

Annual Report 2023/24



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1. Summary

Welcome to the first annual report of the Scottish Cancer Network (SCN) which launched in 2021 as part of an initial two-year Cancer Improvement programme commissioned by the Scottish Government, hosted within National Services Scotland (NSS) Clinical Directorate.

The Scottish Government's [Cancer Strategy for Scotland 2023 to 2033](#) describes a 'Once for Scotland' vision for the next ten years to improve cancer survival and provide excellent, equitably accessible care. The aligned three-year [Cancer Action Plan for Scotland](#) sets out the key ambitions and highlights the need for a focus on prevention, earlier and faster diagnosis pathways, and improved support prior, during and after treatment.

At the heart of these strategic ambitions, the Scottish Cancer Network has been commissioned to define Clinical Management Pathways from the point of diagnosis, host national cancer networks, and to provide support to implement Once for Scotland working where there are clear benefits to cancer treatment and care, and effective use of clinical time (Action 135).

In April 2023, the SCN transitioned to the National Services Directorate (NSD). Alongside delivering the annual commission, the key focus has been to establish a SCN Portfolio Team and embed robust processes and governance. This report outlines some of the key successes delivered in 2023/24.

The SCN Portfolio Team would like to thank all our stakeholders who have shared our journey so far by engaging with our work and offering their time and support to enable successful delivery of the SCN.



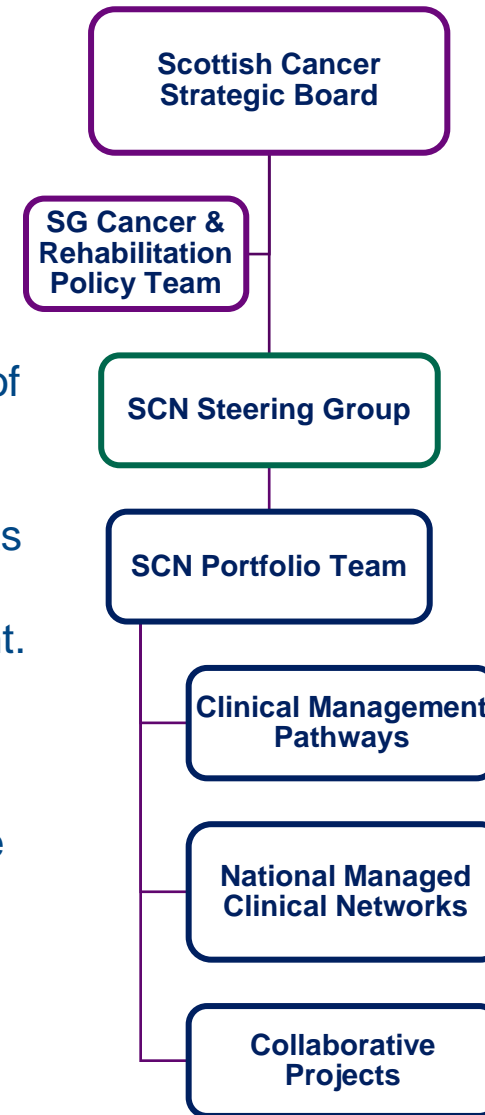
2. Network Purpose & Governance

The Scottish Cancer Network (SCN) is a dedicated national resource to support and facilitate a 'Once for Scotland' approach to cancer services. The main objectives are to:

- Develop and operate a system for the production, review, and hosting of National Clinical Management Pathways.
- Oversee and drive improvement of existing National Managed Clinical Networks and adopt similar national network approaches for other areas that may benefit.
- Deliver other collaborative projects as agreed with Scottish Government.

The SCN works collaboratively with already established regional and national Cancer Networks to support and clinically agree best practice, assuring people living with cancer of common standards no matter where they live.

Directly commissioned by the Scottish Government via the Cancer & Rehabilitation Policy Team, the Scottish Cancer Network reports into the SCN Steering Group and the national Scottish Cancer Strategic Board.



2. Network Scope

Described as being at the heart of the strategic ambitions set out in the national Cancer Action Plan 2023-26, The Scottish Cancer Network scope is aligned to six key actions and detailed in the 2023/24 commission on the next page.



ACTION 135: Delivery of Clinical Management Pathways and hosting national Managed Clinical Networks. Driving Once for Scotland approach where there are clear benefits treatment and care and effective use of clinical time

ACTION 134: Review Cancer governance and structures with purpose of simplifying the overall landscape.

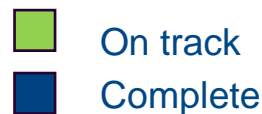
ACTION 125: Contribute and learn from data analysis being conducted through the International Cancer Benchmarking Partnership (ICBP) – Representing Scottish Jurisdiction

ACTION 63: Establishing and delivering the Oncology Transformation Programme (mobilisation phase).

ACTION 57: Ensure CMPs include appropriate guidance on the minimum number of times individual clinicians should provide specific treatments to ensure best possible outcomes and safe effective treatment.

ACTION 45: Invest in improving the pathways of less survivable cancers, particularly hepatocellular carcinoma (HCC) and pancreatic cancer (PC) to shorten the time to staging and agreeing treatment options.

3. 2023/24 Commission

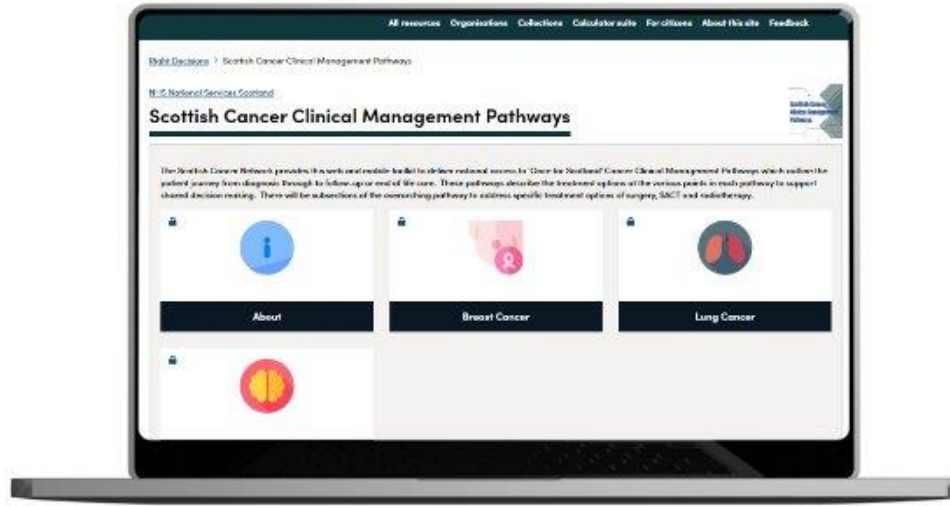
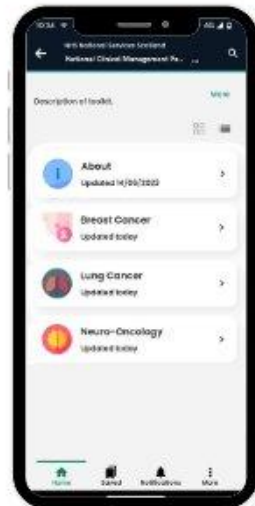


