

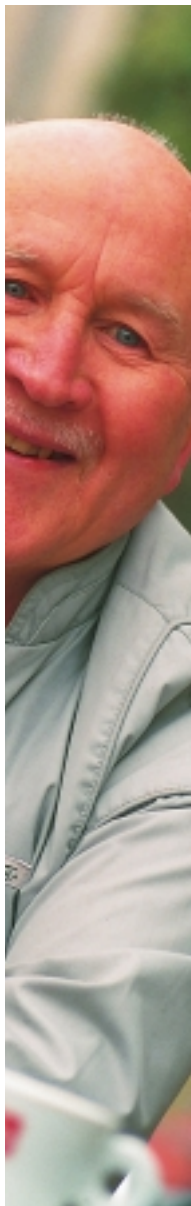
CANCER IN SCOTLAND ACTION FOR CHANGE



ANNUAL REPORT 2002



TREATMENT



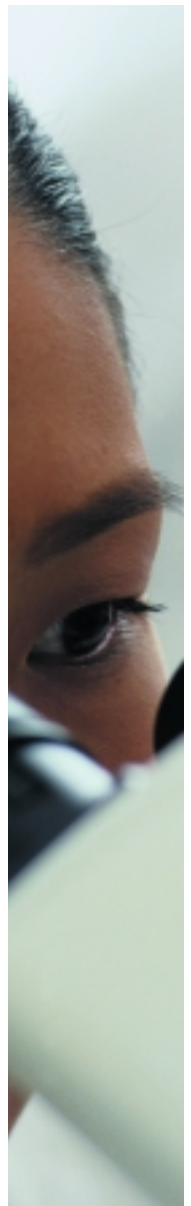
CARE



PREVENTION



DETECTION



SCOTTISH EXECUTIVE

Working together for a healthy, caring Scotland

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FOREWORD

REPORT TO THE CHIEF MEDICAL OFFICER

Report of the Scottish Cancer Group on the implementation of *Cancer in Scotland: Action for Change*

**To Dr E M Armstrong
Chief Medical Officer**

The publication of *Cancer in Scotland: Action for Change* (CIS) in July 2001 signalled a renewed drive to tackle cancer and its causes. Building on the pledges identified in *Towards a Healthier Scotland* and *Our National Health: a plan for action, a plan for change* (ONH) the strategy identified a wide range of actions necessary in order to prevent cancers whenever possible, to detect tumours earlier and to improve treatment and care for people with cancer in Scotland.

The strategy is backed by £60 million over 3 years in addition to existing national and local plans. Over £10 million in 2001-02 and £25 million this year has been invested into wide-ranging initiatives to build capacity and improve the available services, as well as initiatives improving patients' experiences.

But money can never be the only solution to improving cancer services in Scotland. We need more and better equipment, more staff, but also to do things differently. Investments in NHSScotland must be matched by programmes of service redesign and improved ways of working delivering real benefits for patients.

The first 12 months have provided a foundation for this change and has stimulated unprecedented enthusiasm, commitment and goodwill amongst staff and patients alike. These qualities have always been a remarkable feature of cancer care in Scotland, but the collaboration and work of implementation of CIS has taken this to new levels.

This, our first Annual Report, sets out action and achievements to date. It reflects the work of many colleagues in NHSScotland and the Scottish Executive Health Department. Together we have made an excellent start on which to build the further improvements in the months and years to come. Of course challenges remain. Many, such as shortages of key staff, are shared by healthcare providers worldwide but I believe that together we can overcome these through the opportunities offered by continuing and strengthening the partnership of NHSScotland, government and patients to become the best for the benefit of the people of Scotland.

DR ANNA GREGOR
Chair
Scottish Cancer Group

02.

PREVENTING CANCER

Smoking

“Smoking is by far the largest preventable cause of cancer. At present among Scots aged between 16 and 74, 34% of men and 32% of women are regular smokers. Seven out of ten smokers would like to quit.”

Advice and information on best practice in the provision of smoking cessation was issued in August 2001. Smoking cessation guides for patients and health professionals were published in November 2001 and complement the Action for Smoking and Health/Health Education Board for Scotland (ASH/HEBS) Smoking Cessation Guidelines.

