SCAN, the South East Scotland Cancer Network, aims to improve care and treatment for cancer patients. We do this by working together and listening to the experiences of patients.
Welcome to the fifth annual report of SCAN, the South East Scotland Cancer Network. With four and a half years’ experience in working together to improve cancer services, confirmation of SCAN’s maturity as an organisation came in January 2005 with official accreditation from NHS Quality Improvement Scotland (NHS QIS). SCAN was one of the first managed clinical networks to go through this process, which examined SCAN’s focus on the needs and experiences of patients and carers, management, governance and reporting structures, adoption of evidence-based practice and staff training and education. Many of the developments supporting this recognition are described in the specific parts of this report – this introduction gives a brief overview to the strategic links between them.

Regional Working
SCAN, as any other living organism, needs to adapt and take account of its maturity as well as changing environment. During 2004, “SCAN Next Steps” helped us to work through issues such as communication, reporting and accountability between the SCAN groups and our regional reporting and governance structures such as the RCAG, Regional Cancer Advisory Group, and SEAT, South East and Tayside Regional Planning Group (see report on page 4).

Getting these links right however, brings major advantages. The process of horizon-scanning and shared planning in implementing Scottish Medicines Consortium (SMC) decisions not only means that all our patients have access to new medicines but it also saves clinical and administrative time and helps to manage financial risks for boards. Experience from SCAN has informed national collaboration that will reduce unwanted variations in patient care.

Two other important areas of shared approach to services will be the regional review of breast services and chemotherapy provision reporting in 2005-06. Both aspects of the service are under pressure from increasing demand, share problems with availability of specialist staff and need to address the challenge of providing services that are accessible to patients. Regional gynaecology services that have enabled women from Fife, Borders and Dumfries and Galloway access to specialist care in their local setting are being formalised so that the clinical goodwill and collaboration is sustainable in the long term.

Tackling Waiting Times
A major focus of work is the delivery of the 2005 waiting time guarantee: that the maximum wait from urgent referral to treatment for all cancers will be two months. These "cancer waiting times" are a composite measure of performance of all health care sectors from GP care to specialised inpatient services and in large part are affected by the assessment of patients who do not have cancer. This makes them a unique and clinically meaningful target needing complex solutions. SCAN has delivered an overview of current performance, an understanding of the bottlenecks and structural barriers in the pathways of care and, with support from the Cancer Services Improvement Programme, has identified a number of solutions. We are now, with the help of colleagues in the hospitals, starting to implement and manage the changes.

Much of this will be dependent on the availability of information. SCAN Audit has been invaluable in providing data that lets us look back at patients’ treatment, but we also need up-to-date information during the journey of care. To improve the support we can offer patients, we need to use routine NHS information and improve its quality. Everyone recognises the key role of modern Information Management and Technology (IM&T) and we are eagerly anticipating ministerial decisions on the direction and scope of the national IM&T strategy. Cancer networks are in the first line of the implementation programme and SCAN breast and urology services are ready to start the process.
Working as a multidisciplinary network we have identified a number of new roles – such as multi-disciplinary team (MDT) coordinators – that are needed to improve the speed and quality of the patient pathway. Working with colleagues in human resources we support staff through training to deliver high quality care at all levels.

While, much of this may sound very management orientated, it is the key advantage of SCAN that we can provide this help for our clinical teams. By sharing the pain of developing these support mechanisms we can make much faster progress – and we are always keen to hear about other ways in which we can help you.

**What Next?**
The Freedom of Information act will have major impact on data and reporting. As an organisation we have anticipated this through our policy of publishing our documents on the Cancer Information Network (CIN) at www.scan.scot.nhs.uk and we are reviewing the processes around audit data and reports. The more information we can make openly available, the better.

The national framework for service change is reporting in 2005. Cancer networks have been considered by Professor David Kerr and his team as already being on the modernisation path, but we are contributing to plans for “care in the local setting”.

Regional working will be increasingly important. NHS Boards now have a statutory responsibility to work in partnership and this will help to provide high quality care for patients wherever they live in South East Scotland. SCAN has shown that services can be retained and welcome any developments that would make the administrative consequences of sharing across boundaries easier.

The NHS is in a period of unparalleled change of contractual terms and conditions for its entire staff. This has brought major turbulence, but also an opportunity to recognise and reward additional responsibilities and develop new roles. We look forward to establishing some of these new roles soon including regional consultants, consultant nurses and allied health professionals to strengthen the regional multidisciplinary teams as well as developing roles of pathway coordinators, and decision support workers to improve patient’s experience.

There is no doubt that all aspects of the NHS performance are under increasing scrutiny. This won’t go away. For us the main indicators will be waiting times, NHS QiS and CSBS (Clinical Standards Board for Scotland) standards and the experience and outcomes of care for our patients. Being able to demonstrate these will bring reassurance to patients and all our other partners. We know that cancer services are getting better – we need to find easy-to-understand ways of showing it.

You will find details and consequences of many of these issues in the reports of the tumour-specific SCAN Groups and associated networks in this report. Much energy, hard work and ongoing enthusiasm has gone into preparing it and into the actions that it covers. This report demonstrates clearly that a bunch of talented people working together for benefit of their patients can make a big difference. Maintaining the momentum is essential – we have come a long way, but lot more remains to be done. My thanks go to all whose personal support and help makes working with SCAN such a great joy and a privilege.

Anna Gregor SCAN Clinical Director

“The strength of the network is its focus across organisational boundaries, on improving outcomes for the population with cancer. It brings together clinicians, individually and in teams, to deliver on that goal.”

George Brechin
Chair, SCAN RCAG 2004-2005 and Chief Executive, NHS Fife

“The continued progress in working together to improve cancer services for patients – efforts that have rightly been recognised with the NHS QiS accreditation.”

