a view to holding meetings at 3-monthly intervals.

Development of an electronic system to support patient recruitment to cancer trials is ongoing and meeting agreed timelines. The system will provide robust monitoring and reporting mechanisms on screening and recruitment figures across the region.

The main challenges for the SCRN in the West of Scotland over the next six months are:

- Obtaining agreement from trusts to support and meet the costs of trials
- Identifying further sources of funding to support trials
- The impact of the EU directive and its impact on non-commercially funded research
- Integrating the research network staff across the region

## **West of Scotland Cancer Centre: Beatson Oncology Centre**

Medical Director: Professor Alan Rodger

The last report advised that recruiting additional Clinical Oncologists, Medical Oncologists and Therapy Radiographers remains a challenge.

During 03/04, however, the BOC has successfully recruited 5 new Clinical Oncologists and 3 new Medical Oncologists, 4 of whom commenced 03/04 and 4 of whom will commence 04/05. Unfortunately, we have also seen the departure of 1 Senior Lecturer in Medical Oncology, this year, with a further departure 04/05 of a Senior Lecturer in Medical Oncology and a Clinical Oncologist to continue their career development. A Medical Oncologist also left through ill-health retirement.

There has also been very successful recruitment of therapy radiographers. By September 2004 we will be up to very near the full-establishment having successfully recruited a balance of 14.0 wte.

Phase II of the West of Scotland Cancer Centre has also been progressing. The preferred bidders, Miller Construction, were appointed on 30 January 2004 and work is due to start on site during May 2004 to prepare for the building works commencing in July. The end of 2006 remains the target date for completion. A fantastic package of radiotherapy equipment including the first 3 Linear Accelerators has been secured as part of the Project to include image-guided radiotherapy (IGRT) and stereotaxy.

A successful re-configuration of beds within the Centre has been undertaken, so that all wards are now tumour-type based with integrated medical and clinical oncology support. Medical Oncology in-patient activity has also transferred from the St Mungo Unit at GRI to the BOC.

The BOC website continues to develop and from the patient/public involvement perspective a Patient Satisfaction Survey was carried out, which in the main, was very positive and an action plan on the findings is being developed. A meeting is also planned with BOC senior managers, public-involvement staff and patient representatives to develop future strategies to involve patient/public in our decision-making.

### **IM&T**

A West of Scotland IM&T Group has been formally set up as a sub-group of the RCAG. The group is chaired by Robin Wright (Head of IT, Lanarkshire) Members include IM&T Leads for each Board area, clinicians and MCN Managers/IT staff. The purpose of the group is to engage collectively to develop plans to support the generic and cancer site specific needs of various MCNs as they develop, including support for prospective cancer audit. The group will provide a focus/forum to help progress implementation of the national e-health strategy.

Progress is also being made in a number of other areas. For example:

- Referral Guidelines

Access to electronic guidelines from each GP practice now fully established in Ayrshire.

- Beatson Oncology Centre

Progressed appointment of BOC IT Client Manager to locally coordinate the BOC's IT requirements; ensure existing IT systems are fully utilised; administer and train users on the ChemoCare system, etc.

Commenced a project to upgrade and rollout ChemoCare. New features in the system will allow improvements in managing the risks associated with chemotherapy administration; improve reporting and the quality of data available to clinicians, management and MCNs; facilitate the standardisation of chemotherapy regimes and support processes for introducing new regimes; improve the reliability and availability of the system; roll out the system's electronic prescribing facilities to all areas undertaking Chemotherapy administration.

Commenced a project to integrate the scheduling and delivery of radiotherapy treatment. These are currently supported by separate IT systems on separate networks with patient details manually re-keyed between them. The treatment system (VARiS) is being integrated with the NHSGG IT network and a direct interface to the Patient Administration System is being developed.

Worked with the ECCI project managers in the West of Scotland to gain access to each Health Board's SCI Store for retrieving lab results. These are essential to the chemotherapy treatment process and are usually chased by phone and fax, so tying up nurses' time. Online access is now being utilised for South Glasgow and Lanarkshire results, and other areas are promised to progress over the coming months.

Undertook a 'Day in the Life of a Junior Doctor' study where IT staff shadowed medics to observe the utilisation, issues and gaps in the current IT systems and processes. From this short and long-term action lists have been agreed, and various short-term measures have already been implemented (availability of PCs, etc.). This study will now be followed up with similar work looking at other medical/nursing staff.

As an early adopter of the planned NHSGG Portal project a BOC project team has begun working on patient pathways for head and Neck, breast and haematological cancers.

Working to facilitate the rapid rollout of the North Glasgow Immediate Discharge Letter System to improve the efficiency of patient discharges and communication with GPs. By the implementation of IDLS within the Beatson and across all sites of North Glasgow Division, the electronic approach ensures the following benefits:

- Electronic production of Discharge Letter ensuring clarity and legibility
- Information captured from Immediate Letter can be used for Final Discharge Letter
- Electronic transfer of letters to GP (SCI Gateway by December 2004)
- Provision of information to patient
- Automatic coding of diagnoses/procedures
- Electronic link to Pharmacy
- Clinical and managerial audit

## **Service Improvement**

Work ongoing in the West of Scotland continues with support being provided by facilitators from the Centre for Change and Innovation. The focus of this work to date has centred on gynaecological, colorectal and lung cancer services. Discussion is ongoing to identify and agree the specific foci of work for the coming 18 months.

## **NOF**

The grant making process for current round of NOF awards is now completed with the remaining 6 deferred projects, reported previously, now resubmitted and approved.

Projects approved in previous rounds are progressing well. For example:

- **West of Scotland Cancer Awareness Project**

Second phase of the oral campaign ended 15<sup>th</sup> March '04. Audit of the impact of the campaign on services on all sites is taking place. A full audit of all mouth cancers diagnosed within a 7 month period (Oct '03 – April '04) is to be conducted retrospectively to establish: how many cancers have been detected during the campaign period; what % of cancers have been picked up earlier and; how many patients came forward as a result of the campaign.

Work is ongoing in preparation for the launch of the colorectal campaign in October 2004. In response to concerns expressed by the service it has been agreed that £100k of the total NOF budget be redirected to support specific local initiatives that will support the effective management of increased referrals to the service that are anticipated. Proposals are currently being developed and will be assessed by the project steering group when it next meets in May.

- **Roll out of Gold Standards Framework (GSFS)**

A successful meeting was held with the national project team and local representatives from all 5 west of Scotland Health Board areas to agree and plan a way forward with progressing the roll out of GSFS to all practices over the coming 3 years. GSFS has already been implemented in a number of practices with many others expressing an interest to become actively involved. Additional facilitation resource is being provided via NOF funding and discussion is ongoing to agree local 'roll out' plans that identify the exact nature of support required to build on the work that is already ongoing.