Partnership Action on Tobacco and Health (PATH) was launched in June 2002 with funding of £1.5 million over 3 years. The primary role of PATH is to develop national training standards and materials for tobacco control work; identify best practice in prevention and smoking cessation; and oversee a fund to support local practitioners to develop pilots aimed at priority groups identified in the *Smoking Kills* White Paper.

An audit of local authority smoking policies was published at the end of 2001. Plans are underway for this to be followed up in 2002 by the production of good practice guidance for Councils and a repeat of the audit in 2003.

£1 million is available annually for smoking cessation services and Nicotine Replacement Therapy (NRT) targeted particularly at areas of deprivation. NRT was made available on prescription in April 2001.

Diet

“We know that the Scottish diet is far from healthy and that dietary factors may be responsible for up to 30% of cancers.”

A Scottish Food and Health Co-ordinator was appointed in July 2001 to support the implementation of the Diet Action Plan for Scotland, *Eating for Health*.

An expert panel was established in November 2001 to devise nutritional standards and improve appeal and uptake of school meals. The Panel published national standards for consultation in July 2002.

A media campaign to promote healthier eating is being developed and is expected to be launched early in 2003.

Work is underway to develop and deliver a national training scheme in basic nutrition, food and health to support the food industry, catering, community and voluntary sectors.

Breakfast Club Challenge Fund is an initiative involving a review of breakfast club provision in Scotland. Once the review is complete in the autumn of 2002 a breakfast club challenge will be used to sustain services or to ensure that services are targeted at children who need them most.

The provision of fruit in pre-school settings and of breakfast clubs and fruit/salad bars in school settings is a key feature of work being taken forward by NHS Boards and local authorities, facilitated by allocations from the Health Improvement Fund. Further information is available in the report, *Putting the Pieces in Place*.

Exercise

“Exercise can protect against a range of diseases including cancers (for example, colorectal and breast), as well as promoting good mental health.”

The National Physical Activity Task Force published a draft strategy for physical activity highlighting the alarming rates of current inactivity. The report highlights the need for a greater recognition of the importance of physical activity within health improvement programmes and the need for a more co-ordinated national approach. Following consultation a final report is expected at the end of 2002.

A National Physical Activity Co-ordinator appointed in June 2002 is responsible for undertaking more detailed work to develop action plans for the Scottish Executive and its agencies.

Alcohol Consumption

“Excessive alcohol consumption is associated with several types of cancer, for example cancers of the head and neck.”

The Plan for Action on Alcohol Problems was published in January 2002. Drawn up in partnership with health groups, the police, the drinks industry and many others, the plan seeks to kick-start the cultural shift needed if people living in Scotland are to turn away from their current unhealthy drinking practices.

A £1.5 million campaign, featuring television, radio and billboards, was launched in April 2002 with the major focus on tackling binge drinking among the 18 to 35-year-old age group.

Chemo-prevention of Cancer

“The possibility that some medicines may help prevent the development of specific cancers is currently the subject of active research. We need to maintain a watching brief on the outcomes of research in this area, which may impact on cancer services.”

The first annual seminar is to be held in October 2002 involving Scottish and international experts from the USA and Europe, presenting to a targeted audience.

Contents, recommendations and outcomes from the seminar will be reported to the Scottish Cancer Group (and through them to Ministers and the Scottish Executive Health Department) detailing any action deemed necessary in the light of the evidence presented.

03.

DETECTING AND TREATING CANCER EARLY

“By identifying cancer very early in its development treatment can begin at a much earlier stage than might otherwise be the case.”

Cervical Cancer

Some 400,000 women a year aged between 20 and 60 in Scotland will benefit from investment in a new cervical screening technique. Following a successful pilot, Liquid Based Cytology, an alternative method of smear taking, will be introduced into the Scottish Cervical Screening Programme by 2004. To assist with its introduction £2.75 million has been invested in the set-up and associated training costs.