Jackie Sansbury
Director of Healthcare Planning, NHS Lothian
One of my central roles while coming into post as SCAN Manager in August 2004 has been to deliver the actions laid out in the document *Cancer in Scotland: Sustaining Change*. The aim of the SCAN Next Steps process has been to build on the strong foundations established by so many across the network and strengthen the connectivity between the key elements of SCAN. The following actions have taken place as part of the Next Steps processes.

**Regional Cancer Advisory Group (RCAG)**
- The South East and Tayside Regional Planning Group (SEAT) have formally recognised the RCAG as a sub-group of SEAT responsible for planning cancer services across the South East of Scotland.
- Clinicians are now central members of the RCAG.
- Patient representatives are supported to attend and contribute to RCAG meetings.
- There is a clearly defined and co-ordinated annual planning cycle where all areas of the network assess local, regional and national priorities for investment and development (see page 5).
- The Senior Clinical and Management Group which supports the function of the RCAG has been reviewed. It now has agreed membership, roles, responsibilities and reporting mechanisms. Its relationships strengthen the links between clinicians and managers, as there is now a designated regional manager providing managerial support to the tumour-specific SCAN Groups.

Many thanks go to George Brechin, Chief Executive of NHS Fife, for the considerable work that he has overseen during his year as Chair of the RCAG. I look forward to the valuable contribution that John Burns, Chief Executive of Dumfries & Galloway, will make to our regional planning developments over the coming year.

**Tumour-Specific SCAN Groups**
Health Boards have nominated a local lead clinician to sit on the tumour-specific SCAN Groups. Local systems have agreed with these lead clinicians clear reporting mechanisms to local planning structures. There is enhanced managerial support to the tumour-specific SCAN Groups. These managers, along with clinicians, keep the RCAG appraised as well as informing local planning structures of issues and developments.

**Strengthening the Patient Voice**
In the South East of Scotland a patient involvement development group has been established which includes patients as well as NHS staff across the region with a responsibility for patient involvement. This group will enhance our understanding of the patient’s experience of cancer services across the whole network and ensure that we maintain a strong patient focus in all areas of service development.

**Summary**
Strengthening the links between patients, clinicians, managers and the key elements of the network is essential if we are to have a greater shared understanding of the challenges and progress required to meet the aims of the network: to improve care and treatment for cancer patients by focusing on the patient experience and working together to identify, share and implement high quality, clinically effective cancer services.

I would like to take this opportunity to thank you for all the support you have given me since taking up this post and I look forward to working with you in 2005-06.

*Jo Bennett* SCAN Manager

The SCAN Next Steps process has progressed patient-focused service improvement by strengthening links between all the groups and bodies involved with planning and developing cancer care.
## Regional Cancer Advisory Group Planning Cycle

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<tr>
<td><strong>Monitoring</strong></td>
<td></td>
<td>Annual Report including finalised tumour-specific SCAN Group workplans Scottish Executive Health Department Monitoring Report</td>
<td>Scottish Medicines Consortium (SMC) outturns against predicted usage</td>
<td>Scottish Executive Health Department Monitoring Report</td>
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| **Planning**            |                            | Presentation tumour-specific SCAN Groups:  
|                         |                            | • Proposed work plan            |                                    | Agree priorities for submission to Local Health Plan and/or consider other areas of potential funding |                                    |                                   |
| **Quality**             | • Future plans redesign   | • Identify issues and areas of progress |                                    |                                    | Waiting Times Audit  
CSBS Standards/NQIS Pharmacy  
Other national agreed targets |                                    |                                   |
| **Clinical Review & Horizon Scanning** | WHOLE DAY RCAG | SMC Horizon Scanning | Reports from the Associated Networks including SCRN CIN |                                    |                                |                                   |

### Process for agreeing priorities

1. Tumour-specific SCAN Groups, Health Boards and Associated Networks draw up list of priorities and submit for Clinical & Management Group (CMG) by February.
2. Discussed at CMG February meeting highlighting areas where further information and/or requests for further detailed proposals initiated.
3. Recommendations and priorities agreed by CMG for submission to RCAG in October – including Appendix of all priorities submitted from across the network.

The above states specific agenda items. It is, however, acknowledged that there is space for other issues on the agenda as and when required.
At multidisciplinary meetings, specialists at different sites across the region use videoconferencing and telemedicine when deciding on treatment options for breast cancer patients.

**Standards and 2005 Waiting Time Target**
Nationally-agreed standards of best practice are audited continually. Recent analysis of waiting times has shown problems in achieving targets in some centres (Chart 1). The contributing factors will be addressed in the wider context of service redesign.

Actions already undertaken include establishing a new consultant surgeon post and a consultant radiologist post. The consultant surgeon post vacant since October 2004 has also been filled. An additional theatre session at the Western General Hospital has also been set up.

**Service Redesign**
The challenge of meeting service commitments now and in the future has been identified. A predicted increase in workload over the next five to ten years will affect all sections of the patient pathway and all centres within the region. A major review of services, which will involve integrating the screening and symptomatic services, has been accepted by the Regional Cancer Advisory Group.

New approaches to training, education and research will be needed and we have a unique opportunity to build on recognised expertise to benefit patients, across South East Scotland and beyond.

**Monitoring and Investment**
Following a review in November 2004 of the tumour-specific SCAN Groups as part of the SCAN Next Steps process, it has been agreed that a nominated manager or deputy from each Board should liaise with the group and attend the SCAN meetings. In addition, input to planning the regional breast service from both clinical and managerial staff from all NHS board areas will allow a structured appraisal of funding and investments both now and in the future.