Deliverable	BRAG	Comment
Continue to develop national clinical management pathways, working to an agreed assessment framework for prioritisation, aligned to the Scottish Cancer Strategy, that includes: greatest opportunities to improve equity; unmet need; and not excluding opportunities to make particularly significant gains in rarer cancers	Green	Clinical Management Pathways published for breast, lung and adult neuro in 2023. Further information about these and all other achievements related to CMPs is provided on the following slides.
Continue to host existing national managed clinical cancer networks. It will maximise opportunities for embedding best practice across these, and to efficiently resource all activity. It will consider and adopt new networks, subject to clear evidence of need, opportunity to make significant improvement to service, or maximise scarce resource where this could clearly not be achieved via existing structures	Green	The SCN continues to manage five national managed clinical networks (NMCN) for cancer. An overview of their key achievements is provided in subsequent slides. Applications for possible new networks were also successful for neuroendocrine and ovarian cancer. A scoping exercise is underway to better understand the potential benefits of developing networks for these tumours which is due to complete in 2024.
Complete by December 2023 a review of cancer governance and advisory groups, making recommendations for improvement and change	Blue	Review completed early December 2023, which has informed future developments for key national cancer governance groups within Scotland.
The SCN will join International Cancer Benchmarking Partnership Meetings, coordinating clinical feed into its ongoing work and sharing across the clinical community key outputs from its programmes	Green	The SCN National Clinical Lead has attended, and continues to attend, ICBP meetings as representative for Scotland.
Progress phase 2 of the Oncology Transformation Programme.	Blue	Following a comprehensive stakeholder engagement exercise, the final phase 2 report was submitted to the Scottish Government. This has informed the design of the next stage of the programme and the creation of a short life working group to progress the next steps.

3.1 Clinical Management Pathways (CMPs)

National Services Scotland were commissioned by Scottish Government in 2021 to establish a consensus process for defining clinical management pathways for cancer. Whilst regional, national and international guidelines existed, it was a challenge to ensure these were timeously maintained and aligned to latest cancer care developments. Treatment variation across Scotland prove an additional challenge.

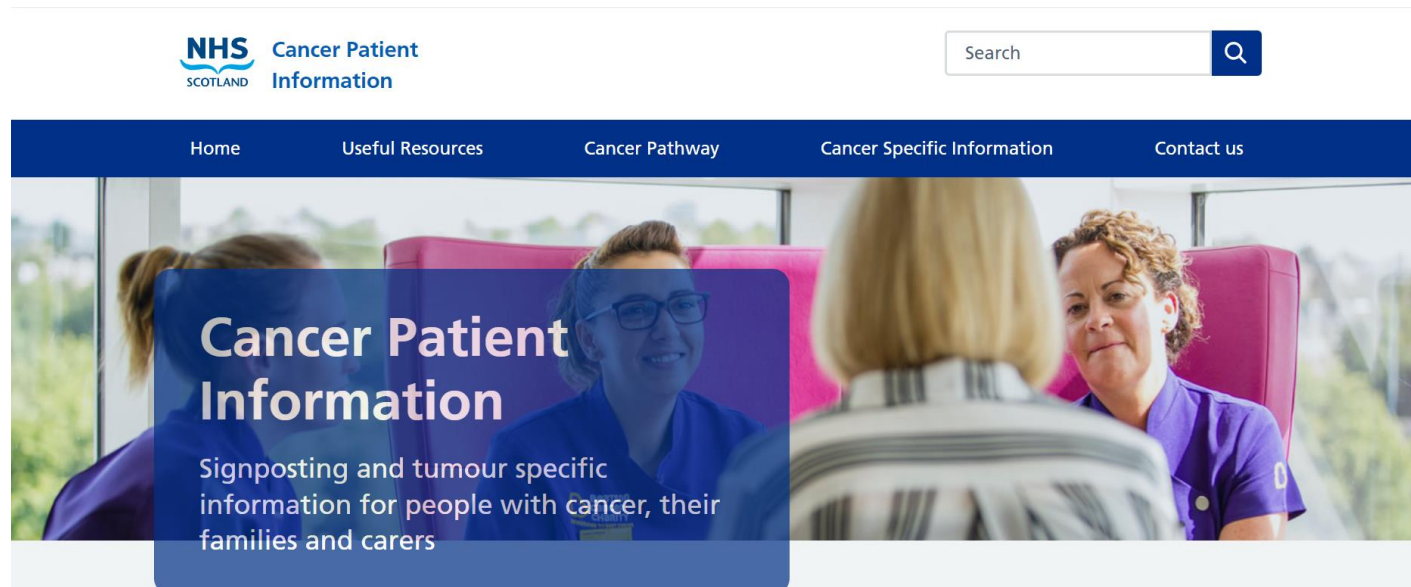
Through consultation, health-care professionals agreed it would be helpful for teams across Scotland to reach consensus on which treatment options might be considered at points across patient pathways from diagnosis right through to survivorship or end of life care. Three tumour sites formed the basis for the Clinical Management Pathways (CMPs) pilot: breast cancer, lung cancer and adult brain tumours. Consensus on treatment options was reached for each cancer and guidance for healthcare professionals were published as CMPs on the Right Decision Service platform in September 2023. The CMPs were accessible to healthcare staff across Scotland.