It is expected that Liquid Based Cytology will reduce the rate of unsatisfactory smears and around 24,000 women each year will not need to be recalled for a repeat smear. In addition up to 3,600 women a year will no longer need to undergo colposcopy examination.

A Project Board is considering a new national cervical screening call-recall IT system which is expected to be introduced around late spring 2003.

Breast Cancer

From 2003-04 the upper age limit for routine invitation for the Scottish Breast Cancer Screening Programme will rise from 65 to 70 years and will be implemented over the 3-year round of screening. This means an extra 50,000 women will be routinely invited for breast screening each year – which represents an increase of 33%.

Colorectal Cancer

The Scottish arm of the UK Colorectal Screening Pilot in Fife, Grampian and Tayside will be continued for a second round of screening. A report on the evaluation of the pilot is expected in spring 2003.

Prostate Cancer

A report setting out options for the future management of prostate cancer in Scotland, including research, higher professional training and education and

treatment was prepared by a group on behalf of the previous Scottish Cancer Group. This was circulated to Regional Cancer Advisory Groups (RCAGs) in June 2002 with a request to review and report on how they propose to take these services forward.

The value of routine Prostate Specific Antigen (PSA) testing as a method of population screening remains uncertain and controversial. In December last year the Scottish Executive advised that men who ask their GP for a PSA test should have one and any follow-up necessary, from the NHS. This must be accompanied by full information on the reliability of the test itself and of the problems and side effects of further diagnostic procedures and treatment. The Department of Health (DH) Prostate Cancer Risk Management Programme (PCRMP) have developed a Primary Care resource pack that is generally agreed to be as relevant and useful to primary care teams in Scotland as it is in England. The resource pack, aimed at primary care clinicians advising and counselling asymptomatic men, is being circulated to every GP in Scotland.

Oral Cancers

The Scottish Intercollegiate Guidelines Network (SIGN) plan to begin development of a head/neck/oral cancer guideline in October 2002.

An Implementation Sub Group on Oral Health of the Elderly has been set up to take forward the commitment to improve preventive services for the elderly contained within the *Action Plan for Dental Services in Scotland* and will produce a draft report by 2002.

Genetic Screening

A pilot audit has now been completed to evaluate the effectiveness of processes and outcomes in terms of the clinical and cost-effectiveness of the Cancer Genetics services established with £250k dedicated funding for genetic counsellors in 1999. It is hoped to commence routine prospective audit during 2003.

RAPID ACCESS TO DIAGNOSIS AND TREATMENT

“To increase the probability of treatment success while at the same time minimising patient anxiety and stress, delays in investigation, diagnosis and subsequent treatment of cancer must be eliminated wherever possible.”

What has been invested Scotland-wide for rapid access to diagnosis and treatment

2001-02

£3.9 million

2002-03

£3.8 million

£2.3 million for additional staff including at least 13 consultants, 3 clinical nurse specialists, 9 nurses, 17 radiographers, 5 endoscopists and 18 other support staff such as technicians and nursing assistants.

£3.9 million on vital equipment such as MRI, CT scanners, endoscopy, ultrasound, mammography and pathology equipment.

Examples of investments are:

- ▶ The development of an outreach colorectal diagnostic service in Grampian to improve local access to diagnosis and treatment for patients and reduce waiting times and facilitate early diagnosis.
- ▶ In South East Scotland an additional MRI scanning unit with staffing to increase access to the service thereby reducing waiting times. This will also improve the identification, diagnosis, staging and treatment of cancer.
- ▶ Investments in flow cytometry equipment and technical staff to improve services for haematological cancers in Lanarkshire. This will expand the range of tests and reduce waiting times for diagnosis and interventions. Access to specialist opinion will also be improved through a telemedicine link.

Waiting Times

We know that once cancer is diagnosed most patients do not have to wait long for treatment, but

improvements still need to be made. ONH and CIS therefore set new targets to cut waiting times.

- ▶ By October 2001, women who have breast cancer and are referred for urgent treatment will begin that treatment within 1 month of diagnosis, where clinically appropriate.
- ▶ By 2005, the maximum wait from urgent referral to treatment for all cancers will be 2 months.