**Protocols**
Basic guidelines to cover referral, investigations, treatment, and follow-up were published in 2001. As this has become more complex, the guidelines’ scope has been expanded and a review is under way.

**Audit**
Detailed reports on complete data have been issued annually and quarterly returns of waiting time data are now produced routinely for submission to the Information and Statistics Division. Quality assurance of the audit process continues to be undertaken with high quality audit data reported in all areas and from all centres.
Chart 2 shows the continuing trend in increasing numbers of referrals, especially through the screening programme.

Reporting of outcome data is planned to start in 2005 and suggestions have been put forward for a national meeting to be held to discuss the symptomatic practice along the lines of the National Screening Programme’s annual audit meeting of screen-detected patients.

Audit continues to rely mainly on manual data collection. IT developments are expected to improve and simplify data collection in the future.

Information
The SCAN Cancer Information Network continues to expand and the breast section is well represented. The TELEMAM trial is under way linking Dumfries & Galloway Royal Infirmary and Queen Margaret Hospital, Dunfermline to the Western General Hospital in Edinburgh with multi-disciplinary meetings held weekly. The facilities are also being used for video-conferencing and for multidisciplinary meetings across the SCAN region.

Patient Involvement
Lesley Norris, SCAN Patient Involvement Worker, is helping to set up a group to represent breast cancer patients. In addition to their existing contribution to the Group’s meetings, members of this wider patient group are expected to serve as a reference group linking with relevant agencies and offering input to initiatives such as the regional redesign process.

Clinical Trials
Close links have been established between the Scottish Cancer Research Network, South East (SCRN-SE) and the breast service in SCAN. The Group is helping to facilitate data entry about trials, patient participation and other information between the breast service, SCRN-SE and SIGN audit systems.

Education
At the Group’s meeting in January 2005 each of the professional groups were asked to assess requirements for Continuing Professional Development (CPD). A strategy paper on CPD from WOSCAN was positively received. We hope to co-ordinate training with other networks in the future.

Udi Chetty
Chair, SCAN Breast Group

Chart 2
SCAN Network: new breast cancers referred by GP or breast screening service between Quarter 4, 2001 and Quarter 3, 2004
There has been a positive reception to the opportunity of redesign for Colorectal Cancer patients within SCAN. We know change is not easy. However, improvements are easy to make if staff are willing to examine how they deliver services for patients and are enthusiastic to make improvements.

**Audit and Waiting times**

With the forthcoming publication of the Audit Scotland report on Colorectal Services in Scotland, and the continuing availability of data through SCAN Audit and ISD, we have a fuller and more accurate picture of the size of the challenge facing the colorectal service not just in South East Scotland, but nationally.

The waiting times challenge continues to be demonstrated through the returns of data, coordinated by SCAN Audit and reported quarterly through ISD. The data can now show comparison of results for those referred urgently, as well as for all patients, (Chart 1) and suggests that, for more than three-quarters of urgently-referred patients in SCAN, waits are within the national 62-day target. Further work is needed to extend this to at least 90% of urgently-referred patients by the end of 2005.

These national data are again being shared at a forum in Dundee on 13th May 2005 and will build on the success of the previous meeting. As part of that review it was gratifying, but not surprising, to note that the standards of clinical competence across the region are generally high.

**Service Redesign**

There has been a positive reception to the opportunity of redesign for Colorectal Cancer patients within SCAN. We know change is not easy. However, improvements are easy to make if staff are willing to examine how they deliver services for patients and are enthusiastic to make improvements.

Process mapping is complete, allowing staff to review the current patient journey and identifying areas for improvement.

Improvement changes are well under way in all four constituent parts of the region who deliver colorectal services, Borders, Dumfries & Galloway, Fife and Lothian, albeit at different stages in the redesign process.

Margaret Kelly will continue to support the work in each area to assist staff implement and sustain the improvement. By using the ‘Top 20 Action for Change’ leaflet, further changes will take place which will impact the waiting times and delays.

**Website**

Information for colorectal cancer continues to be developed via the website and you are encouraged to visit this at www.scan.scot.nhs.uk. The Group is currently reviewing the current information on the site with a view to identifying areas to develop in 2005-06.

**Oncology Staffing**

There is a recognised shortfall in provision of clinical and medical oncology input into the regional service. This is being quantified and needs to be addressed. One way of doing this will be through the Cancer Centre redesign in the wake of the implementation of consultant contract.

**Cancer Nurse Specialist Posts**

The Cancer in Scotland investments created four Clinical Nurse Specialist posts for Colorectal Cancer, two covering the Lothian area, one in Fife and one in Borders. These posts continue to have a positive impact on the colorectal patient pathway in South East Scotland.

**Telemedicine**

The Colorectal Group plans in 2005-06 to make use
of the telemedicine and videoconferencing facilities to link with colleagues in the Borders and Dumfries and Galloway.

**Clinical Trials**
The Group is working with Scottish Clinical Research Network, South East to encourage the recruitment of colorectal patients to appropriate clinical trials right across the region. This work is ongoing and an area for development in 2005-06.

*John Wilson* Chair, SCAN Colorectal Group

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**Chart 1**
SCAN waiting times for Quarter 3, 2004
Colorectal cancer: percentage of patients receiving treatment within 62 days of referral

**Clinical trial**
Research study conducted with patients, usually to evaluate a new treatment or drug. Each trial is designed to answer scientific questions and to find better ways to treat individuals with a specific disease.

**Oncology**
The branch of medicine that deals with cancer including its development, diagnosis, treatment and prevention.
SCAN Gynaecology Group

The Centre for Change and Innovation local mapping events have been well attended and there has been enthusiasm for taking forward changes to reduce the time from initial referral to first treatment.