Report Prepared May 2004

Submitted by Evelyn Thomson on behalf of the West of Scotland Cancer Advisory Group

WoSCAN: Progress with 2001-02 Investments and their recurring revenue in 2003-04

Item	Plan	2003-04 Allocation £	Target Dates	Responsible Lead	Status (Achieved in Progress - on schedule in Progress - delayed)	If delayed, Reasons Why and Actions to resolve	Estimated New Target Dates	2003-04 Spent £	2003-04 Remaining £	Measurable Benefit/ Expected outcome	Evidence (Source/Where)
<b>Rapid Access to Diagnosis</b>											
AA	Endoscopy equipment	114,000	Jan-02	Mr B Sugden	Achieved.			114,000	0	Earlier diagnosis and reduced waiting times	Equipment purchased. Ultimately anticipate - Increased number of procedures done. Reducing waiting list. Facilitated redesign. No evidence attached. Waiting time to endoscopy and diagnosis at September 2001 - 16 weeks. At September 2002 - 8 weeks. From September 2002 waiting times have been maintained at 8 weeks. Capital Charges being incurred at 114k, associated with the Capital element.
AA	Referral protocols	26,000	Spring 2002	Dr Linden	Achieved.			16,000	10,000	Earlier referral, reducing total waiting time	local adaptations of the guidelines have been produced after consultation with Acute trust staff and distributed to all GP practices. Education is ongoing. Lead clinicians within specific topic areas are liaising with PCT colleagues in the development of written referral protocols. Work is being developed with the ECCI team for electronic referral of patients with suspected cancer. The locally adapted national guidelines have been incorporated into a desktop blotting pad and distributed to all GPs and district nurse bases in Ayrshire and Arran. They have been well received as a useful tool by GPs in the area and Macmillan Cancer Relief have expressed interest in more widespread national distribution. The next step being planned is incorporating the guidelines into a table on the GPpass screen so that GPs can refer to the guidelines when using '2nd Option' to refer patients with suspected cancer to hospital clinics.
AC	Additional breast clinic with associated diagnostic and nursing support	150,000	Second weekly clinic to commence 3 - 6 months after funding approved	Mr J J Morrice	Achieved			150,000	0	Facilitates earlier diagnosis and treatment. Supports CSBS Standards for diagnosis, CPA and SIGN Guidelines	Establishment of 2nd one stop clinic has negated waiting times and enabled increased capacity - 127 additional patients seen.
AC	Appoint additional consultant histopathologist	84,000	3-6 months after funding approved	Dr M Thomas	Achieved			84,000	0	Facilitate earlier diagnosis and effective treatment by supporting one stop clinics and multidisciplinary team working. Reduce turnaround time for reports. Meet CSBS requirements, Clinical Pathology Accreditation and SIGN Guidelines	Backlog of work eliminated and turnaround for reports improved. 24% increase in activity. Additional sessions have enabled existing staff to participate in increased training, CPD, and audit appraisal. Histopathology support has contributed to no waiting times for new breast clinic.
FV	ultrasound machine 1xRadiologist 1x radiographer (split in to two projects locally)	122,000	Mar 2003	M Goggins	Achieved	Capital spend, then recruitment		122,000	0	Improve access/ reduce waiting times	Machine purchase and additional staff have resulted in 70-80 additional patients being investigated per week. Waiting times improved - more precise data being gathered.
LAN/1	Lung function testing station 1 technician 1 radiologist session 2 clinical nurse specialist	76,000	Equipment by March 2002 Recruit by April 2002	Grant Archibald	Delayed. Completion of redesign	Feb 2003 for equipment and staff Delay recruiting to Nursing Posts		12,000	64,000	Improved access and rapid investigation; multidisciplinary one-stop approach	Locum and additional sessions with present kit
LAN/2	Develop haematology diagnostic infrastructure	60,000	Equipment by March 2002 Recruit early 2002 03	R Lyness	Achieved			60,000	0	Expand repertoire of tests; reduce waiting times for diagnosis and interventions Improve access to consultant opinion through telemedicine link	Equipment commissioned June 2002. Increased number of tests - Immunophenotyping 115pa, Rapid DNA Analysis 75pa, Myeloma Panel Tests - 75pa.
LAN/3	Increase colposcopy capacity	42,000	Equipment by March 2002 Recruit early 2002 03	D Hume	Achieved			42,000	0	Reduce waiting time for colposcopy	Increased clinic capacity at Hairmyres and Monklands. Now meeting CSBS Standards for Gynae Cancer diagnosis. On present trends 440 extra patients seen in the full year.
(G)2	3 x Consultant Radiologists + support	300,000	Recruit by December 2001	A Milne	Achieved			310,000	-10,000	Equity of Access; reduced waiting times;meets CSBS standards	One further Consultant post recruited and locum / additional sessions used. Support staff already in place. MRI Capacity partially increased.
(G)4	8 x Radiographers	197,000	Recruit by December 2001	A Milne	Achieved			197,000	0	Equity of Access; reduced waiting times;meets CSBS standards	Recruitment now complete. Better coverage of clinical sessions. Waiting times reduced and referrals have increased. Staff employed at higher spine points than originally estimated.
(G)6	Consumables for above	89,000	Start service by December 2001	A Milne	Achieved		(A)	99,000	-10,000	Equity of Access; reduced waiting times;meets CSBS standards	Consumables and kit being utilised as service demand increases. Equipment installed. Waiting time drop noted, although referrals have increased.
(G)14	9 x Nurses + support for above	150,000	Recruit by December 2001	J Grant		8 Nurses in post	(B)	160,000	-10,000	Equity of Access; reduced waiting times; meets CSBS standards	All posts filled. Some turnover of staff, but posts have been re-filled.
(G)13	4 x Endoscopists + support	300,000	Recruit by December 2001	J Grant	In Progress - on schedule	Nurse Training Programme completed October 2003.		300,000	0	Equity of Access; reduced waiting times;meets CSBS standards	The nurse endoscopists will commence endoscopy sessions from October. The funding allows for 7 sessions to be done recurrently however utilising vacant sessions has enabled an average of 12 additional sessions per week to be done from Oct - Mar '04 with 6 patients on each list.
(G)15	Endoscopic ultrasound consumables	23,000		J Grant	Achieved	Partial utilisation due to additional sessions	Spring 2002 (A)	23,000	0	Equity of Access; reduced waiting times;meets CSBS standards	Nurse in post. Two patients per week staged. Period from April - September 03 seen 26 patients. For the period Oct - Mar the patient referral pattern is such that only 8 patients have been referred for treatment. However the nursing costs have been used to support an upper GI scope list relieving consultant time to focus on cancer related services.