Progress against the breast cancer target is being monitored quarterly and ongoing improvements are expected from CIS investments.

Referral Process

In May this year referral guidelines were issued to help GPs identify those patients requiring urgent investigation. The implementation of these guidelines and their translation into locally agreed referral protocols and pathways is being monitored through RCAGs and will be reported for the first time in the autumn of 2002.

One-Stop Clinics

There are at least 137 one-stop clinics across Scotland providing facilities for rapid diagnosis and earlier referral for treatment for cancer.

Examples of one-stop clinics

- ▶ A one-stop clinic for lung cancer in Dumfries and Galloway means that patients can undergo vital investigative tests the same day resulting in quicker diagnosis and speedier referral for further tests or treatment. The addition of a lung cancer nurse specialist to the team will improve the quality of patient care through co-ordination of diagnostic tests and treatment, providing continuity of care.
- ▶ The development of a one stop Fast Track Rectal Bleeding Clinic in Highland will improve access, reduce waiting times and speed up diagnosis.

Workforce Planning

Workforce planning is an ongoing challenge against a backdrop of UK, European and world-wide staffing shortages in key specialties and the impact of the Working Time Directive on the time available for clinical contact with patients.

Some of the cancer investment has therefore been targeted at developing new ways of working in support services such as imaging (radiology) and pathology.

Examples of investments in radiology and pathology

- ▶ Through redesign of diagnostic radiology services in South Glasgow all suspected cancers are now seen in under 2 weeks with waits for routine ultrasound and bariums down to 5 weeks.
- ▶ Grampian is participating in a pilot where the role of biomedical scientists is being extended to include tasks normally undertaken by pathologists. This will free up consultant time and speed up diagnosis as well as improving departmental efficiency.

A new grade of Advanced Biomedical Scientist Practitioner in Cervical Cytology has been established and guidance issued on the use of these posts to NHSScotland. RCAGs are tasked with advising on the possibility of adopting a Scotland-wide approach to the use of these posts, with the aim of ensuring consistency and take up.

The Scottish Cancer Group started work on capacity planning by commissioning specialty reports for radiology, medical and clinical oncology, radiotherapy, palliative care and pharmacy services. Further work will be undertaken aiming to develop a multiprofessional service model which will inform planning decisions by RCAGs and service networks.

Working for Health (WfH), the Scottish Executive's first ever Workforce Development Action Plan was launched in August 2002. WfH will drive immediate action on priority issues and also sets out medium-to long-term action to tackle recruitment and retention issues for all healthcare staff to help improve planning and delivery of health services to patients across Scotland.

WfH builds on the reports *Planning Together*, on integrated workforce planning and the report by an Advisory Group led by Professor Temple on medical workforce – *Future Practice*.

Three new regional workforce development centres and national teams will be established to support NHS Boards and Trusts on workforce issues.

In view of the spread of activity across professions and disciplines throughout NHSScotland work is underway with NHS Education for Scotland (NES) on areas where there is potential for shared learning and modelling in cancer services.

Imaging Technology

Before the end of 2002 the Health Technology Board for Scotland (HTBS) is expected to publish Health Technology Assessment and recommendations for the use of Positron Emission Tomography (PET) scanning in cancer management.

Prospective Audit

Major progress has been made in routine prospective collection of SIGN and CSBS datasets in services for lung, breast, colorectal and ovarian cancer patients. But there are still a few areas that do not routinely collect prospective audit data. CIS investment has been used to address this and there should be rapid progress once new equipment and staff are in place. Importantly, many areas are planning to extend audit activity into other tumour types. This is essential not only for clinical governance purposes, but also to support networks as they plan for the 2005 waiting times target.

Service Redesign

Redesign is underway across the three regional cancer networks to streamline services, reduce waiting times and improve patient experiences. These are being developed through a variety of local initiatives such as patient journey co-ordinators, skill mix and other national modernisation initiatives in lung, colorectal and gynaecological cancer services.