**Chart 1**
Ovarian Cancer: Percentage of patients receiving surgery within 14 days of seeing gynaecologist across hospitals and over two years (01/04/2002 – 31/03/2004)

**Patient pathway**
Patient pathways for both ovarian and vulval tumours have been completed and are available at www.scan.scot.nhs.uk. A patient pathway for endometrial cancer will be completed during 2005-06.

**Protocols**
The Group reviews its protocol on an annual basis and this year it was reviewed in light of the publication of SIGN 75 guidelines on epithelial ovarian cancer as well as recent changes in colposcopy guidelines. A copy of the SCAN-wide clinical management protocol is available at www.scan.scot.nhs.uk.

**Service Redesign**
Support has been received this year in the form of a facilitator from the Centre for Change and Innovation, to review the pathway for patients suspected to have gynaecological malignancy. In general the local mapping events have been well attended and there has been enthusiasm for taking forward changes to reduce the time from initial referral to first treatment.

**Waiting Times**
The challenge for the next year is to reduce the waiting time for patients requiring surgery for all gynaecological cancers. Chart 1 shows results for these waiting times for ovarian cancer patients in comparison with the national standard. The ideas for change arising from the redesign work are now being implemented.

The SCAN audit team have continued to provide useful data of a very high quality to help with this work to reduce waiting times. A waiting times action plan has been drawn up. Edinburgh Royal Infirmary carried out an audit last year indicating that the waiting times for patients with endometrial and cervical cancer needed to be addressed to meet the December 2005 target.

**Audit**
Three years’ complete national ovarian datasets (April 2001–March 2004) have been reported to the SCAN Gynae Group and to individual hospitals to facilitate comparisons and to provide information on service improvements. Data has been analysed and reported against agreed clinical effectiveness measures, based on national standards (see Chart 2).

Ovarian waiting times to measure the 2005 target have been routinely returned for national reporting by ISD since Quarter 3, 2003 (see Chart 3). Quality assurance of ovarian cancer data carried out by ISD Scotland provides confidence in data quality with accuracy rates ranging from 89% – 99% across the region.

There is no nationally agreed dataset for gynaecological cancers other than for ovarian cancer. Clinicians in SCAN have agreed on a dataset for cervical cancer and there are also discussions ongoing amongst lead clinicians from the three networks on datasets for endometrial and cervical cancers.

**Clinical Trials**
Dr Camille Busby-Earle represents the Group on the steering group of the Scottish Cancer Research Network (South East). Dr Melanie McKean and...
Professor Smyth also feed back on current trials and recruitment to clinical trials for gynae cancers increased in 2004.

**Education and Training**
An education day organised by the Group (led by Dr Al-Nafussi), designed to appeal to the multi-disciplinary team, took place in March 2005.

**Telemedicine**
The group used the teleconferencing facilities for their September 2004 meeting, linking with colleagues in Dumfries & Galloway and plan to make further use of it in 2005-06.

**David Farquharson**
Chair, SCAN Gynaecology Group

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**Patient pathway**
Process of care that a patient experiences across the cancer journey, usually starting with a GP referral.

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**Chart 2**
Ovarian Cancer: Comparison of Abdominal and Pelvic Ultrasound, MRI or CT Scans performed across SCAN Hospitals over three years (01/04/2001 – 31/03/2004)

**Chart 3**
Ovarian Cancer: Referral to first treatment within 62 Days – comparative results across SCAN hospitals
Cancer Information Network
The Group has prepared a Haematology Service Map outlining the haematology clinics and staff across SCAN.

Protocols
We have worked with other NHS Scotland networks to agree treatment protocols for a range of blood cancers including acute myeloid leukaemia, acute lymphoblastic leukaemia, chronic myeloid leukaemia, chronic lymphatic leukaemia, myeloma, myelodysplasia, Hodgkin’s disease, diffuse large B-cell and follicular lymphomas.

Standards, Audit and Waiting Times
The group has continued to work with SCAN Audit towards routine collection of data for haematological cancers. The main datasets have been agreed and we hope to see processes of registering patient data improving in the next year, particularly when teleconferencing facilities are used across the region in a more robust fashion. These processes will also ease the monitoring of drug usage.

Acute Leukaemia Waiting Times Target 2001
A snapshot of patients diagnosed at the Western General Hospital between July and December 2004 suggests that there is no difficulty in meeting the 2001 target for those patients, i.e. referral to treatment in under 31 days. Of 10 patients diagnosed, all were treated within 16 days, most within 7 days.

Waiting Times Target 2005
Reducing waiting times requires swift referral of patients combined with access to rapid diagnostic services especially radiology and pathology. If pressure continues to build on chemotherapy provision then this will become an issue. Documenting the percentage of patients treated within the target timeframe needs the registration and multi-disciplinary meeting (MDM) processes to be fully developed and implemented. The plan is to report on a cohort of patients covering all types of malignancy by August 2005.

Initial reporting on 27 Lymphoma patients diagnosed July – September 2004 at the Western General Hospital was presented in December 2004.
Chart 1 represents 7 out of 14 patients referred urgently whose treatment fell beyond the target time. This highlights the difficulty of meeting the target when a patient’s initial symptoms require further investigation before it becomes apparent that referral to haematology is appropriate.

Service Redesign
To help towards reducing waiting times through the process of reviewing patient treatment, a data co-ordinator has been appointed for the weekly MDM at the Western General Hospital. Consultant vacancies, particularly in Fife, are a challenge and the Group is looking at a number of possible service delivery solutions.

Monitoring & Investment
The Group has helped prepare reports on the two projects funded by cancer monies: a clinical nurse specialist and a clinical scientist who has established a molecular biology lab.