3.1 Clinical Management Pathways (CMPs)

What we achieved

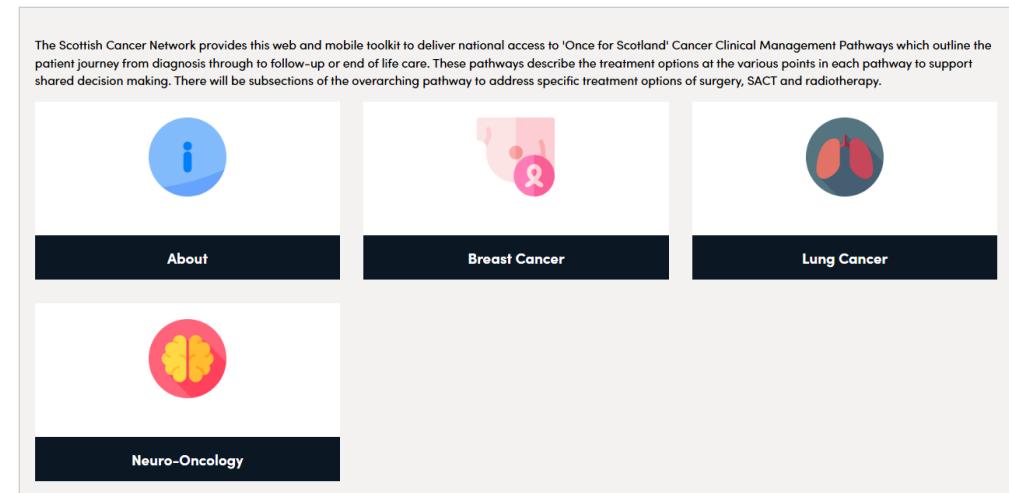
- ✓ Over 200 stakeholders involved within the Prostate and Head and Neck Cancer Pathways under development across 14 specialist subgroups
- ✓ Breast Cancer CMP published on the [Right Decisions Service](#) (RDS)
- ✓ Lung Cancer CMP published on RDS
- ✓ Adult Brain Cancer CMP published on RDS
- ✓ Patient website launched - [Cancer Patient Information \(nhs.scot\)](https://www.nhs.uk/cancer-patient-information)



3.1 Clinical Management Pathways (CMPs)

Existing CMPs (Breast, Lung and Adult Brain Tumours)

- Over 1600 users accessed these CMPs since launch in September 2023 accumulating over 20,000 site views
- Ongoing maintenance of pathways governed through new Editorial Group and supporting SACT subgroups
- Representation on Editorial Group from regional network tumour leads, Healthcare Improvement Scotland and other national cancer forums
- Updates or changes to CMPs managed by CMP Programme Team with decision making support from Editorial Group
- Full review of live CMPs to be conducted every 3 years
- Abbreviated process for Scottish Medicines Consortium and National Cancer Medicines Advisory Group advice to permit dynamic, living guidelines for cancer medicines
- Once published Clinical CMP content translated for patient information site with review by patient groups and NSD Plain English expertise



3.2 National Managed Clinical Networks (NMCNs)

Scottish Adult Neuro Oncology Network (SANON)

Clinical Lead: Sharon Peoples

Key network achievements

Network Structure

- ✓ Reinstated Steering Group meetings
- ✓ Steering Group Terms of Reference refresh
- ✓ Network Clinical Lead recruitment and onboarding

Service Development

- ✓ Outgoing Clinical Lead champion for Neuro CMP

Communication and Engagement

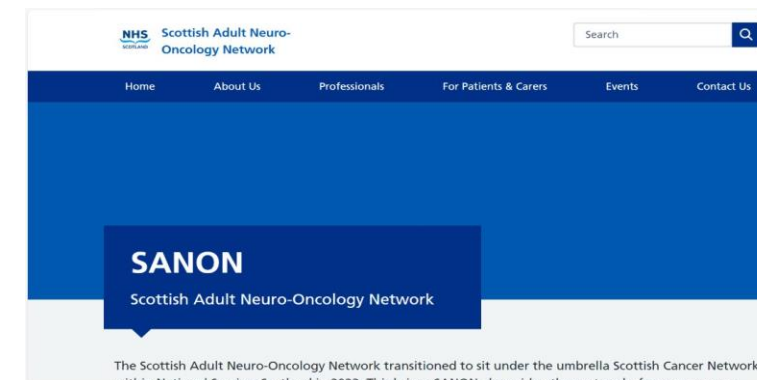
- ✓ New website developed
- ✓ Third Sector collaboration via Brain Tumour Trust and Brain Tumour Charity

Education and Training

- ✓ Annual Education Event - over 40 attendees

Data/QI

- ✓ Brain/Central Nervous System (CNS) Cancers QPI Annual Clinical Audit - first produced following transition to SCN and NSS
- ✓ Participation in Brain/CNS QPI Formal Review