Examples of local redesign initiatives across Scotland

- ▶ Tayside Cancer Network is reducing the length of hospital stay for colorectal cancer patients and improving their pain control through the provision of ambulatory epidural. It is anticipated that this will result in a reduction in length of hospital stay by up to 50%.
- ▶ Redesign of breast cancer services in Lanarkshire with additional radiology and cytology support to facilitate the development of a one-stop clinic with nurse-led follow up will reduce waiting times for diagnosis.

IMPROVING CANCER TREATMENT AND CARE

“Patients and their carers must be involved as equal partners in decisions about care and treatment and must be provided with the information they need when they need it.”

What has been invested Scotland-wide in improving cancer treatment and care

2001-02

£2.1 million

2002-03

£3.6 million

£3.5 million of this investment represents at least 21 consultants, 34 clinical nurse specialists, 17 nurses, 5 radiographers, 4 pharmacists and 25 other support staff such as Allied Health Professionals (AHPs), psychologists, technicians and administrative staff.

£0.9 million is being spent on ultrasound, laboratory and pharmacy equipment.

Examples of initiatives are:

- ▶ Improved communications systems between the Beatson Oncology Centre and outreach clinics across the West of Scotland.
- ▶ An integrated breast unit in Highland will enable the service to meet CSBS standards and provide co-ordinated multidisciplinary care for patients.

Information Management and Technology (IM&T)

The Scottish Executive “Strategy for Information” sets out national and local targets for the development of IM&T.

A Cancer IM&T Sub Group of the Scottish Cancer Group is developing an action plan to deliver the key priorities for cancer services:

- ▶ Core patient record created and available at point of care to actively support multidisciplinary care and provide information for outcome monitoring and audit.

- ▶ Referral and discharge clinical communication between primary, secondary and tertiary care sectors.
- ▶ Systems to support chemotherapy prescribing, imaging and other specialist processes.

The action plan links closely into existing national initiatives such as SCI (Scottish Care Information) and ECCI (Electronic Clinical Communication Implementation). The Sub Group undertook an analysis of the available information and IT systems which support each stage of the patient’s journey and produced a Guide to support NHS Trusts in choosing appropriate IT systems.

Patient Information

During the final quarter of 2002 the Patient Information Sub Group of the Scottish Cancer Group will bring forward their recommendations aimed at securing improved access to information needed by patients and their families/carers.

Improving Quality

The CSBS reports on breast, colorectal, lung and ovarian cancers provide a baseline picture of services at the time of the assessment. Many of the improvements funded by the cancer investment are aimed at improving cancer services to meet CSBS standards.

Investments to meet CSBS standards

- ▶ In Lothian, additional clinical nurse specialists, medical oncologists and consultant in palliative care to meet the CSBS standards in relation to multidisciplinary teams for colorectal cancer.
- ▶ More radiography staff in Tayside to reduce the waiting time for radiotherapy treatment in line with the CSBS standards.

- › Redesign of services in Glasgow with additional radiology, radiography and nursing staff to provide imaging support for breast clinics. This will improve access to services and reduce waiting times to meet CSBS standards.

RCAGs regularly review services in their area and seek to address any shortcomings identified as well as share examples of success and good practice across Scotland.

Managed Clinical Networks (MCNs)

Breast, lung, colorectal and gynaecological MCNs are well developed in most areas. Some have developed more rapidly than others and work continues to ensure the core principles set out in Scottish Executive Health Department guidance are met. In all three networks MCNs for head and neck, skin, haematology and other tumour specific networks are being developed. Networks are crucial to deliver an integrated service capable of achieving the 2005 overarching waiting times target and continuing service quality improvements.

The report of the Scottish Audit of Gastric and Oesophageal Cancer was published in May 2002 and issued to NHS Boards, Trusts and RCAGs who are considering the findings and recommendations so that, where required, the key messages for patient care are translated into positive action.

Beatson Oncology Centre, Glasgow

Cancer in Scotland is a national strategy and as such did not target individual operational issues of NHS services. However, in the last year the Beatson Oncology Centre in Glasgow has been the subject of such intense public, patient, media and Parliamentary interest that any report on Scottish cancer services would be incomplete without mention of it.