Patient Involvement
The Patient and Carer Group meets every six weeks and I attend as Chair of the Haematology Group. The Group has developed information for patients and prompted an initiative to provide inpatients with choice and flexibility with microwaved food on the ward. Patients have provided responses to “Improving Care, Investing in Change 2004” and have highlighted problems with parking for patients and carers. The Patient Group has been researching patient satisfaction about various aspects of the service and will be following up on the outcomes over the next year.

Telemedicine
The Group has embraced video conferencing and other telemedicine facilities and plans to overcome technical and administrative setbacks with various locations across the SCAN region.

Education & Training
Members of the Group are committed to pursuing continuing professional development.

Clinical Trials
The Group is working with the Scottish Cancer Research Network, South East to encourage the recruitment of haematology patients to appropriate clinical trials right across the region.

Mike Mackie
Chair, SCAN Haematology Group

Service redesign
Processes of analysing and improving the way health services are delivered. The experience and insights of patients and staff at all levels are valuable in highlighting opportunities for change.
Service Redesign
The Group continues to monitor patient journeys and waiting times. A mapping day in August 2004 run by Louise Hamill from the Centre for Change and Innovation proved to be very interesting and provided helpful insights into the areas of delay to be resolved. A number of change ideas were generated and the Group is working hard in many areas to try and streamline processes in order to meet the 2005 waiting times target.

Investment
The report on needs assessment for speech and language therapy and dietetics has been published and the Group is seeking ways of implementing the recommendations across the SCAN region. The additional allied health professional posts are partly funded by Macmillan. It is hoped that two new maxillofacial surgeons will soon be in place at St John’s Hospital, Livingston.

Audit
A new database has been developed, and is on trial in 2005, to record head & neck patient information across Scotland using the national dataset which is compatible with the Data for Head and Neck Oncology (DAHNO) dataset currently on trial in England. This will facilitate comparisons of treatment and outcomes across Scotland and the rest of the UK.

Waiting times figures for patients diagnosed in 2003 and the first six months of 2004 were produced, with comparisons between the eight referring hospitals (see Chart 1 and Chart 2). The figures include all patients, not just those identified by GPs or GDPs as urgent referrals. Audit data has been used to highlight where delays are occurring for patients who do not meet the 62 day target from GP referral to first treatment.
Clinical effectiveness measures have been agreed and we plan to start reporting on these in 2005.

**Ongoing Work**
There is ongoing work reviewing and publishing protocols and updating patient information sources and the service map on the SCAN website. A joint meeting with the WoSCAN Head and Neck group is planned for May 2005.

**Liz Junor**
Chair, SCAN Head and Neck Group

New features on the Cancer Information Network at [www.scan.scot.nhs.uk](http://www.scan.scot.nhs.uk) include a ‘virtual tour’ for head & neck cancer patients which helps explain what happens at the relevant treatment centres, and how to find them.

Chart 2
GP/GDP to Treatment: waiting times for patients newly diagnosed with head and neck cancers between 01/01/03 – 30/06/04

These figures include all patients, not just urgent referrals.
**Telemedicine**
In 2004-05 the SCAN Lung Group marked our first use of video conferencing for a link-up of members in Edinburgh with colleagues in Borders and Dumfries & Galloway. We have benefited from significantly more involvement from new members in Dumfries and Galloway over the last year.

**Patient Involvement**
A new patient representative joined the Group in February 2005 and has already begun to offer a fresh perspective on our work. We are very grateful to be joined by patient representatives who are dealing with this particularly aggressive illness. We sadly lost our previous patient representative in 2004 to lung cancer.

**Audit**

**Multidisciplinary Meetings (MDMs):** Weekly MDMs are now the main source of identifying patients for audit and recording data in all but one area of the SCAN region. This means that data is more complete, and much more up-to-date. This has been possible because of the greater formalisation and improved co-ordination of these meetings, including (in Lothian) use of the Linx electronic system to support referral and data presentation.

**Waiting Times:** SCAN is participating in returning quarterly waiting times data to ISD for national reporting against the “2005” target (maximum 62 days for urgent referral to first treatment). Results for Quarter 3 2004 show the hospitals where further work is required to improve the patient pathway (Chart 1).

**Outcome Data:** The comparison of 2002 and 1995 data (for the study noted in Protocols – below), linked to Scottish Cancer Registry data, will start the process of using prospective audit data to report on survival rates for lung cancer patients in SCAN.

**Protocols**
The Group continues to develop and update our protocols, particularly thanks to Janet Ironside’s input. Areas of interest include imaging guidelines as well as radical and adjuvant chemotherapy protocols. Prospective audit data is providing the basis for a...
study comparing results for patients diagnosed in 2002 compared with the 1995 national lung cancer audit. Early results from the study (led by Dr Sara Erridge) show an increase in the percentage of patients receiving radical radiotherapy (Chart 2). Survival rates are also improving, which means that everybody is working harder in the lung service. Another effect of treating more patients is that waiting time targets are more of a challenge.

Clinical Trials
The Group has linked with the lung research team at SCRN-SE and are starting to see increases in clinical trials activity. In November 2004, the Group received updates on the lung portfolio and plans to roll out a lung trial to local cancer units.

Investment
We are pursuing funding through Macmillan for lung cancer nurse support at the new Royal Infirmary of Edinburgh and are seeking more resources for allied health professional support, particularly in dietetics and occupational therapy.

Information
The Lung Group has been actively working with the Cancer Information Network to provide new online patient information resources. These include a guide to having a bronchoscopy in South East Scotland and overviews of how lung cancer is diagnosed and treated in SCAN. We are publishing a new patient info leaflet on SVC stents – a procedure lung cancer patients often experience to assist breathing – and will be among the first of the SCAN Groups to make audit information public through the website.