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(G) 1 / (C) 3	Improve Radiology services	271,000	All priority tumours seen within SEHD target times - June 2002	Dr P. Duffy and Ms. I. Ferguson	Achieved		(A)	271,000	0	Rapid access to diagnosis and staging of treatment	Significant progress has been made in reducing waiting times in all modalities.. All referrals reviewed by consultant and suspected cancer all seen within two weeks. Routine CT - 15weeks; Ultra-sound -5 weeks; Ba enema -5weeks. Additional sessions.No slippage in 03/04
(G) 3 / (C) 21	Consultant Histopathologist	95,000	Recruit new post or Demonstrably quicker access to expert opinion - April 2002	Dr D. McLellan and Ms I. Ferguson	Achieved		(B)	95,000	0	Enhance specialist cancer histopatholog. Rapid access to diagnosis and staging.	The consultant appointment is anticipated to be confirmed in the next two months.No slippage 03/04
(G) 8	Improve access to mammography	131,000	Recruit Dec 02	Dr P. Duffy and Ms I. Ferguson	Achieved		(A)	131,000	0	Introduction of one stop service in Glasgow	Radiography team in post. Consultant appointed and will take up appointment in Dec 02. Extra sessions being purchased to reduce waits.No slippage 03/04
(G) 16	P/T Lung Function Technician	15,000	Full time cover Jan 2002	Dr D. McIntyre and Ms A. Harkness	Achieved		(A)	15,000	0	Quicker access to lung function measurement for query tumour	Substantive appointment May 02. Full PFT Service in SGH. Waiting time for tests reduced from eight weeks to two weeks.No slippage 03/04
<b>Improving Treatment and Care</b>											
AA	Colorectal Cancer Nurse Specialist	22,000	In place Jan 2001	R McDonald	Achieved. Feb start.			22,000	0	Improved patient support through better symptom control/enhanced quality of life. Meet CSBS standards.	A lot of work involved in the development of nursing protocols by the Cancer nurse specialist team. Colorectal nurse sees newly diagnosed patients at clinic. Nurse led follow-up clinic in place. Nurse has developed audit proposals to examine colorectal patient outcomes. Active participation in education programmes.
AA	Speech and Language Therapist	18,000	In place by Dec 2001	M Caldwell	Achieved			18,000	0	Improved symptom control/ quality of life, reduced disability. Input to IP multi-disciplinary team, symptom control.	Post filled May 2002. Now daily therapeutic intervention post operatively to patients in ward previously patients only seen 2/3 times per week; earlier pre-operative advice; additional support to carers; SLT attendance at combined clinics ; support to establish new laryngectomy group in Ayr.
AC	Appoint additional clinical haematologist with nursing and other support	164,000	Cons - 6 months Nursing - 3 months Secretarial - 2 months	Dr M Robertson	Achieved		Autumn 2002 for Consultant.	164,000	0	Aim for 'no wait' policy for investigation and treatment of haematological cancers. Improve 24 hour access to specialist staff, maintain continuity of care, meet national guidelines	RAH - Outpatient waiting times reduced from 6 weeks to 4 weeks. Equipment for day case area and new consultant purchased. No waiting policy for investigation and treatment of haematological malignancies achieved - also 24 hour access to specialist staff IRH - to follow Vale of Leven - New haematology day ward has allowed 114 additional day cases in 6 months. Haematology waiting time for OP appointment reduced from 6 to 2 weeks Lorn & Islands- Additional haematology clinic has treated 64 additional attendances
D&G	Multi-disciplinary Paediatric Oncology Support/Palliative Care Team FYE Year	40,000		Linda Williamson				40,000	0	To enhance the management and support of children in rural areas. Multidisciplinary working, improving access to care, equity of access improved	In place. Reduced hospitalisation and inc care ate home. Reduced school absence
LAN/4	2 w.t.e. consultant medical oncologists + support	50,000	First appointment in 2002-2003 Second appointment in following year	Dr John Browning	Delayed - it is intended that this goes ahead as part of the Lan Cancer Plan	BOC Reconfiguration	Fully in 2004	0	50,000	Local oncology input through multidisciplinary clinics. Improve local access to chemotherapy	Additional support staff for BOC team .
LAN/5	Re-design services at Hairmyres and Monklands	372,000	Recruit early 2002 03	R Lyness	Achieved		Summer 2002	436,000	-64,000	Reduced waiting times -80% apointed within two weeks referral Sept02 90%results within two weeks. Sept 02	Meeting waiting time targets. Clinic co-ordinator appointed at Monklands and Hairmyres. Additional cytopathologist and MLSO being recruited.
LAN/6	Improved chemotherapy facilities	20,000	Equipment by March 2002 Recruit early 2002 03	Dr John Browning	Achieved			20,000	0	Suitable care environment and equipment in all hospitals	Building progress.

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(G) 7	Clinical Nurse Specialist Colorectal	32,000	Recruit by January 2001	Isobel Neil	Achieved		(A)	33,000	-1,000	To improve the quality of service to this patient group providing support, information and education. To contribute to the development of the multidisciplinary team. To participate in the National Cancer Education Initiative by developing an education programme.	Influenced development of patient information. Of 600 new patients referred to the clinic in the last 6 months the CNS was referred 276. Working as part of the multidisciplinary team to improve the patient journey by providing support and information. developed nurse/pharmacy led oral chemotherapy clinic. Improved provision of psychological support and patient information. Has developed and run a colorectal study attended by multidisciplinary colleagues throughout Scotland.
(G) 11	Clinical Nurse Specialist- Breast	32,000	Recruit by January 2001	Isobel Neil	Achieved		(A)	32,000	0	Enhanced patient and carer support Equity of access; meet CSBS standards	Addressed opportunities identified in CSBS 150 new breast cancer patients per clinical nurse specialist now being seen. Nurse led clinics has freed up 30-40 slots from other clinics allowing more time and better service to patients.
(G) 12	Clinical Nurse Specialist - Upper GI	32,000		J. Grant	Achieved		(A)	32,000	0	Enhanced patient and carer support Equity of access.	Lead Upper GI nurse specialist has developed a team of specialist nurses whose case load consists of patients with cancer of oesophagus, tomach and pancreas. (see wos @8)
(G) 5	Consultant colorectal surgeon (with support staff )	300,000		Mr G. Welch and Ms D. Buchan	Achieved		Summer 2002 (A)	300,000	0	Equity of access;meet CSBS standards	This development is fully in place. Three additional theatre lists and two additional scope sessions per week. Reduced waits for diagnosis and treatment. Moving nearer 2005 wait times.No slippage 03/04
(G) 9	2 x Clinical nurse specialist ( Lung	64,000		Dr R. Monie and Ms A. Harkness	Achieved		Summer 2002 (B)	64,000	0	Enhanced patient and carer support Equity of access;meet CSBS standards	Posts filled August 02. No slippage 03/04.
(R) 5	4 Additional Clinical Oncologists	400,000	Recruit by January 2001	Isobel Neil	In Progress - delayed	Unable to recruit to development posts, but continuing to try. In the meantime, current Consultants are sharing the workload and the funding is being used to fund additional sessions to compensate for the additional workload and fund locums as appropriate	Summer 2002 (A)	412,000	-12,000	Improved equity of access	
(R) 7	Brachytherapy Service Support	52,000		Isobel Neil	Achieved			54,000	-2,000	New Treatment for Scotland Patient choice.	A total of 66 implants and 73 voluming studies carried out.
(R) 10	Improve communication between BOC & Outposted clinics	250,000	Start October 2001	Isobel Neil	Achieved		(A)	258,000	-8,000	Enhanced communications improving equity of access	Maintaining acceptable waiting times for now patients.
(R) 2	Consultant Haematologist	100,000	Recruit by January 2001	J. Best	Achieved		(A)	100,000	0	Equity of access; improved quality of service	Appointment Jan 02. This allows the two consultant service for JACIE Accreditation. JACIE is required for access to national and international donor panels. 8--100% of RHSC transplants use this so service secured and expansion criteria developing.
(R) 3	2 x Clinical Nurse Specialist ( Brain tumour )	64,000		Dr R. Metcalfe / Mr J. Miller	Achieved		Summer 2002 (B)	64,000	0	Enhanced patient and carer support Equity of access;meet CSBS standards	Post now filled. Focus on Primary CNS tumours. MDT with medical, surgical and oncology staff. Better links BOC/INS. Qualitatively enhanced links to primary care.No slippage 03/04
(R) 4	1 x Speech and Language Therapist	40,000	Recruit by Jan 2002	Mr J. Miller	Achieved	Achieved differently than original plan	(B)	40,000	0	Equity of access: all patients will have detailed treatment plan	Recruitment to substantive post still a problem. By use of extra sessions and locum treatment plans are now prepared for all patients with CNS tumours and H&K tumours. No slippage 03/04.
<b>Palliative Care</b>											
AA	Palliative Care Nurse Specialist	33,000	In place Jan 2001	Mr MacDonald Dr Bass	Achieved. In post			33,000	0	Improved symptom control and quality of life meet CSBS standards	Nurse working in MDT involved in audit. A lot of work involved in the development of nursing protocols by the Cancer nurse specialist team. New post is now well established within multi-disciplinary team; pimpact of the post being evaluated in conjunction with the Palliative Care Team audits.
AA	Crisis Intervention (Domiciliary)	146,000	Pilot in place Summer 2002 and evaluation established Dec 2002	A Farlie, J Neilie, A Green	Achieved	Infrastructure in place and staff recruitment underway	Summer 2002	95,000	51,000	Enhanced care support at home for those who wish it Reduced emergency admissions Improved coordination with social care	Model in development. Protocol being sent. From May 2003 a pilot has commenced to give open access to the service from the hospital Oncology Unit. Most patients who have received the service have avoided hospital admission during their terminal phase.