Following on from the resignation of four consultants over the period November 2001 to February 2002, the issues faced by the Beatson have been well aired and will not be reiterated here. What is important to record is a summary of the actions which have been taken

and continue to be vigorously pursued to ensure that effective and safe services for patients continue to be delivered.

More than £1 million of the West of Scotland cancer investment is being used at the Beatson, in addition to the £2 million targeted specifically to help recruitment and improve its services. This money has largely been used to purchase new and replacement equipment, upgrade wards and other facilities and to increase the staff establishment. More than 50 additional staff are now employed at the Beatson as a direct result of this investment. More information is provided elsewhere in this report and full listings are available from the *Cancer in Scotland* website.

There is no doubt that the consultant, nursing, radiography and other posts filled over the past 10 months have significantly improved the position – for staff and, importantly, for patients. The environmental improvements made to the facilities and the recent opening of the 24-bed chemotherapy facility at the Gartnavel campus are very much welcomed by patients.

Although a great deal has been achieved since the appointment of Dr Adam Bryson as Interim Medical Director last December, much more remains to be done. Even although it is an internationally recognised shortage speciality, two replacement Clinical Oncologists have been appointed and as this report goes to press applications for the new West of Scotland Medical Director post are being considered. Recruitment to the Chair of Clinical Oncology is expected to be rapidly processed by the University of Glasgow and an interview date for a new consultant post in medical oncology has been set for mid October. It is hoped that appointments will be made to all of these posts.

Dr Bryson and colleagues are working in partnership with West of Scotland NHS Boards to progress plans for delivery of services across the region to meet current and future patient needs.

PALLIATIVE CARE

“Palliative care is an integral part of all clinical practice which takes as its starting point the quality rather than the quantity of life remaining.”

What has been invested Scotland-wide in palliative care

2001-02

£1 million

2002-03

£0.9 million

Of this investment £0.9 million is for additional staff including at least 6 palliative care consultants, 4 clinical nurse specialists, 8 palliative care/ community nurses, 3 pharmacists and 6 other support staff such as a bereavement counsellor, auxiliary and administrative staff.

£0.4 million on equipment, in particular additional equipment in the community such as pressure relieving mattresses, syringe drivers, hoists and communications equipment to link remote and rural areas with specialist palliative care centres.

Some of the investment is targeted at staff training and development, such as:

- In Highland the development of courses and training to enhance the palliative care skills of health care professionals, improve clinical practice and the quality of service to patients.
- The updating of professional knowledge and skills in oncology and palliative care in Shetland among health, social care, education, carers and voluntary sector staff.
- The provision of palliative care training in nursing homes in Tayside to improve the quality of care provided.

Integration of Planning and Delivery of Services

NHS Boards have either undertaken or are in the process of undertaking a needs assessment for palliative care to inform local planning and joint working across all care sectors.

Standards for Palliative Care

National care standards for care homes were issued by Scottish Ministers in November 2001 and will be monitored by the Scottish Commission for the Regulation of Care (the Care Commission). The Care Commission is to consider the 1997 NHS Core Standards for Nursing Homes Providing Palliative Care as a basis for palliative care in care homes. National care standards for hospice care were issued in March 2002 and include a standard that clinical care reflects the hospice's participation and achievement of satisfactory reports in the specialist palliative care CSBS accreditation programme.

The CSBS standards for breast, colorectal, lung and ovarian cancers all include core standards for palliative care.

Standards for specialist palliative care were developed and published by the CSBS in June 2002. Assessment visits will start in November 2002.

07.

INVESTING IN OUR STAFF AND IN TECHNOLOGY

“Our National Health confirmed that we want patients to have much greater flexibility in how they access the care they need by making best use of the skills of the whole team.”

What has been invested Scotland wide in staff and technology

2001-02

£2.7 million

2002-03

£1.5 million

Of this investment £0.9 million is for extra staff including at least 4 consultants, 12 clinical nurse specialists, 4 radiographers, 2 pharmacists and 12 other support staff such as a project co-ordinators and administrative staff.