Redesign
There has been much activity in the last year due to help from Margaret Kelly at the Centre for Change and Innovation. This analysis of current practice has led to some real changes in service delivery. We have set up a dedicated lung cancer clinic with rapid reporting at WGH, similar to those established at Borders General Hospital and Dumfries & Galloway Royal Infirmary, where a patient can have a CT scan immediately before consultation with the consultant to support a prompt diagnosis. A ‘spread and share’ event was held to encourage teams within SCAN to implement change ideas and improvement work where appropriate.

Ron Fergusson
Chair, SCAN Lung Group

Chart 2
Percentage of lung cancer patients receiving radical radiotherapy

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<td>1995 (739)</td>
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<td>2002 (872)</td>
<td>11.2%</td>
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SCAN Skin Group

Protocols
The Group has developed a guideline for management of squamous cell carcinoma (SCC) to be available on web. Work is progressing on a protocol for basal cell carcinoma (BCC).

Service Redesign
In January 2004 considerable effort was put into redesign of the tumour service at the dermatology department at the Lauriston Building of the Royal Infirmary Edinburgh. This involved reorganising clinics and the biopsy service to optimise staff time. Loss of an experienced staff grade doctor in June 2004 has hampered progress. As of 2005 funding has come on stream from the Centre for Change and Innovation for training GPs in the skin cancer service which may further impede waiting time improvement.

Audit
Following a valuable pilot audit process, we have now embarked on prospective audit for melanoma and SCC. This will allow further progress on tackling bottlenecks and reducing waiting times. Results for January to June 2004 show that approximately 66% of patients recorded on the audit diagnosed in the SCAN region were treated within 62 days of referral (see Chart 1). Results for the third quarter of 2004 are expected to show poorer waiting times, reflecting the staffing issues noted above.

Clinical Trials
Professor J Smyth and Ruth McLaren report to the group on progress in skin cancer clinical trials from an SCRN-SE perspective. There are two ongoing vaccine trials for melanoma patients at present.

Telemedicine
While there is enthusiasm for using videoconferencing with colleagues in Fife, there have been difficulties in getting access to equipment at the times of the Skin Group meetings. This remains an objective for 2005-06.

Chart 1
Time from referral to first treatment – 164 patients diagnosed with skin cancer (malignant melanoma or squamous cell cancer) 01/01/2004 – 30/06/2004
Information
A subgroup has worked towards making available a selection of locally-relevant patient information at www.scan.scot.nhs.uk. In addition, links to other useful skin cancer websites have been agreed.

Regional Networks
The SCAN group is linking with its counterparts in NOSCAN and WoSCAN towards agreeing datasets and protocols among all three groups.

Val Doherty
Chair, SCAN Skin Group

Audit
Systematic review of the procedures used for diagnosis, care, treatment and rehabilitation, examining how associated resources are used and investigating the effect care has on the outcome and quality of life for the patient.

Right: Health service staff find out about the Cancer Information Network. The section on skin cancer provides useful information and links for patients and health care professionals.
The Group has very active participation in appropriate local and National Cancer Research Network trials and has significantly increased the recruitment of patients into trials.

English

Service Directory
Data has been collected on contact details and clinical commitments of clinicians in the region for listing on www.scan.scot.nhs.uk.

Protocols
One of the main priorities of the SCAN Upper Gastrointestinal (GI) Group has been to compile and publish a protocol for the management of patients with pancreateico-biliary malignancy. Thanks go to Dr Max Dahele who co-ordinated this document which has now been agreed, signed off and posted on the SCAN website. A SCAN protocol for the management of oesophago-gastric cancer has been deferred until the relevant SIGN guideline is published in 2005.

Audit
In Lothian short-term funding was used to appoint a data manager and administrative assistant to establish an Upper GI database and to help collect data for the Scottish National Upper GI Cancer dataset, and Association of Upper Gastrointestinal Surgery dataset. This enabled an initial report on waiting times for patients referred to the Royal Infirmary Edinburgh to be presented in December 2004 (Chart 1). Initial data has also been collected in Fife (Chart 2). Clinical effectiveness measures have been agreed for reporting the data.

For 2005-06 a key issue for the Group will be to develop an integrated approach to audit SCAN-wide to identify delays in the system and help improve our service according to nationally agreed standards. This will be dependent on identifying sustainable resource in Lothian for ongoing audit.

Service Redesign
Quality audit data will form the basis of the Group’s analysis of clinical practice and will help to identify areas of practice where change is needed.

Monitoring & Investment
The Group continues to monitor two upper GI-related projects: appointment of a gastroenterologist, and appointment of an oesophago-gastric clinical nurse specialist. We will prepare and evaluate proposals at a regional level for further investment in upper GI related projects where appropriate, such as audit and the hepatobiliary and pancreatic service.

Information
The group has contributed fully to the SCAN Cancer Information Network at www.scan.scot.nhs.uk. A step-by-step virtual tour of the surgical unit at the Royal Infirmary Edinburgh is now live on the upper GI section of the website. Photographs and descriptions of the ward show patients what to expect during their investigations and treatment. There are also details about various specific therapeutic strategies and links to other useful websites containing information about upper GI cancers.

Telemedicine
The Group plans in 2005-06 to make use where relevant of the telemedicine and videoconferencing facilities.

Clinical Trials
The Group has very active participation in appropriate local and National Cancer Research Network trials and has significantly increased the recruitment of patients.
patients into trials. We discuss patient recruitment and potential new trials at each meeting of the Group.

**Education and Training**
Through the Group, members learn about all relevant meetings and educational events about upper GI cancer.