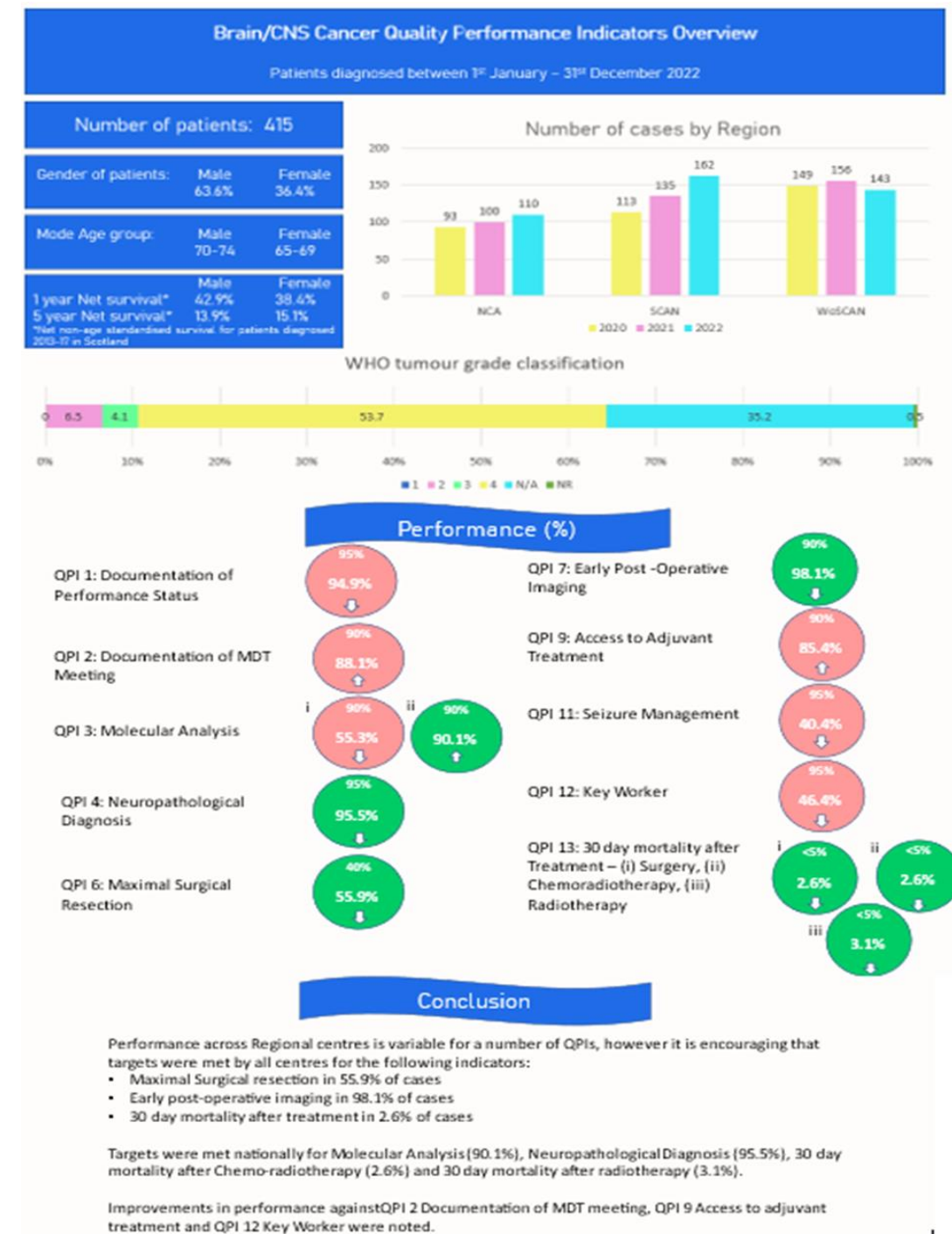


Quality Performance Indicator (QPI) Reporting (SANON)

Scottish Cancer Network

Recommended actions:

- QPI 1: Documentation of Performance Status - this should continue to be the responsibility of the MDT Chair. Responses regarding review of cases is listed below
 - The South East Scotland Cancer Network (SCAN) will continue to retain a rota for a nominated person to chair the MDT each week to improve consistency in documenting Karnofsky Performance Status (KPS) at the time of MDT
 - NHS Grampian will continue to remind all surgeons about stating KPS when listing patients
 - NHS Highland: Has improved attempts to ensure that KPS is recorded for newly diagnosed patients. Highland will continue to communicate the need to ensure a PS is recorded on all outcome forms going forward
- QPI 2: Documentation of Multi-disciplinary Team Meeting (MDT) - NHS Greater Glasgow & Clyde (GGC) were pleased to note the improvement in performance from 66.7% last year, although below target level. Improvement actions were not presently identified, but GGC will keep these figures under review.
- QPI 3(ii): Molecular Analysis - There have been notable improvements across Scotland with SCAN meeting, and both the North Cancer Alliance (NCA) and West of Scotland Cancer Network (WoSCAN) within a narrow margin of achieving the target
- QPI 4: Neuropathological Diagnosis - There has been a recent drop in the achievement of this QPI with NCA and WoSCAN dropping slightly below the target. Health Boards to ensure appropriate recording of all data items on surgical requests.
- QPI 11: Seizure Management - SCAN to address workforce capacity and successional planning and NHS GGC to develop resource with Epilepsy Neurology Consultants and Epilepsy Nurses
- QPI 12: Key Worker - SCAN will continue to ensure that key worker is consistently recorded for all eligible patients at the time of MDT discussion. Aberdeen/Inverness MDT to address documentation issues. NHS GGC remarked that key worker allocation at first MDT discussion when definitive diagnosis is not yet known is inappropriate for pathway and plan to highlight at the formal review. Additionally, a section for recording of key worker identification to be added to MDT proforma.



3.2 National Managed Clinical Networks (NMCNs)

Scottish Sarcoma Network (SSN) Clinical Lead: Louise McCullough

Key network achievements

Network Structure

- ✓ Regular Steering Group meetings and Steering Group Terms of Reference refresh
- ✓ Network Clinical Lead extension

Service Development

- ✓ Virtual MSK-Oncology Clinic (West of Scotland) links to National MDT
- ✓ West of Scotland MDT Teams Application option explored
- ✓ Sarcoma Referral Pathway Subgroup

Communication and Engagement

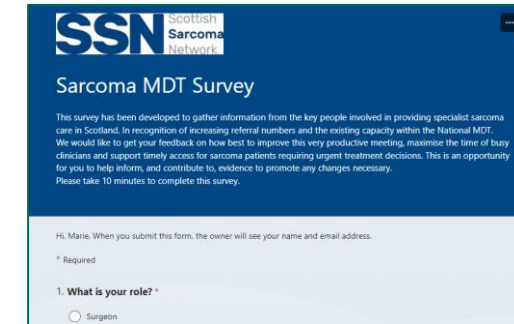
- ✓ SWAY Newsletter
- ✓ New website developed
- ✓ Third Sector collaboration via Sarcoma UK

Education and Training

- ✓ In-person Education Event - 50 Attendees
- ✓ Surgical Morbidity and Mortality meetings
- ✓ Nurse Forum/Network Development

Data/QI Data/QI

- ✓ Sarcoma QPI Annual Clinical Audit
- ✓ Sarcoma case ascertainment exercise initiated



Scottish Cancer Network

QPI Reporting (SSN)

Recommended actions:

- QPI 1: All NHS Boards to continue their efforts to ensure histological diagnosis is conducted for all patients with extremity sarcomas before undergoing a planned surgical resection to maintain or further improve performance
- QPI 2: NHS GGC should encourage clinicians to email MDT Co-ordinator and/or the Sarcoma MDT team to share treatment decision enabling electronic peer review and/or consensus is ensured where possible
- QPI 3 (i): Performance is predominantly a reflection of low patient numbers. NHS Boards to ensure timely CT scan reporting and modify request priority upon confirmation of malignancy
- QPI 3 (ii): SCAN to continue practice to further improve the documentation of TNM
- QPI 4: All NHS Boards to continue their efforts to ensure surgical margins are adequately excised for all patients with extremity sarcomas and ensure planned marginal excisions are well documented
- QPI 5: WoSCAN to continue with analysis of biopsy specimens and SCAN to implement pathology guidelines and maintain awareness of mutational analysis timeline requirements
- QPI 8: Performance levels are predominantly a reflection of the low numbers involved. NHS Boards are encouraged to ensure timely referral to MDT meeting and minimise delays with both post-operative wound problems and pathology reporting
- QPI 9: Continue efforts to ensure patients are offered multi-agent neoadjuvant chemotherapy when clinically indicated
- QPI 11: NHS Boards to continue to ensure patients have access to appropriate palliation when necessary

Sarcoma QPI Overview

Patients Diagnosed: April 2022 - March 2023

Number of Patients: 372

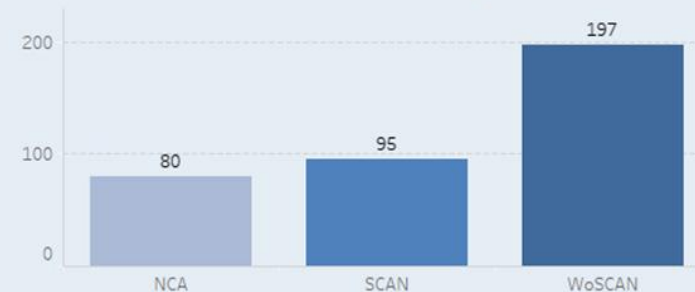
Gender of patients:

Males: 59.1%

Females: 40.9%

Median Age: 65

Where are patients diagnosed



Scotland Performance %

QPI 1: Histological Diagnosis

90%
93%

QPI 2: Multi-Disciplinary Team (MDT) Meeting

95%
96%

QPI 3: Staging (i) CT Prior to Def. Treatment (ii) TNM Stage Recorded

95%
82%
95%
88%

QPI 4: Surgical Margins

85%
88%

QPI 5: Molecular Staging of GIST (i) non-metastatic (ii) metastatic

90%
76%
90%
88%

QPI 7: Primary Flap Reconstruction

85%
97%

QPI 8: Post Operative Radiotherapy

90%
64%

QPI 9: Multi-Agent Chemotherapy for (i) Osteosarcoma (ii) Ewings Sarcoma

90%
83%
90%
25%

QPI 10: Post-Op Oncology Treatment for GIST (i) ever (ii) within 2 mths

90%
69%
90%
56%

QPI 11(i): 30 Day Mortality (a) Surgery (b) Radical Radiotherapy

< 10%
0%
< 10%
0%

QPI 11(i): 30 Day Mortality (d) Neo-Adjuvant Radiotherapy (f) Adjuvant Radiotherapy

< 10%
0%
< 10%
0%

QPI 11(ii): 30 Day Mortality - Palliative Radiotherapy

< 15%
33%

Key Achievements:

- Histological Diagnosis, MDT and Surgical Margins all saw improvement on last year to now meet the target nationally
- Primary Flap Reconstruction maintained performance
- 30 Day Mortality performance was
 - maintained for surgery, radical and neoadjuvant radiotherapy and
 - improved performance seen in adjuvant radiotherapy.

Areas for Improvement:

- TNM staging showed a decline nationally in performance
- Failed to reach target though numbers are very small
 - Post operative radiotherapy
 - Molecular staging of GIST
 - SACT for osteosarcoma
 - Ewing's Sarcoma patients
 - Post operative oncological treatment for GIST

3.2 National Managed Clinical Networks (NMCNs)

Scottish HepatoPancreatoBiliary Network (SHPBN)

Clinical Lead: Euan Dickson

Key network achievements

Network Structure

- ✓ Steering Group Terms of Reference refresh
- ✓ Network Clinical Lead recruited and onboarded

Service Development

- ✓ Resectable Hepatocellular Cancer Management Programme
- ✓ Stereotactic ablative radiotherapy (SABR) Short Life Working Group
- ✓ Pancreatic and Hepatocellular Cancer Pathway Improvement Project (PHCC PIP) evaluation

Communication and Engagement

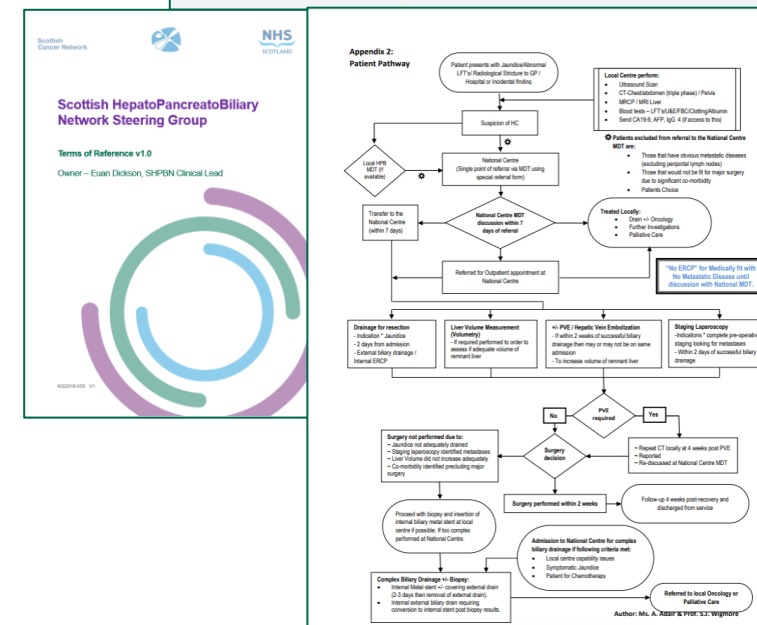
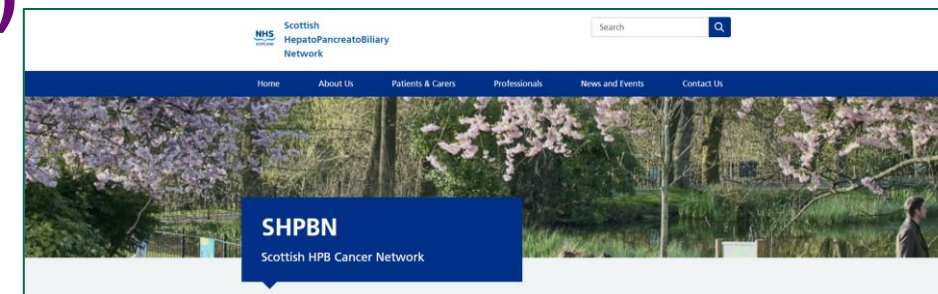
- ✓ SWAY Newsletter
- ✓ New website developed
- ✓ NCA HPB Pathway Board liaison
- ✓ Third Sector collaboration via PHCC PIP and Less Survivable Cancer Taskforce

Education and Training

- ✓ Nurse Study Day Q2
- ✓ Nurse Forums Q1/Q3

Data/QI

- ✓ HPB cancer QPI Annual Clinical Audit
- ✓ Monitoring Colorectal Metastases Audit



Scottish Cancer Network

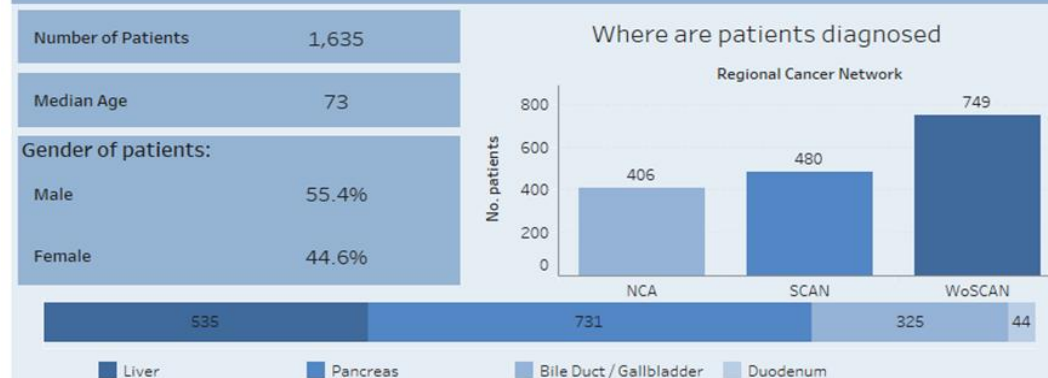
QPI Reporting (SHPBN)