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AC	Consultant in palliative medicine	100,000	3 - 6 months after funding approval	Dr. D.Morton	Achieved/Consultant Sessions In Progress	Specialist Consultant Sessions - discussions ongoing with BOC and St Margarets Hospice	Revised plan 0.4wte sessions from BOC. 1WTE Consultant Nurse post. GP Specialist sessions supported by Macmillan.	100,000	0	Promote equity across rural areas. Enhance patient care through reduction in travel requirements	Macmillan nurse consultant commenced March 04 . 4 P/T Macmillan GP Facilitators - 3 in post (4th to commence Oct 04 on return from maternity leave) Second tranche training - approximately 8 accredited sessions (for 150 multidisciplinary staff) carried out to facilitate the implementation of ICPs in pain management based on SIGN 44. Proposal to introduce and support GSFS being developed
FV	Specialist nursing/community (split in to two projects locally)	51,000	Mar 2003	FVAHT/FVPCT	Achieved		Jun-02	51,000	0	Improved access to palliative care services	Better home support. Reduced hospital admissions will be assessed by audit
FV	Lymphoedema services	20,000	Mar 2002	FVPCT	Achieved		Jun-02	20,000	0	Improved access to palliative care services	Service started. Data being gathered
FV	Pharmacy support/network (split in to two projects locally)	10,000	Mar 2002	FVAHT/FVPCT	Achieved		April/May 02	10,000	0	Improved access to palliative care services	124 contacts in 12 months. 60%contacts patients/families. Majority for drugs.
LAN/7	Palliative care home support team East Kilbride	117,000	Recruit by February 2002	Dr C Sugden	Achieved			94,000	23,000	Reduction in inpatient admission to hospice/hospital Increase in proportion of patients who wish to be cared for at home	Staff appointed to the Care Team. Care at Home Service now offered in East Kilbride. Increased input funded via Marie Curie Service
GLA	Establish Multi-disciplinary Palliative Care Team	144,000		I. Neil	Achieved			148,000	-4,000	To improve the quality of service to Beatson patients providing support, information and education. To contribute to the development of the multidisciplinary team. To participate in the National Cancer Education Initiative developing an education programme.	1 x H Grade; 1x G grade; 1 x Consultant & Secretary in post (Consultant is a job-share post). Development of patient referral system. Development of care of the dying integrated care pathway. Each review on average 10 patient a day. Either attend or provide a consultative role for OPD clinic. Improved provision of psychological and patient information support. Postholders have developed and run a palliative care study attended by multidisciplinary colleagues throughout Scotland.
(R) 14 initially PCT but given up as slippage in Q2	Enhancing Palliative Care services in community	32,000		GGHB	Achieved		(A)		32,000	Compliance with CSBS standards Promote equity of access Improve quality of care and quality of life for patients	Linked to ICP as above
(R) 15, Now transferred to SGT from P&P of Wales (but not included in SGT return)	Integrated Care Pathway for Chronic Cancer Pain	34,000		GGHB	Achieved		(A)	34,000		Compliance with CSBS standards Promote equity of access Improve quality of care and quality of life for patients	Pain path management functioning.
<b>Investing in Staff and Technology</b>											
AC	CT Scanning extended working day	196,000	By September 02	Dr A Ramsay	Achieved		Autumn 2002	196,000	0	Improve equity of access; more rapid diagnosis and improved quality of care; up to 55 more patients per week; improved access for complicated/urgent cases	RAH - waiting time reduced from 13 weeks to 3 weeks at September 2003. Additional number of patients 20 per week. Non urgent referrals now seen in 1 to 3 days. Same day urgent referrals. IRH - since April 2003, 850 additional CT scans (300 cancer related), reduced waiting time from 6 weeks to 4
AC	Additional radiology sessions including radiologist, radiographer and support staff	50,000	3 - 6 months	Dr A Wallace	Achieved		May-02	50,000	0	Improved access for ultrasound and barium enema Up to 22 more patients per week	RAH - Barium Enema waiting times reduced from 2 weeks to 4 days. Urgent referrals can be accommodated within 1 week. Ultrasound training for 13 radiographers completed allowing for increased capacity for additional 33 patients per week and reduced waiting time to 1 week
AC	Diagnostic equipment - ultrasound and barium enema	36,000	By August 02	Dr A Ramsay		Been reprioritised to support shortfall in capital requirements in other bids.	Spring 03	36,000	0	Equity of access and more rapid diagnosis and treatment	Recurring capital charges of new equipment.
FV	Chemotherapy nursing	30,000	Mar 2002	C Morrison	Achieved			30,000	0	Improved access and quality of care	Enhanced support. MDT approach
LAN/9	Developments in histopathology - staffing and equipment	42,000	Equipment by March 2002 Recruit early 2002	R Lyness	Achieved			42,000	0	More rapid diagnosis overall and facilitates rapid diagnosis in breast clinics	Increased level of service - Oestrogen receptor status - 100pa; progesteron receptor status - 30pa; small biopsy turn round time reduced to 8 hours.
LAN/10	Development of colorectal cancer nurses role including colonoscope equipment	59,000	Equipment by March 2002 Recruit and train during 2002-03	G Archibald and P Wilson	Achieved		Summer 2002	59,000	0	Improved access with reduced need for barium enema; improved diagnosis and care better management of emergency presentations, avoiding major surgical procedures as an emergency	Additional sessions. Full implementation Feb 2003
<b>Making it Happen</b>											