**Rowan Parks**
Chair, SCAN Upper GI Group

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**Protocol**
A clinical management protocol is a set of standard approaches to the treatment of a certain disease or condition. In SCAN these are agreed and reviewed by the tumour-specific SCAN Groups and are published on www.scan.scot.nhs.uk

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**Chart 1**
Upper Gastro-Intestinal cancers – Royal Infirmary of Edinburgh: % referral to first treatment <62 days. 99 patients diagnosed 01/01/2004 – 30/06/2004

**Chart 2**
Fife: waits of nine Upper Gastro-Intestinal patients diagnosed 01/01/2004 – 31/03/2004: 67% treated <63 days from referral
Key Areas of Achievement
The two major areas of endeavour have been more clearly defining the patient pathway and streamlining the management of patients with haematuria who might have renal or bladder cancer and those with a raised prostate specific antigen (PSA) who might need treatment for a prostate cancer.

Pathway for Patients with Haematuria
Alan McNeill has developed this pathway involving GP e-referral and fast-tracking patients for a cystoscopy. The uptake on e-referrals is expanding and this service is now up and running.

PSA Patient Pathway
Patients with a raised PSA do not all need urgent treatment so this pathway involves a prioritisation process to identify those most in need of an early diagnosis and subsequent treatment. The Group has produced guidelines for GPs about this. E-referral again is being introduced and, most importantly, we have introduced the nurse-delivered prostate biopsy service. This has reduced waiting times for biopsies from several months to two to three weeks. This service piloted in Lothian will now be rolled out across the rest of SCAN.

Audit
At a national level the Group is working on a national data set which is due for completion by mid-2005. In Lothian we are registering patients through referral to our multidisciplinary meetings using the referral form and database developed by Dr Lorna Bruce, appointed as SCAN Urology Audit Admin Facilitator from July 2004. For the first time in December 2004 we saw "prospective " audit data for Lothian. Reports for Fife, Borders, and Dumfries are planned for 2005. The focus has necessarily been on waiting times and there are great variations (see Chart 1). Further work needs to be done on identifying exact causes of delays and reducing these.

Cancer Information Network
We now have information for patients on the website and are keen to expand this in the future.

Clinical Trials
We have moved from having a poor track record on clinical research to now having an interesting portfolio of trials, which are now being rolled out for all the urological cancer sites. We are also pleased to have been chosen to be a pilot site for two such trials.

Waiting Times Targets for 2005
This is being addressed at various different levels. E-referrals should speed up the first part of the pathway. The prostate biopsy service has reduced time to diagnosis significantly and we are actively looking at reducing waiting times for radiotherapy.

Future Developments
Along with improving waiting times, we will be horizon scanning developments in urology for the next five to
ten years including issues around cryotherapy services as well as the use of photodynamic techniques in the diagnosis of bladder cancer.

Grahame Howard
Chair, SCAN Urology Group

Chart 1
Median Time from urgent GP referral to first treatment
Initial data – Lothian (excluding West Lothian)
01/06/2004 – 31/09/2004

e-referral, or electronic referral
This is when a clinician refers a patient to another part of the health service using a secure email system rather than the traditional typed letter, significantly speeding up the patient journey.
SCAN continues to take a proactive approach to involving patients in improving cancer services. A growing body of patients and carers has engaged in a diverse range of events, groups and activities. In addition, SCAN has built links with research initiatives that seek to learn more about the experiences of cancer patients in order to improve the delivery of care. These varied types of involvement are illustrated opposite with highlighted examples outlined below.

**Patient Involvement in Planning Cancer Services**

**Groups**

New patient representatives sit on two of the tumour-specific SCAN Groups, Lung and Breast. The Regional Cancer Advisory Group has had three patient representatives join the group very recently and a bedding-in period for all members will be required as a result of the recent review of the structure of SCAN Groups.

**Centre for Change and Innovation**

Patients have participated in mapping events for a variety of tumour types in order to analyse good practice and identify opportunities for change.

**Strengthening the Patient Voice**

An event was held in December 2004 bringing together patient representatives and key staff who support patient involvement in each of the four NHS Boards in the SCAN region. Participants reviewed the structures that currently facilitate patient involvement, identified their strengths and weaknesses and explored the steps needed to strengthen the patient voice within SCAN. This group continues to meet as a steering group and will lead progress on action points.

**Capturing Patient Experience**

**Research**

Patients and carers have taken part in a study designed to evaluate the content of the SCAN Cancer Information Network. As a result of involving patients, the information on the site covers practical, non-medical issues as well as care and treatment.

**Events & Training**

Patients have participated at a range of events including the SCAN Forum, and a pre-conference workshop leading up to the SCAN Communication, Information and Knowledge Conference, in September 2004. Patients shared experiences of having cancer and presented a sketch about the difficulties of getting the right support and information. This presentation led to patient involvement in the production of a communications training video for medical students and clinicians. In addition to the video, patients’ presentations have been given at staff education days. This will become a feature of training days for other tumour-specific SCAN Groups in the future.

**Future work**

- Enhance communication with patient representatives and the relevant local and regional structures.
- Work with all partner agencies to build sustainable patient involvement.
- Develop an induction pack with general and specific information tailored to each representative’s requirements.
- Identify and access relevant training courses for patient representatives and evaluate their usefulness.
- Pilot the use of ‘navigators’ in clinical consultations to help patients focus on the key issues for informed decision making.

**Challenges**

- To achieve sustainable, meaningful involvement by creating a supportive network for patients.
- To identify suitable training resources to support patients to contribute to the development of high quality cancer services.
- To pursue best practice in capturing patient experience and linking this to service developments.