Recommended actions:

- QPI 1: Continue efforts to discuss all patients at MDT meeting before definitive treatment. MDTs that have discussed deceased patients should report reasons to provide clarity whether there were delays in access to diagnosis or treatment
- QPI 2: Improvement in recording processes for patients undergoing CT and MRI, with particular focus on Child Pugh and BCLC score
- QPI 3: Improve appropriate documentation for patients not referred to SLTU and maintain communication with SLTU on a case-by-case basis to ensure current guidelines are employed
- QPI 4: NHS Boards with patients who received curative treatment or who opted for no palliative treatment could examine documenting processes as these patients should be excluded from this dataset
- QPI 12: Surgeons should be operating on a minimum of 4 patients per year – urgent review required by owning health boards
- QPI 15: Further, more detailed, review of patients given an oncological appointment or treatment outwith the 6-week period is sought to help identify factors causing delays. Action plans required to interrogate the data to understand what delays are due to. Additionally, the QPI denominator should be considered for revision at the next HPB QPI Formal Review (4th cycle due 2025)
- QPI 16: The ongoing shortage, or absence of key workers in some NHS Boards/specialties creates inequity of access and standards of care. Specific units and health boards should attempt to ensure there is a dedicated key worker in every Health Board and Specialty unit as a key worker is tantamount to improving patient care. An action plan is required to understand and address the need to audit how many HPB specialist nurses are in post in each area and how their jobs answer this need for support.

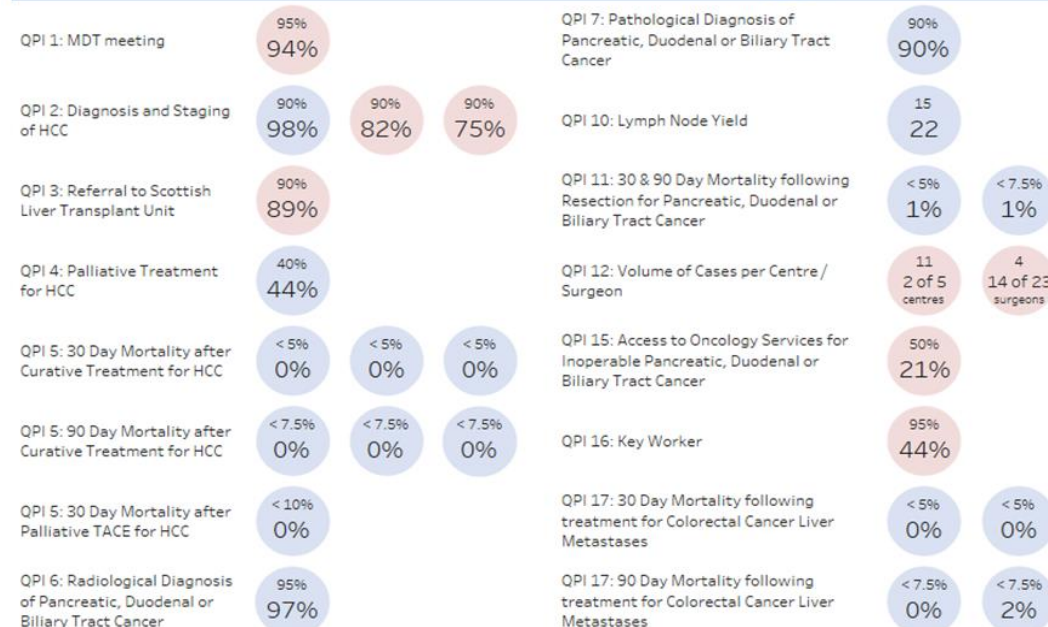
HPB Cancer QPI Overview

Patients diagnosed Jan - Dec 2022



Performance (%)

Target Performance 2022



Key achievement

- Zero mortality rates for HCC cancer patients within 30- and 90-days of disease-specific treatment, whether liver transplant, resection, ablation or TACE across all regions, exceeding targets

Key areas for improvement

- Access to a key worker
- Timely access to oncology services for those eligible

3.2 National Managed Clinical Networks (NMCNs)

Scottish Thyroid Cancer Network (STCN)

Clinical Lead: Mark Strachan

Key network achievements

Network Structure

- ✓ Steering Group Terms of Reference refresh

Service Development

- ✓ National MDT Guidelines
- ✓ Genomic testing pathway for thyroid cancer
- ✓ SACT guidelines for differentiated thyroid cancer and anaplastic – Dab/Tram
- ✓ SACT approved by NCMAG
- ✓ Revised long-term follow-up guidelines
- ✓ Day-case radioactive iodine
- ✓ Single Paediatric Pathway
- ✓ CMG for adrenocortical cancer
- ✓ National MDT for adrenocortical cancer

Communication and Engagement

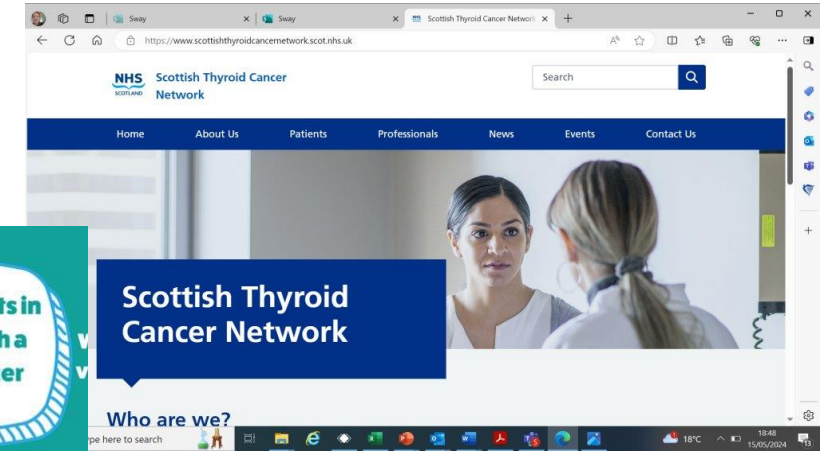
- ✓ SWAY Newsletter
- ✓ New website developed