£3 million on vital equipment such as MRI, CT scanners, endoscopy, ultrasound, mammography and pharmacy equipment.

Some of the investments are targeted at staff training and development, for example:

- ▶ Communication training for professionals working with cancer patients in Western Isles.
- ▶ Cancer education for healthcare professionals in the Borders to improve levels of education and support provided to clinicians/staff leading to improved quality of patient care.

Nursing Care

The Cancer Nursing Development Co-ordinator started work in January 2002.

Ongoing work includes the development of a generic job description with a competency framework for Clinical Nurse Specialists (CNSs) in cancer and/or palliative care; mapping CNSs to help with workforce planning and education; a series of conferences for nurses leading to the development of a cancer nursing framework and the development of “best practice statements” related to cancer and/or palliative nursing care.

Allied Health Professions (AHPs)

The first national action plan for Allied Health Professionals (physiotherapists, radiographers and others), *Building on Success: Future Directions of the Allied Health Professions in Scotland*, was launched in June 2002. It will support and encourage the 9000 AHPs working in NHSScotland to play a greater role in improving health and health services.

The Scottish Executive, the profession and education establishments are working together in an attempt to address the difficulties with the recruitment, retention, skill mix, education and training of therapeutic radiographers across Scotland.

Co-ordinating Patient Care

Modern cancer care involves complex diagnostic and treatment processes which often happen in different hospitals and hospital departments. This can be confusing for patients and a source of delays. Co-ordination of the care pathway may bring added benefit for patients and clinicians and help with shortening individual journeys of care. At present this approach is in its very early stages but some of the cancer networks have used the cancer investment for posts that support either part or all of the patient journey.

Examples of co-ordinating patient care

- ▶ A Patient Care Co-ordinator based within the LHCC in the Western Isles to promote the integration of the patient's journey.
- ▶ In the Borders a Diagnostic Co-ordinator to improve the diagnostic pathway for patients with colorectal cancer.

Telemedicine

In the West of Scotland Gynaecological Cancer Network the implementation of videoconferencing with limited broadcasting of clinical images is now largely complete and four-way gynaecological cancer MCN meetings are now routine.

Examples of cancer investments Scotland-wide

- ▶ In Lanarkshire, development of a telemedicine link to improve access to specialist advice for haematological cancers.
- ▶ Videoconferencing in Tayside to improve communications and information sharing with remote and rural areas.

Online Information

In April 2002 the *Cancer in Scotland* website went "live" giving members of the public and health care professionals access to information about the Scottish Cancer Group and progress with the implementation of *Cancer in Scotland: Action for Change*.

www.show.scot.nhs.uk/sehd/cancerinscotland.

To strengthen this accountable and transparent approach to planning and investment readers are invited to visit the *Cancer in Scotland* website and to provide feedback.

08.

SUPPORTING RESEARCH AND DEVELOPMENT

“Research remains necessary in all areas of cancer prevention, detection and diagnosis as well as into its causes and treatment. It is only through such research that we will continue steadily to improve outcomes for people with cancer.”

Treatment and Care: Clinical Trials

The research community provided feedback on a range of issues aiming to boost cancer research in Scotland (particularly relating to trials) in February 2002.

An additional £1 million is available to support a Scottish Cancer Clinical Trials Network which will enable cancer networks to develop the infrastructure required to at least double patient recruitment into clinical trials. The Scottish Network, which it is hoped will be established by the end of 2002, will be part of the UK National Cancer Trials Network (NCRN) and UK National Cancer Research Institute (NCRI).

What the Scottish Executive is Doing

The Chief Scientist Office (CSO) is currently formally consulting for suggestions to shape its future priorities in greater detail. As part of this exercise CSO is establishing focus groups that are being invited to provide more detailed guidance. For cancer this is already fairly well developed.

Genetics and Cancer

The Genetics Sub Group of the Scottish Cancer Group continue to maintain a watching brief on developments in the genetics field. As a result of the continuing developments in Medical Genetics, partly from the Human Genome Project, new genetic explanations for certain forms of cancer predisposition are regularly identified. Where these have significant implications for the management of families in Scotland, new guidance will be incorporated into the current arrangements.