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AA	Support for clinical audit and managed clinical networks	42,000	First 4 fully in place Spring 2002	Kerry McGinley and Mr Lindsay	Achieved- funded from board money CIS will be used this next financial year			42,000	0	Quality assurance of cancer services through support for clinical audit Meet CSBS standards Drive implementation of Cancer Plan through further development of regional and local networks Equity of access/provision	Data from cancer audit used in the ISD report of Breast waiting times. Cancer audit data used by each of the MCNs to evaluate practice in particular the Colorectal MCN which is the most advanced. Cancer Audit Team in post. 35 + CPC's supported every month. Prospective audit underway and being further developed. Cancer audit team actively involved at regional level with the audit and data set developments for MCNs. Take part in quality assurance of cancer audit data with SCTN. Support clinicians in the development of action plans against NHS QIS standards not met. Evaluation of processes for Cancer audit being undertaken within Clinical Effectiveness. Additional support may be required to collect audit data for the other developing cancer MCNs.
AA	Regional and local support for cancer managed clinical networks	19,000	Dec 2001	Kerry McGinley and Mr Lindsay	Achieved	NGT Calling in agreed contributions		19,000	0	Quality assurance of cancer services through support for clinical audit Meet CSBS standards Drive implementation of Cancer Plan through further development of regional and local networks Equity of access/provision	Appointments to MCN Managers in train. Cancer Audit Team actively involved at regional level with audit and data asset developments for MCNs. Prospective audit taking place in support of MCNs.
FV (now split over the five elements, totalling £200k):FV/2003/7	Oncologist Sessions	45,000	Mar 2003	J Reid and M Goggins	Achieved			45,000	0		Reprioritised - to be used in conjunction with FV/2003/7
FV:	Improving Chemotherapy Services	30,000	Mar 2003	J Reid and M Goggins	Achieved			30,000	0	Improved Care Delivery and Access	Appointment of F Grade Nurse
FV:FV/2003/7	Haematology-Oncology services	80,000	Mar 2003	J Reid and M Goggins		Post for Consultant Haematologist has been out for advert, but experienced difficulties in recruiting. Locum arrangements are currently being progressed and will be in place by May 2004. There will be no slippage as this money has been used for recruitment costs plus additional MRI.		80,000	0	Improve access for patients with Haematological Malignancies	Appointment of 3rd Haematologist
FV:FV/2003/1	Palliative Care	40,000	Mar 2003	J Reid and M Goggins	Achieved			40,000	0	Improve access and local service provision	Appointment of specialist nurses:1 wte F grade and 0.5 wte Lymphoedema
FV:FV/2003/6	Pharmacy Support	5,000	Mar 2003	J Reid and M Goggins	Achieved			5,000	0	Improve access and care delivery	Additional palliative care pharmacy support
LAN/11	Pharmacy infrastructure	180,000	Equipment by March 2002	G Gilmour	Achieved			230,000	-50,000	Delivery of high quality chemotherapy in hospital and community Meet pharmacy standards for chemotherapy preparation	Building works at Monklands complete. Syringe pumps purchased and installed April 2002 Staff recruited.
LAN/12	Enhance patient pathways in primary care	30,000		Dr R Dunn and Mr G Lindsay	Achieved	Staff interview on 21/3/02	Achieved	30,000	0	Improve patient experience through integrated care pathways and referral protocols; improve information transfer and more follow up in primary care; protocols for emergency admissions	Staff appointed to co-ordinate patient information available in primary Care. Improvements in the care path resulting. Evaluation later 02.
(R) 1	Support for Paediatric Radiotherapy /bone marrow transplantation	48,000	Ongoing	J. Best	Achieved		(A)	48,000	0	Enhanced patients safety and reduction in waiting times	Recruited full time F grade nurse and MTO dedicated to paediatric services in conjunction with BOC with Yorkhill provided support staff. This has ensured that children being treated at the BOC are supported by a paediatrically trained staff; emergency on call support to these patients is not compromised; waiting lists and times for elective theatre and radiology sessions are not compromised by short notice cancellations due to staff pressures.
(R) 9	Spinal Surgery	76,000	Ongoing	J. Armstrong	Achieved - additional sessions+ consumables		(A)	66,000	10,000	Reduction in waiting times	Increased throughput documented. By increased theatre sessions for tumours the non tumour waiting time is down from 15 to 9 months.
(R) 11	Roy Castle Lung Cancer Nurse Specialist	32,000	From January	Isobel Neil	Achieved			33,000	-1,000	To improve the quality of service to this patient group providing support, information and education. To contribute to the development of the multidisciplinary team. To participate in the National Cancer Education Initiative by developing an education programme.	Development of patient information and support. 2002- 265 referrals Nurse led radiotherapy review clinic. Telephone support service in 2002 - 2577 calls. Working as part of the multidisciplinary team to improve the patient journey by providing information and support. Postholder facilitates patient support group. Nurse led review of health promotion events.

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(R) 13 NGT Element Only	Regional support for new Managed Clinical Networks, Network Leads	104,000	Given to NGT but not included in their return	Dr Burns / E Thomson	Local - 3 Staff working in clinical audit Regional Delayed	Reviewing NGT arrangements	Implementation in process (A)	74,000	30,000	Quality assurance of cancer services through support for clinical audit Meet CSBS standards Drive implementation of Cancer Plan through further development of regional and local networks Equity of access/provision	Slippage being used to support training and education for MCN staff as recruitment plan develops. Information packs for MCNs from slippage.
(R) 13 NGT Element Only	Regional support for new Managed Clinical Networks, Network Leads	35,700	Given to NGT but not included in their return	Dr Burns / E Thomson		NGT arrangements		35,700	0	MCN's staff and supplies costs incurred at NGT	
(R) 13 Board Element Only	Regional support for new Managed Clinical Networks, Network Leads	27,300	Allocated to OBS's	Dr Burns / E Thomson				27,300	0	Mainly salary costs for Regional Cancer Advisor	
(R) 13 Board Element Only	Regional support for new Managed Clinical Networks, Network Le	79,000	Balance in Reserves	Dr Burns / E Thomson				0	79,000		
(R) 13 Board Element Only	Regional support for new Managed Clinical Networks, Network Leads	104,000	Balance in Reserves	Dr Burns / E Thomson	Local - 3 Staff working in clinical audit Regional Delayed	Reviewing NGT arrangements	Implementation in process (A)	0	104,000	Quality assurance of cancer services through support for clinical audit Meet CSBS standards Drive implementation of Cancer Plan through further development of regional and local networks Equity of access/provision	Slippage being used to support training and education for MCN staff as recruitment plan develops. Information packs for MCNs from slippage.
<b>Sub-Total</b>		<b>Allocation</b>					<b>Sub-Total</b>	<b>Spent</b>	<b>Remaining</b>		
		<b>6,374,000</b>						<b>6,093,000</b>	<b>281,000</b>		