Education and Training

- ✓ Annual Education Events in May and September 2023
- ✓ Genomics Education resource to support testing pathway
- ✓ Annual Education Event
- ✓ Virtual ACC Education Event including review of case discussions

Data/QI

- ✓ Incidence and mortality data
- ✓ Participation in the development of national QPIs
- ✓ Radiology audit post hemithyroidectomy
- ✓ Surgical Volume audit
- ✓ AI project
- ✓ Thyroid Cancer Registry project
- ✓ Scottish Patient Experience Survey over 150 responses and counting - distributed via charity partners Cancer Support Scotland, Macmillan, Butterfly Thyroid Cancer Trust, British Thyroid Foundation



3.2 National Managed Clinical Networks (NMCNs)

Scottish Mesothelioma Network (SMN)

Clinical Lead: Prof Kevin Blyth

Key network achievements

Network Structure

- ✓ Regular Steering Group meetings and Steering Group Terms of Reference refresh
- ✓ Network Clinical Lead extension

Service Development

- ✓ National Clinical Management Guidelines
- ✓ The National Cancer Medicines Advisory Group (NCMAG) has supported the off-label use of Nivolumab for treatment of mesothelioma
- ✓ Access to thoracoscopy in all five regions to optimises diagnostic pathway
- ✓ QPI report identified all regions now engaging with national MDT

Communication and Engagement

- ✓ SWAY Newsletter
- ✓ New website developed

Education and Training

- ✓ Annual Education Events in June 2023
- ✓ Quarterly national CNS forum
- ✓ Radiology webinar developed for education sharing learning from radiologist who have attended the national MDT for five years

Data/QI

- ✓ National network and MDT impact assessment carried out due to be published in 2024
- ✓ 2022 National QPI audit report completed

Scottish Cancer Network



Inverness



Glasgow Hub
➢ Weekly National MDT meeting
➢ Mesothelioma CNS and Pleural CNS
➢ MDT Coordination, Project Management
➢ National Audit & Clinical Trials Coordination
➢ Patient/Carer Resources

Spokes: Aberdeen, Edinburgh, Dundee, Inverness
➢ Join National MDT meeting
➢ Mesothelioma Lead Clinician
➢ Mesothelioma CNS

£1.2m
April 2019-2022

Action on Asbestos

MESOTHELIOMA UK
Supporting People With This Rare Cancer

WE ARE
MACMILLAN.
CANCER SUPPORT

NHS
National
Services
Scotland

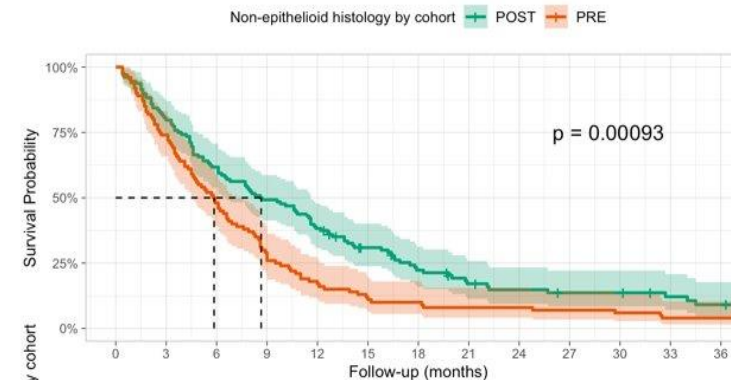
Aberdeen



Dundee



Edinburgh



Recommended actions:

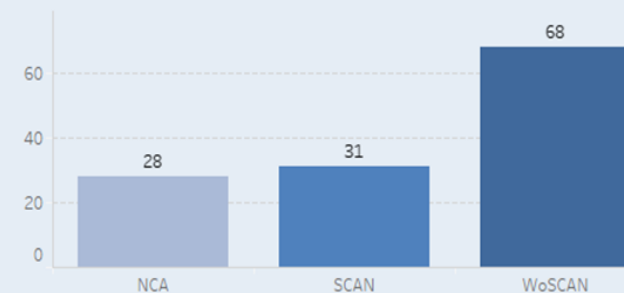
- QPI 1: SMN to provide ongoing support/education to sites with below average performance to maintain engagement with the weekly national MDT
- QPI 2: SMN to liaise with Pathology to compile an updated list of ICC markers and additional markers to be added to QPI
- QPI 3: SMN to continue to support education and engagement with all sites
- QPI 8: No action required

Mesothelioma Quality Performance Indicators

Patients Diagnosed: January 2022 - December 2022

Number Diagnosed with Pleural Mesothelioma:	127
Number Diagnosed with Mesothelioma:	136
Males:	78.7%
Females:	21.3%
Median Age:	77

No. Patients by Region of Diagnosis



QPI Performance

	QPI Target	National Performance	Target Met
QPI 1(i) Diagnostic Imaging	90%	92.9%	✓
QPI 1(ii) Diagnostic Imaging TNM Recorded	95%	96.4%	✓
QPI 2(i) Diagnostic Histopathology	85%	96.0%	✓
QPI 2(ii) Diagnostic Histopathology Subtype Identified	95%	98.3%	✓
QPI 2(iii) Diagnostic Histopathology IHC profiling undertaken	95%	93.0%	✗
QPI 3 National MDT Discussion	95%	97.6%	✓
QPI 8 Post Mortem Examination	<10%	6.3%	✓

Key Achievements

This was the 3rd year of Mesothelioma QPI data collection. QPI target was met nationally on 3 out of the 4 reported QPIs and performance has improved across all the 4 reported QPIs. All regions met QPI 3 however QPI 1, 2 and 8 and were not met across all regions so further analysis will be required by the SMN. NCA achieved 100% on QPI 1 (ii), QPI 2 (iii) and QPI 3. In November 2022 QPIs 4,5,6 were revised at formal review and are not reported this year.

It should be noted that the denominator numbers for many of the QPIs are small and that impacts percentages. In some cases where QPI targets have not been achieved this has resulted in non compliance in only a single case in some boards.

Areas for Action

SMN will coordinate further analysis to better understand variance in performance in relation to :-

- QPI 1 (i) (ii)
- QPI 2 (iii)
- QPI 8

3.3 Collaborative Projects

Oncology Transformation Programme – mobilisation phase

The National Oncology Taskforce was established in 2022 with a role of commissioning and approving the Oncology Workforce Review Report. The review offered 50 possible system changes for further consideration.

The Oncology Transformation Programme (OTP) was established in 2023 and the SCN was tasked with taking forward the mobilisation phase. Working with a wide range of national stakeholders, the SCN comprehensively validated and prioritised these change ideas. A series of stakeholder engagement sessions were held, including online surveys and two virtual workshops which resulted in the change opportunities being refined to five areas.