MAKING IT HAPPEN

“This strategy [*Cancer in Scotland*] builds on the pledges identified in *Towards a Healthier Scotland* and *Our National Health*. It will require to be similarly implemented and monitored to ensure that progress is being made to achieve the targets set.”

What has been invested Scotland wide to make it happen

2001-02

£1 million

2002-03

£1.8 million

Examples of investments are:

- ▶ Support for the development of local and regional managed clinical networks in Grampian through funding for a Lead Cancer Clinician, Manager, Finance Manager and administrative support.
- ▶ Clinical audit staff and equipment in Lanarkshire to support the quality assurance of cancer services.
- ▶ In Lothian the appointment of a redesign manager and the release of clinical time to progress redesign initiatives.
- ▶ Short-term initiatives such as a needs assessment facilitator in Orkney and a scoping project for chemotherapy and medical oncology services in Dumfries and Galloway.

Regional Cancer Advisory Groups (RCAGS)

Guidance on the structure and function of the Groups was issued in September 2001 and three RCAGS have now been established:

- ▶ West of Scotland for those NHS Boards which look to the Beatson Oncology Centre for specialist services (Argyll & Clyde, Ayrshire & Arran, Lanarkshire, Forth Valley and Greater Glasgow).
- ▶ North of Scotland covering those mainland Boards (Highland, Grampian and Tayside) and Island Boards (Western Isles, Orkney and Shetland) which look to Inverness, Aberdeen and Tayside Cancer Centres.
- ▶ South East Scotland which covers the NHS Boards which look to the Edinburgh Cancer Centre (Lothian, Borders, Fife, Dumfries and Galloway).

The membership of these groups and contact details can be found on the *Cancer in Scotland* website. The Groups are now fulfilling their planning role and have successfully prepared the first two annual cancer investment plans for 2001-02 and 2002-03.

Managing Implementation

The Scottish Executive Health Department Cancer Branch is responsible for the continuing development of policy and the implementation of *Cancer in Scotland*.

The Scottish Cancer Group, chaired by the Lead Clinician Dr Anna Gregor, has been reconfigured and provides links with NHS cancer services. The agendas and minutes of the Group can be found on the *Cancer in Scotland* website.

An Implementation Manager was appointed in November 2001 and regularly reports to the Scottish Cancer Group through the Cancer Implementation Steering Group which is chaired by the Chief Medical Officer as Project Director. An Implementation Framework has been developed to routinely monitor progress towards achieving the various objectives set out in the strategy. Reports of these are public and available on the *Cancer in Scotland* website.

RCAGs provide 6-monthly monitoring reports on their cancer investment plans which, in turn, feed into the Implementation Framework.

A key component of the work is the connectivity to local initiatives, supporting communication and networking across wide geographical and specialist areas through workshops and conferences. These events encourage networking and the sharing of good practice among doctors, nurses, AHPs and managers from across Scotland.

To date, three topic specific workshops have been held, and another is planned for late October. Topics covered include development of managed clinical networks, service redesign, cancer clinical trials and chemoprevention.

The first Cancer Open Forum in October 2001 aimed to engage with anyone who had an interest in the implementation of *Cancer in Scotland*. It discussed issues such as involving patients and improving outcomes in cancer treatment. The second Cancer Open Forum is being held in October 2002 and will focus on progress since the launch of the cancer strategy. The programmes and summary reports are available on the *Cancer in Scotland* website.

If you want to comment on any of the issues in *Cancer in Scotland: Action for Change* or make suggestions about how these can be taken forward, you can contact a member of the Cancer Team at:

Scottish Executive Health Department
St Andrew's House
Regent Road
Edinburgh
EH1 3DG
e-mail: cancer@scotland.gsi.gov.uk

Useful web addresses:

Cancer in Scotland:

www.show.scot.nhs.uk/sehd/cancerinScotland

Scottish Executive Health Department:

www.scotland.gov.uk

Scottish Health on the Web

www.show.scot.nhs.uk

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