WOSCAN: Progress with 2002-03 investments and their recurring revenue in 2003-04

Item	Plan	2003-04 Allocation £	Target Dates	Responsible Lead	Status (Achieved In Progress - on schedule In Progress - delayed)	If delayed, Reasons Why and Actions to resolve	Estimated New Target Date	2003-04 Spent £	2003-04 Remaining £	Measurable Benefit/ Expected outcome	Evidence (Source/Where)
<b>Rapid Access to Diagnosis</b>											
AA	Consultant Radiologist	105,000	Summer 2002	Dr McMillan	In progress - delayed	Recruitment scarcity. Headhunting.	Spring 03	105,000	0	Earlier diagnosis through 50% reduction in waiting times for investigation; meet CSBS standards	Post advertised but not filled due to national shortage. Being re-advertised. Locum staff have been engaged to maintain service. (For slippage see attached report). Evidence subject to appointment.
AA	Consultant Chest Physician	140,000	Recruit May/June 2002	Dr J Elliot	In progress -delayed	Recruiting scarcity. Headhunting. Trust grade appointed short term to free chest physicians to upgrade cancer services.	Spring 03	70,000	70,000	Reduction in waiting times for diagnosis - enhance symptom control; meet CSBS standards	Post advertised but not filled due to national shortage. Locum Staff Grade in post. (For balance of slippage see attached report). Evidence, subject to appointment.
A&C	Improve colorectal cancer services and support the West of Scotland NOF Cancer Awareness Campaign.	408,000	Staff in post six months after funds	Mr I Watt	Achieved	Reprioritising investments. Post advertised. Interview Nov 02. Support team phased in.	March next year	408,000	0	More rapid investigation and surveillance - 1000 patients.Meet CSBS standards.	Additional consultant colorectal surgeon left post October 2003 - replacement consultant to start October/November 2004. Existing staff working additional sessions to maintain activity levels. OP waiting time reduced from 9 to 6 months. Approximately 250 extra day cases scoped. Nurse endoscopist currently being trained to increase capacity.
FV 1	Imaging Services (Staff, increasing MRI provision, support)	236,000	Summer 2002	M Goggins	In progress -on schedule			236,000	0	Reduce waiting times for imaging. Enhanced MCN support. Improved access to specialist investigation.	Waiting times reduced by 50% in all modalities. Radiologist and radiographer in post
GLA 1 SGH	1 nurse endoscopist and 4 nurse assistants	130,000	Summer 2002	Donna Buchan	Achieved		(A)	130,000	0	MCN support. Improved access to diagnostic services.	No slippage in 03/04.
GLA 2 NGT	1 clinical assistant, 1 nurse assistant, 1 radiographer and radiologist sessions for imaging support for breast clinics	172,000	Summer 2002	J Grant	In Progress	£138k has been used for diagnostic support for the clinics and 34k for surgical manpower.		138,000	34,000	Support service redesign and improved access	Additional staff in place. Improvement in waiting times in West Glasgow achieved. Improved quality of service in Stobhill. Clinical assistants on all sites in place together with additional clinics on each site. Clinical Assistants seeing new and 10 returns on average at each clinic. Additional 40 clinics were run to maintain the improved waiting times in West Glasgow.
Reg 9 NGT	Regional Imaging Services - 3 radiographers, MRI running costs and consumables	300,000	Summer 2002	A Milne	On schedule			298,000	2,000	Support for Regional MRI services.	No of patients waiting reduced from 9150 to 6710 by Feb 04. Demand for MRI is increasing.
Reg 10 NGT	Regional Pathology Services – 2 consultant posts, 1 MLSO, FISH + scientist	200,000	Recruit over the summer	A Milne and Prof Gusterson	In progress - delayed	January next year		200,000	0	Enhanced Lymphoma Pathology support to MCNs; supports infrastructure of regional pathology for complex cases	Posts filled. Invested in technology to satisfy cell identification work. Lead Pathologist for Haemato-Oncology MCN supported in this role.
<b>Improving Cancer Treatment and Care</b>											
AA	Gynaecology Nurse Specialist	33,000	Summer 2002	Achieved	In post August 02.			33,000	0	Improved patient information and support; enhance quality of life; meet CSBS standards	Gynaecology nurse specialist in post since August 2002. Nurse is currently undertaking a needs assessment for patients with Gyn cancer with PCT. Nurse currently establishing links within local and regional multi-disciplinary team. Audit of primary care working practices underway. Active participation in Education programmes. The Gyn Specialist Nurse is now undertaking an integrated Acute and Primary Care Service role.
A&A 1	Redesign of Breast Cancer Services (Theatre time, OP Clinics, Radiology and Pathology) also includes Associate Specialist	287,000	Summer 2002	Ms J Hendry	In progress.			268,000	19,000	Redesign of services; meet CSBS Standards.	Achieving CSBS standard for the following:94% of patients referred by GP to symptomatic clinic are seen within 4/52 standard (70%), 94% of Breast Cancer patients have a diagnosis within 2/52 of first clinic visit standard (80%) seen < 29 days (standard 70%). 93.8% have a diagnosis < 15 days after first clinic visit (standard 80%). September 2003 update. Breast Care Physician post advertised. Capital build to extend OPD completed to plan. The second one-stop clinic will be introduced when Breast Physician post filled. Meanwhile additional staff are helping to absorb activity. March 2004 update. Breast Physician post appointed to and commenced April 2004. This will enable benign disease clinic to commence once an ultrasound machine sourced.
A&A 2	Specialist Nurses Head and Neck & Urological Cancer	66,000	Summer 2002	Ms R McDonald	Achieved -appointed			66,000	0	Service redesign; nurse led clinics improved quality reduce waiting times; reduction of inappropriate admissions.	Specialist nurse in Head and Neck appointed. Carried out study into inappropriate admission. New Uro-oncology Specialist Nurse appointed in June 2003. The Head and Neck Specialist Nurse is now undertaking an integrated Primary Care and Acute service role. Audit of emergency Head and Neck underway. Protocol development program established in conjunction with Primary Care. Active participation in education programmes.
A&A 3	Staff Grade Dermatologist + support	80,000	Summer 2002	Ms Hendry	Delayed.	Resubmit to SACMW. Additional sessions bought from current staff.		50,000	30,000	Reduce waiting times for skin biopsies	Evidence waiting times; activity. Post will be resubmitted to SACMW. Meanwhile Locum Staff Grade has been appointed and weekly nurse led biopsy clinics have been established. Additional consultant led clinics are also being held.
FV	Pharmacy staffing	20,000	Mar 2003	FVAHT	Achieved -appointed			20,000	0	Improved quality of care/safety	Improved safety for prescribing and advice.
FV	Oncologist sessions	45,000	Mar 2003	NGT/FVAHT	In progress	Post for Haematologist out to advert		45,000	0	Access to specialist treatment	Reprioritised locally for Haemato-Oncology - still trying to recruit.
LAN 1	Nurse Led Cancer Services(return clinics, chemotherapy services)	218,000	Redesign starts as soon as funds	Paul Wilson, Director of Nursing	Achieved			218,000	0	Support BOC; Enhance local provision; Service redesign.	Redesign underway. Priming investment in place.
GLA 3 NGT	2 Clinical Nurse Specialists	64,000	Summer 2002	J Grant	Achieved	ENT service review held up progress. In post Dec 2002		64,000	0	Improve patients journey through nurse led service; Diagnosis support/pre-operative and post operative management. Encouraging early supported discharge. Establishing links with primary care.	Nurse led individual patient review at the Head & Neck combined clinic. Multidisciplinary team working. Reduced clinic GP and Casualty visits due to improved patient education.
GLA 4 SGH	Multidisciplinary Team - redesign and admin	20,000	Redesign summer 2002	J Miller	Achieved		(A)	20,000	0	Improved access to toservices through development of MCN	The CNS is now contributing to the MDT for H&N Cancer. The clinics from GVIC and RAH will merge at the SGH in OCT. Regional OFMS and ENT services now in one ward at SGH (INS) and this has increased service integration and links with Primary Care.
GLA 5 SGH	1 nurse specialist and specialist patient information	56,000	Summer 2002	Donna Buchan	Achieved		(B)	56,000	0	Increase capacity of nurse led breast clinic to - 500 patients per annum.	No slippage 03/04.
GLA 6 NGT	Nurse Specialist	32,000	Recruit summer 2002	Jane Grant	Achieved	Job description agreed. Workforce review in progress. Fill Dec 02		32,000	0	Improve patients journey through nurse led service; reduce waiting times.	Prostate clinic commenced end of October 03. Wait for appointment for specialist nurse reduced for 19 weeks to 4 weeks at Stobhill. Multidisciplinary team working. Protocols developed allowing Chemotherapy to be delivered through safe systems of working. Since August 03 the Nurse Specialist has provided support to 37 newly diagnosed patients and there relatives, together with support to 83 new patients and continuing support to 280 known patients. Patient satisfaction audit initiated February 04, maximum of 50 patients to be included results expected August 2004.
GLA 7 SGH	Clinical Nurse Specialist in Palliative Care	39,000	Summer 2002	Maureen Henderson	In progress -delayed		(B) Jan02	39,000	0	Improve support in the acute setting for - 250 people per year.	Recruitment almost finalised. No slippage 03/04.
GLA 8 All NGT Element Only	2 Clinical Nurse Specialists	50,000	Summer 2002	TBC	Slippage		(B)	50,000	0	Theatre session to support additional consultant input to earlier diagnosis and treatment of patients with Gynae cancers.	Additional 48 cases treated Apr 03 - Mar 04 - further details as above.
GLA 8 All NGT Element Only	Lung Cancer Audit	28,500		N O'Rourke				28,500	0	Lung Cancer Audit Work	
GLA 8 All SGT Element Only	Lung Cancer Audit	8,500		N O'Rourke				8,500	0	Lung Cancer Audit Work	