- Strategic Service Review
- Optimal Service Model
- Recruitment
- Workforce Development
- Demand Management

These change opportunities were summarised in a report submitted to Scottish Government (SG) in November 2023 to inform the next phase of the Oncology Transformation Programme during 2024/25 being led by a dedicated Oncology Task and Finish Group.



3.3 Collaborative Projects

Pancreatic and Hepatocellular Cancer Pathway Improvement Project (PHCC PIP)

The [Cancer Action Plan for Scotland](#) highlights the need for earlier and faster diagnosis pathways. Action 45 (page 12) describes the ambition to ‘Invest in improving the pathways of less survivable cancers, particularly hepatocellular carcinoma and pancreatic cancer with a view to shorten the time to staging and agreeing treatment options’.

Hosted by the Scottish Cancer Network as part of the Scottish HPB Network (SHPBN), and aligned to Action 45, the Pancreatic and Hepatocellular Cancer Pathway Improvement Project (PHCC PIP) was funded by the Scottish Government initially from April 2022 to March 2024 PHCC PIP with the key objectives to:

- Develop and operate a national project to test and evaluate the effectiveness of improved pathways for patients with suspected Hepatocellular carcinoma (HCC) or Pancreatic Cancer (PC).
- Provide a signposting service for all health professionals looking after patients living with HCC or PC.
- Provide national education via the SHPBN for Clinical Nurse Specialists (CNS) looking after patients living with HCC.

The project met these objectives and also identified information and clinical governance challenges that needed addressed to allow the model to be resilient and scalable.

Funding has been extended until March 2025 to continue the pathway as a national service, renamed SCOT HPB whilst a sustainable service model is considered by a wide stakeholder group to ensure the benefits of the project are not lost.



4. Communication & Engagement

The SCN National Event was held on 8th March 2024 with over 100 attendees. The event report is available to all [here](#).

The CMP also team held a Breast Cancer Supportive Care Educational Symposium in March 2024 to showcase the CMP content.

Two SCN newsletters were published in 2023/24. The intention being to continue doing so on a quarterly basis. The newsletters attracted nearly 5,000 views.



4. Communication & Engagement

Below are examples of other events that the network participated in 2023/24.

- March 2023 Presentation at the biennial Scottish National Lung Cancer Forum on Implementing a Once for Scotland approach
- March 2023 Chaired the SCN supported open meeting for Follow up in Breast Cancer
- May 2023 Presented on development of CMPs and need for surgical consensus to the Neurosurgical MSN national meeting
- November 2023 Presentation on implementation of CMPs to the South East Scotland Cancer Network Regional Cancer Advisory Group
- November 2023 CMP workshop facilitated at the Cancer Research UK / Cross-party Group on Cancer Scottish Cancer Conference
- November 2023 Presentation on SCN update and CMP publication to West of Scotland Cancer Network
- November 2023 Presentation on SCN and CMP publication for Scottish Primary Care Cancer Group
- November 2023 Presentation at the Royal College of Physicians Glasgow to Scotland Head and Neck Cancer Meeting on developing CMPs
- November 2023 Presentation to all of third sector partners in Scottish Cancer Coalition Meeting on SCN purpose and CMP development
- January 2024 Represented SCN at the National Clinical Framework Planning Workshop
- March 2024 Presentation on breast CMP at the National Breast Cancer National Managed Clinical Network Conference
- March 2024 Presented to ICBP Board on the Challenges for Scotland on international cancer benchmarking

In addition, the SCN National Clinical Lead contributed to discussions and participated in the following groups:

- Contributed to QPI update 2023 on brain tumours on behalf of SCN
- Contributed to MacMillan Psychological Support Therapy group in linking proposals to CMP development
- Interacting with CRUK patient forum as they assist us in feedback on our patient content for information website to accompany CMPs
- Member of the Earlier Cancer Diagnosis Programme Board hosted by the Centre for Sustainable Delivery, ensuring close Collaboration between the early diagnosis work (RCDS boards and optimal pathways) with CMPs.
- Participated in the national PROMS forum to ensure linkage with CMP development.
- Contribute to SACT risk stratification group
- Member of Children and Young People with Cancer Managed Service Network Board and advising on implementation of single site radiotherapy for Scotland paediatrics



5. Look ahead

The SCN has been commissioned by Scottish Government to deliver the following in 2024/25

Clinical Management Pathways (CMPs)

- Driven by clinical consensus, develop and publish at least two new CMPs (head & neck and prostate).
- Maintain and improve CMPs on the Right Decisions Service
- Further develop and expand the patient information website ensuring accessibility.
- Establish and coordinate a national Editorial Group to provide governance and assurance to CMP development, publication and maintenance.

National Managed Clinical Networks (NMCNs)

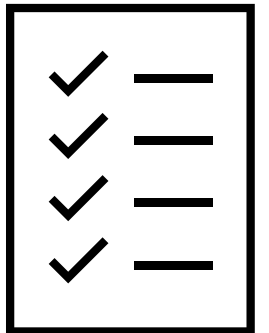
- Host and lead a programme of improvement across five rare cancer NMCNs
- Scope and appraise national improvement options for ovarian and neuroendocrine cancers including consideration of network models.

Scottish Care & Coordination Service for HPB Cancers (SCOT HPB)

Develop a sustainable service model for HPB cancers that retains the national benefits of the PHCC PIP project.

National Cancer Quality Programme

Working collaboratively with the National Cancer Quality programme, the SCN will advise on the benefits, risks, practicalities and timescales of realigning future hosting models.



5. Look ahead

The SCN has been commissioned by Scottish Government (SG) to deliver the following in 2024/25

Managed Service Network (MSN) for Children and Young People with Cancer

Working collaboratively, the SCN will review and advise on possible new models for the MSN that would align with existing governance and inform future commissioning.

Systemic Anti-Cancer Therapy (SACT), Radiotherapy and Molecular Radiotherapy (RT) Programme Boards

Working collaboratively, explore responsibilities and deliverables of the SACT and RT programme boards advising on alternative delivery structures.

Oncology Transformation Programme (OTP) Task and Finish Group

Provide programme management to the OTP Task and Finish Group, leading the development of a new model for NHS Scotland Oncology Services.

International Cancer Benchmarking Partnership

Continue to provide representation on behalf of the Scotland jurisdiction for the partnership.

National Oncology Coordination Group

Continue to provide secretariat support for the National Oncology Coordination Group (NOCG).



6. Contact

For more information or to contact the SCN Portfolio Team,
please email nss.scottishcancernetwork@nhs.scot

[Cancer Networks – National Networks \(nhs.scot\)](#)