



# The Scottish Care and Coordination service for HPB Cancer (SCOT-HPB)



## Aim

- The Scottish Care and Coordination service for HPB cancer (SCOT - HPB) aims to ensure quality of care for all patients in Scotland with hepatocellular carcinoma, or cancer of the pancreas. This was initially a pilot project, funded to March 2024, but subsequent funding has been granted for a further year to March 2025.
- This will be achieved by expediting access to care for all patients across Scotland with pancreatic and hepato-cellular cancer (PC and HCC). A complementary step in the current pathway will send a registration of urgent suspicion of cancer (USOC) via radiology reports to the national Cancer Care Team (CCT) hosted by NSS. The local pathway will not change.
- The benefits of the service will be evidenced by retrospective (baseline) audits and audits of key performance measures e.g. number of days between request and scan. Patient, Clinical Nurse Specialists (CNSs) and GP experiences will also be a key factor in realising the benefits.



## Method

- A virtual CCT has been put in place for the duration of the service.
- A retrospective audit has been carried out to establish a baseline from which to assess the success of the service. This consists of:
- An audit of a range of data fields which are key performance measures e.g. number of days between request and scan, days between scan and report and the days between the USOC being reported and regional MDT.
- Patient interviews to understand the experiences of patients who have followed the current patient pathways.
- A GP audit questionnaire distributed to those GPs who have had a recent patient diagnosed with HCC or PC, to understand their views on the communication and patient information received.
- An audit of CNSs across Scotland to understand their experiences within the HCC and PC pathways has been carried out.
- Reacting early to a radiology report with suspicious features will avoid delays in commencing staging investigations. Each Board was asked to produce their own Standard Operating Procedure (SOP) to flag any report containing a concern for either PC or HCC, to enable that patient's CHI number to be emailed to the virtual CCT.
- The CCT assess the scan and co-ordinate with the patient's local and regional HPB teams, to expedite further investigations to confirm a diagnosis and complete a patient specific staging protocol; the patient being discussed at the earliest opportunity, with all required information at the regional Multidisciplinary Team (MDT).
- The CCT create and dynamically amend a patient care summary detailing current information, investigation and subsequent treatment plan to ensure all those directly involved with the patient's investigation and treatment ('communication bubble') are made aware of developments, results, and treatment plans. The care summary will contain generic treatment information to assist non specialists to ensure the patients prehabilitation, symptomatic and holistic needs are met during the staging period.
- A phased approach to rollout was undertaken, with the project operational across all Scotland in January 2023.

## What do I need to do as a radiologist or sonographer?

If you have any imaging with an USOC for HCC or PC, please email the patient's CHI to [nss.hpb@nhs.scot](mailto:nss.hpb@nhs.scot)  
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## Opportunity

The establishment of The Scottish Care and Coordination service for HPB cancer (SCOT—HPB) provides the opportunity to:

- Ensure consistency of referral patterns regardless of the stage of disease.
- Ensure patients receive appropriate care without unnecessary delays.
- Ensure patients feel supported at all stages of their pathway.
- Educate non specialists regarding the optimised early management of PC and HCC patients.

*'I'd prefer simpler language and not too much terminology. I was given my diagnosis over the phone which was a big shock—I would rather have been given a face to face appointment. Otherwise care was great from the district nurse to consultant.'*

*My CNS has been great and the overall care is excellent, I just felt that there was so many decisions to make which I didn't understand fully.*



## Challenges and Baseline

- Inequity of care
- Length of time taken for investigation and patient discussion at regional MDT meetings
- Variation in communication and information received by patients and carers following their diagnosis
- No 'Once for Scotland' approach to sharing data across Boards; Caldicott approval processes were challenging
- Access to IT systems across Scotland extremely difficult due to variation of systems and required VPN and logins.



## Successes so far...

- National roll-out was completed January 2023.
- National IT access has been established for the virtual team, a complex undertaking involving navigating information governance requirements for all boards and IT systems.
- The retrospective audit of patient data is complete for HCC and PC patients.
- Initial data collection from feedback from patients, GPs and CNSs has been reviewed.
- Prospective data was completed in the summer of 2023 - Positive trends noted within the immature data collected.
- Prospective data was completed in February 2024 which has been more robust data for analysis.
- The Scottish government confirmed further funding for another year—March 2025.
- Advice and support available for those with HCC patients.
- Clinical governance for the project has been established.
- Engagement with patient groups has taken place and will continue throughout.
- Governance for the project established, with a reporting structure in place.
- CNS education events have been held throughout the past 2 years.



## Insights & Findings

Early data from the initial audit, surveys and interviews has shown:

- A requirement to reduce the time taken between USOC and discussion at regional MDTs.
- A requirement to improve communication across all health care professionals involved with the patient's care.
- A need to further develop patient resources, support and information.

### Patient Interviews — retrospective

- Variation across regions in the communication received by patients, one-fifth of patients felt communication could be improved.
- Most common additional information given to patients was leaflets and booklets from the Boards and charities.
- Just over half of patients knew who their CNS was.
- Over half of patients felt they were well-supported at time of diagnosis and had enough information to make a decision on their care/treatment.
- Most thought time taken to be discussed at MDT was about right, however many were not aware of what an MDT was or how it fitted into their pathway