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GLA 10 BOC NGT	Hickman Line Service	13,000						13,000	0	Extend Hickman Lines across West of Scotland.	Team now in operation WOS patients at BOC are receiving the service. Team involved in organising courses for staff in other services.
GLA 10 BOC SGT	Lung Cancer Audit	20,000		N O'Rourke				20,000	0	Lung Cancer Audit Work	
GLA 10 BOC Board Reserve	Lung Cancer Audit	27,000						0	27,000	Extend Hickman Lines across West of Scotland.	
GLA 9 Yorkhill	2 nurses	60,000	Summer 2002	Dr B Gibson	Achieved		(A)	60,000	0	Improve quality of care	All in post. Additional Nursing Support on the unit to enhance delivery of service. Increased flexibility in development of grading structure to allow enhanced recruitment / succession planning.
GLA 13NGT	Colorectal Nurse	40,000	Summer 2002	J Grant	Achieved			40,000	0	Improve quality of care: improve access and support. Reduce waiting times.	Commenced GCU course in May 03. Accredited course and period of supervised practice will be completed by June 04. Currently undertaking supervised practice on 4 colon lists and 2 sigmoidoscopy lists. Once competence complete nurse endoscopist will service 4 endoscopic lists per week with 6 patients per list, but are looking to increase to 5 lists in the near future.
Reg 1 – BOC	Two additional Medical Oncologists + Support	200,000	May/summer 2002	Isobel Neil	Delayed.	One-part-time Consultant returned to work following her sabbatical 13/10/03 and immediately went off sick. In the meantime current Consultants are sharing the workload and the funding is being used to fund additional sessions to compensate for the additional workload and to fund appropriate locum oncologists.		207,000	-7,000		
Reg 3 – Yorkhill	Consultant Paediatric Oncologist + Support	100,000	Summer 2002	Morgan Jamieson and Dr B Gibson	Achieved		(A)	100,000	0	Supporting single handed service. Increased access to Consultant staff.	All in post. Eradication of single handed specialty support in Oncology. Flexibility to develop sub specialty expertise in Oncology. Additional senior medical support to unit. Reduction of clinical risk with additional access to senior medical support. Improved staff retention through a more manageable workload.
Reg 6 – Yorkhill	Psychologist sessions	14,000	Summer 2002	Morgan Jamieson	Achieved	Sessions	(A)	14,000	0	Improved support for children with life threatening illness and bereavement support.	Appointed as Nurse Following Recruitment Difficulties. Reported benefit: Improved support for children with life threatening illness and bereavement support.
Reg 7 NGT	1 Consultant Gynae Oncology Surgeon	100,000	Summer 2002	Ms Jane Grant and Dr Joe Davis	In progress		(A)	100,000	0	Earlier diagnosis and treatment of patients with Gynaecology cancers. Reduction of outpatient waiting times. 40 additional procedures per annum	Locum consultant appointed 31/03/03 for 6 month period. Substantive post to be advertised when sub specialty CCST candidates available. Positive reduction in OP waiting times from 6 to 2 weeks being maintained. Half time audit post appointed. There has been a realignment of Gyn list of accommodate Oncology cases. Additional sessions also being done by existing Consultants. An additional 28 cases from April-September 03. From Oct - Mar '03 there was an additional 23 cases.
Reg 8 NGT	3 specialist nurses(H&N)	95,000	Summer 2002	J Grant	Achieved			95,000	0	Increased specialist nurse support for patients. Reduce clinic attendance. Coordinated patient pathways. Early diagnosis of Gastro oesophageal reflux disease.	The nurse specialists involved in the upper GI Cancer service have seen and contacted 46 patients at clinic and 83 patients at endoscopy for Gastro Reflux disease and PDT service. For Upper GI Pancreatic and oesophageal cancer a review of patient pathway and prevalence of anxiety and depression is underway. Number of patient contacts at GRI,GCH & Stobhill from October 03-March 04 was 1,332.
Reg 11 NGT	0.6 consultant and 1.5 Theatre sessions	140,000		Colin Lauder	Achieved			150,000	-10,000	regional bone sarcoma service; no of patients benefiting - 220	
Reg 12 NGT	Regional Hepato-oncology Service	35,000		Isobel Neil and M MacLeod	In progress			35,000	0	JACIE Accreditation for transplants; access to Databases.	SNBTS setting up quality management system. Required to maintain JACIE Accreditation for access to donor registers.
Reg 13 NGT	Regional Hickman Line Service	80,000	Summer 2002	Alan Hunter	In progress -delayed			86,000	-6,000	Extend Hickman Lines across West of Scotland.	Team now in operation WOS patients at BOC are receiving the service. Team involved in organising courses for staff in other services.
<b>Palliative Care</b>											
LAN 2	Palliative Care - 2 Nurses. Community support, MCN support, Marie Curie, Training	150,000	Summer 2002	Sue Williams	Achieved			173,000	-23,000	Meet CSBS Standard: equity of access; support more patients at home.	Network co-ordinator appointed. Educational package arranged for Oral Cancer. Complementary Therapy Service running. Support in Clydesdale Community Hospitals for Palliative Care. Additional input supported from Marie Curie.
GLA 11 SGH (although funding with P&P of Wales)	Palliative Care- CNS + 0.5 consultant	50,000	Summer 2002	B Cowan	Achieved		(A)	50,000	0	Improve equity of access to palliative care; meet CSBS standards for access to specialist palliative care	Palliative Care Consultant appointed to Prince and Princess of Wales Hospice. CNs in post at end of month.
Reg 2 – BOC	Palliative Care Consultant + Support	100,000	Summer 2002	Isobel Neil	In progress	Candidate has been offered post, awaiting confirmation. Locum employed for a short period in the interim.		74,000	26,000	Improved specialist palliative care for patients attending centre. Increased numbers of patients supported. Enhanced contribution to Regional Network. CSBS Standards.	Awaiting acceptance by consultant. Support and infrastructure expenditure complete.
<b>Investing in Staff and Technology</b>											
A&A 4	Imaging	40,000	Summer 2002	Dr M McMillan	Achieved			40,000	0	Reduced waiting times for barium enemas in Ayr; improved training and continuity of radiographer lead initiatives.	Shorter waiting times and faster diagnosis. Waiting times reduced from 16 weeks to 12 weeks by Sept 02. By March 2003 this has further reduced to 6wks. Waiting time held at that level throughout 2003/04.
Medical Records Support to Oncology Clinics & Unallocated Recurring Funding	Cancer Steering Group	67,000						50,000	17,000	reduced waiting times and more efficient support to Consultants; better co-ordination of arrangements with BOC	reduced waiting times at Oncology clinics have been achieved as result of increased medical records input. £40,000 recently approved for medical records support. Evaluation report accepted following pilot with benefits demonstrated. £27,000 balance is currently being used to support cancer waiting times and other cancer service issues on N/R basis.
WOS GLA 12 (NGT)	Endoscopic ultrasound	40,000	Place purchase as soon as allocation	J Grant	Achieved.			40,000	0	Improve diagnostic accuracy; improve selection for upper GI surgery	131 patients seen from April to September 03. Maintenance costs of scopes are high due to the increased frequency use. In the period Oct - Mar 04 there has been 106 patients seen.
R (8)	Photodynamic Therapy recurrent consumables	79,000	Start 02/03	J. Grant	Achieved			79,000	0	Improve equity of access; provide alternative to surgery	15 patients treated between April and September 03. Half of these patients are outwith the Glasgow area requiring an overnight stay. Dosage of photofrin use per patient is dependant of weight with an average of 275mg dose given per treatment, with some patients receiving more than one treatment. From October to March 04 20 patients have been treated. A Patient benefit analysis has just been completed which did a comparison between stenting and PDT. The results show that patients receiving PDT median Survival being 132.5 days compared to 105 days for stenting.
(R) 6	Additional admin support and IT for BOC Consultants	80,000	Start 02/03	Isobel Neil	Achieved			83,000	-3,000	Improve communication; meet CSBS standards. Ensure no detriment to waiting times for new patients.	The additional support for the Consultants has allowed the ability to redistribute work for increased tumour site specialisation.
Reg 4 – Yorkhill	2 Junior doctor posts?	62,000	Recruit summer 2002	Morgan Jamieson and Dr B Gibson	Achieved		(A)	62,000	0	Improve quality of care to accredited standard	Proper training structure allowing accredited posts. Aids recruitment of both senior and junior staff and improved service quality.
<b>Making it Happen</b>											
										0	

WOSCAN: Progress with 2002-03 investments and their recurring revenue in 2003-04

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LAN 3	Clinical Audit	140,000	Recruit over the summer 2002	Raymond Hamill	Achieved			140,000	0	Quality assurance of cancer services through support for clinical audit and managed clinical networks; meet CSBS standards	Cancer Audit Co-ordinators appointed. Breast audit now fully established. Support for new MCNs will be available.
(R) 12:-	1 regional pharmacist 17.5 WTE pharmacists								0		
(R) 12 Yorkhill element only	WOSCAN - Regional Pharmacists	129,000	Start 06/02	Dr K Ridge	Achieved		(A)	129,000	0	Improved safety through increased Clinical Pharmacy support; improved access to regional wide chemotherapy	All in post
(R) 12 FV element only	WOSCAN - Regional Pharmacists	45,000	Start 06/02	Dr K Ridge	Near completion . See additional sheet		(A)	45,000	0	Improved safety through increased Clinical Pharmacy support; improved access to regional wide chemotherapy	Regional plan near completion. Slippage approved locally.
(R) 12 NGT element only	WOSCAN - Regional Pharmacists, 1 Regional Pharmacist +17.5 pharmacists	334,000	Start 06/02	Dr K Ridge	Near completion . See additional sheet		(A)	322,000	12,000	Improved safety through increased Clinical Pharmacy support; improved access to regional wide chemotherapy	Regional pharmacy cancer network established, with links into Managed Clinical Networks. Work programme agreed.
(R) 12 SGT element only	WOSCAN - Regional Pharmacists, 1 Regional Pharmacist +17.5 pharmacists	95,000	Start 06/02 E95K is SGT part of E800k	Dr K Ridge	Near completion . See additional sheet		(A)	95,000	0	Improved safety through increased Clinical Pharmacy support; improved access to regional wide chemotherapy	Regional plan near completion. Slippage approved locally.
(R) 12 A&A element only	WOSCAN - Regional Pharmacists, 1 Regional Pharmacist +17.5 pharmacists	86,000		Dr K Ridge	Near completion . See additional sheet		(A)	86,000	0	Appointment of Pharmacy staff. Improved safety of staff and patients; improved patient experience; compliance with CSBS standards.	Appointments in place and improvements implemented including compliance with intrathecal policy. Beginning of regional working with newly appointed Regional Pharmacist. All three Ayrshire posts filled from September 2002.
(R) 12 A&C element only	WOSCAN - Regional Pharmacists, 1 Regional Pharmacist +17.5 pharmacists	106,000		Dr K Ridge	Near completion . See additional sheet		(A)	106,000	0	Improved safety through increased Clinical Pharmacy support; improved access to regional wide chemotherapy	Regional plan near completion. Slippage approved locally.
(R) 12 Board element only	WOSCAN - Regional Pharmacists, 1 Regional Pharmacist +17.5 pharmacists	5,000	Balance in Reserves	Dr K Ridge				0	5,000	Improved safety through increased Clinical Pharmacy support; improved access to regional wide chemotherapy	
BOC 2M	Making it Happen	2,000,000		I Neil				2,000,000	0		
Reg 5 – Yorkhill	WOSCAN - Data Manager	24,000	Recruit summer 2002	Morgan Jamieson and Dr B Gibson	Achieved		(A)	24,000	0	Quality assurance of cancer services through support for clinical audit; meet CSBS standards	The formalisation of the data manager post has allowed increased throughput by restructuring and increased dedicated time for audit etc.
<b>Sub-Totals</b>		<b>Allocation 7,294,000</b>					<b>Sub-Totals</b>	<b>Spent 7,101,000</b>	<b>Remaining 193,000</b>		

**WOSCAN: Slippage for 2003-04**

<b>TOTAL ALLOCATION FOR 2003-04</b>	<b>13,668,000</b>
<b>TOTAL SPENT IN 2003-04</b>	<b>13,194,000</b>
<b>SLIPPAGE AVAILABLE FROM 2003-04</b>	<b>474,000</b>
<b>CARRY FORWARD FROM 2002-03</b>	<b>1,546,000</b>
<b>TOTAL SLIPPAGE AVAILABLE IN 2003-04</b>	<b>2,020,000</b>

Code	Location	Plan	£	Milestones/ Target Dates	Responsible Lead	Spent £	Remaining £	Measurable benefit to patient
	A&A	Palliative Care Training - one year in-house training initiative covering Acute and Primary care Trusts	36,000			36,000	0	
	A&A	Temp support for Specialist Breast Nurse team	12,000			12,000	0	
	A&A	Dermatology biopsy sessions	30,000			30,000	0	
	A&A	Comms link - Crosshouse to Beatson	16,000			16,000	0	
	A&A	Labs Support for CPN / MCN	5,000			5,000	0	
	A&A	Restorative Dentistry	5,000			5,000	0	
	A&A	Additional monies c/f from 02/03, making up balance to be c/f to 04/05	98,000			0	98,000	
	A&C	Breast Clinic Overspend	23,000			23,000	0	
	A&C	Histopathology Overspend	18,000			18,000	0	
	A&C	Clinical Haematology Overspend	60,000			60,000	0	
	A&C	Radiology Overspend	3,000			3,000	0	
	A&C	CT Scanning overspend	2,000			2,000	0	
	A&C	Pharmacy cancer staff overspend	13,000			13,000	0	
	A&C	Radiographer Training	20,000			20,000	0	
	A&C	Locum Haematology/Oncology Consultant	61,000			61,000	0	
	A&C	Minor equipment for Cervical Cancer/Colposcopy Screening	77,000			77,000	0	
	A&C	Infusion Pumps	20,000			20,000	0	
	A&C	Additional Endoscopy/Colorectal activity	110,000			110,000	0	
	A&C	Additional Endoscopy sessions at VofL	44,000			44,000	0	
	A&C	Cancer & Palliative Care Equipment purchase and patient education	124,000			124,000	0	
	A&C	Haematology & MacMillan Nurse at L&I	42,000			42,000	0	
	A&C	Oral Cancer Awareness Campaign for PCT Teams	22,000			22,000	0	
	A&C	Communicating with Cancer Patients Training	10,000			10,000	0	
	A&C	Cancer Training & Information for patients in all LHCC's	12,000			12,000	0	
	A&C	B/IN to A& C Financial Plan	128,000			128,000	0	
		<b>Capital Slippage carried forward from 2002/03, offset by:</b>					0	
	A&C	Breast Clinic Equipment	145,000			145,000	0	
SLIPPAGE £32K:	GGNHSB	This relates to funding that was withdrawn from the PCT against a community palliative care development. The funding will be used to support part of a Palliative Care Consultant post – based at the P&P of Wales. Waiting on details of cost for 03/04 to make payment as the post was in place during the year.	32,000			0	32,000	
	GGNHSB	Cancer Patient Involvement Post £70,000 Funding specifically paid against this post. A two year appointment is about to be made.	70,000			0	70,000	
	GGNHSB	Project to access Audit data	10,000			0	10,000	
	GGNHSB	Pinnacle Work	46,883			0	46,883	
	GGNHSB	Pilot Hand Held Recorders	95,000			0	95,000	

**WOSCAN: Slippage for 2003-04**

	GGNHSB	Regional Training	29,000			0	29,000
	GGNHSB	Info Packs (Lung/Colorectal/Head & Neck/Breast/possibly Prostrate) - Sue Williams	85,000			0	85,000
	GGNHSB	balancing figure (to be investigated)	18,108			18,108	0
	GGNHSB	Balance of slippage in respect of MCN's	23,593			0	23,593
<b>TOTAL SLIPPAGE PLANS</b>			<b>1,545,584</b>	<b>0</b>	<b>0</b>	<b>1,056,108</b>	<b>489,476</b>
<b>TOTAL SLIPPAGE REMAINING</b>			<b>963,892</b>	<b>To be carried forward to 2004-05</b>			