“**I have been involved with SCAN for over four years and it has given me a real opportunity to make a contribution and to be listened to.**”

Lilian D’Arcy
SCAN Patient Representative

Lesley Norris
SCAN Patient Involvement Worker
Above: Patients are involved in SCAN in a wide variety of ways, sometimes by sharing their insights and experiences through ongoing research or by taking part in planning processes to improve cancer services.

Right: A positive and highly productive day in December 2004 brought patients and health care professionals together to identify ways of strengthening the voice of cancer patients across the region.
The capacity for nurses to make an impact on the quality of healthcare and the satisfaction of patients and families is significant. The SCAN nursing groups help to ensure recognition of the importance of nursing contribution in high quality cancer services. The SCAN Nursing Group and the SCAN Nursing Education Group met regularly throughout 2004-05 to ensure progress was made on our agreed workplan.

Much of the work that the SCAN Nursing Group has been involved in through 2004-05 was the development of an implementation plan on the following issues: leadership, accountability, career development, workforce planning, continued professional development, research, and evidence-based practice. We are working on the implementation plan for submission to the Regional Cancer Advisory Group on how to address the imperative subjects identified through Nursing People with Cancer in Scotland: A Framework. The implementation plan can be viewed on www.scan.scot.nhs.uk.

The SCAN Nursing Groups offer their appreciation and thanks to Elaine Peace, former lead cancer nurse in NHS Borders, for her valuable contribution to SCAN nursing and as adept chair of the SCAN Education Group. With Karen Campbell as chair, the group reviewed the scoping exercise which was carried out to identify teaching programmes that are delivered throughout the network in the local areas. Details of these, highlighting the subjects and topic matter of various programmes, can be found on www.scan.scot.nhs.uk. The group reviewed and extended its membership to forge links with higher education institutions providing cancer education. In addition, connections are being made with other clinical groups that are addressing the provision of education, such as managed clinical networks for palliative care, to prevent duplication of effort. Effective communication is crucial to the delivery of high quality care and the group is considering how colleagues in the network can make best use of opportunities available in SCAN to develop communication skills.

The SCAN Nursing groups provide a forum where networking and informal support is available to facilitate collaborative working.

Both nursing groups are involved in the development of the core competencies produced by NHS Education Scotland for nurses and allied health professionals involved in cancer care. This will form part of the work carried out in 2005-06 by the SCAN nursing groups.

There has been no appointment of a lead cancer nurse in the Borders, which is a source of disappointment for the group because these posts are vital to support regional collaborative working.

Nursing throughout the region has seen some changes in the delivery of care as a result of the Cancer Service Improvement Programme. Detailed information on change in your area may be obtained via the Regional Cancer Facilitators. Foremost, in 2005-06 we will continue to build on the work undertaken so far and ensure that nursing will be actively involved in future developments in SCAN.

Murdina MacDonald
Lead Nurse, SCAN
Key Achievements
2004-05 proved to be another busy year for the SCAN Primary Care Group and achievements were made despite significant changes in the group membership. We extended welcomes to Malcolm Dudson as patient representative, Dr Peter Hutchinson as Lead GP Dumfries & Galloway, John Bery as GP for NHS Fife and Lesley Norris as SCAN Patient Involvement Worker. Goodbye and a Very Big Thank You were offered to our outgoing Chair, Dr Bob Grant (MBE), and to Elaine Peace and Sam Held all of whom have taken up new career opportunities. Shirley Fife was appointed as the new Chair with Dr Paul Cormie as deputy.

One of the main achievements was the development of the SCAN Scottish Referral Guidelines for Suspected Cancer: Quick Reference Guide. Following demand from primary care, this guide was distributed to every GP in the SCAN region. The guide was very well received and another 5000 have been printed in response to this with the second phase of distribution well under way.

Future and Ongoing Work
Looking to the year ahead, the SCAN Primary Care Group held an away day in January 2005. The aim of the event was to review the group’s purpose, role and responsibilities, membership, working relationships with RCAG, tumour-specific SCAN Groups and other Associated Networks and to produce a work plan.

This day was very productive and agreement was reached that the purpose of the SCAN Primary Care Group is to ensure primary care issues are addressed and integrated into planning, development and delivery of cancer services in the SCAN region.

Priority issues were identified and are reflected in the SCAN Primary Care Group 2005-06 Workplan. The Group members agreed that primary care representation on all of the tumour-specific SCAN Groups was essential in order to raise primary care issues, provide a primary care perspective and gain an appreciation of the wider issues of each of the tumour-specific Groups.

Another challenge is maintaining and increasing awareness of SCAN within the primary care setting. There is a need to communicate the issues in a way that is meaningful and one main way of doing this is to draw on the patients’ primary care experience. The Group has identified a range of ways to capture these experiences and insights. The emerging Community Health Partnerships offer opportunities and this is an area that is addressed in the workplan.

The workplan is as ambitious as the Group’s purpose and we will adopt a pragmatic approach: to lead, influence and support as appropriate. Setting its priorities, the Group took into consideration national and regional policy imperatives, as well as the results of the SCAN Primary Care Questionnaire. One main challenge is to secure continuing funding for Lead GP and Lead Nurse posts across SCAN. These post holders are crucial to the continuance of strategic, regional and service development.

The notes of the SCAN Primary Care Away Day and 2005-06 Workplan are at www.scan.scot.nhs.uk under SCAN, Associated Networks.

Shirley Fife
Chair, SCAN Primary Care Group

Primary care
The conventional first point of contact between a patient and the NHS. This is the component of care delivered to patients outside hospitals and is typically delivered through general practices.
Scottish Cancer Research Network – South East

Key achievements

Staffing & Structures
The research teams are all now well established with staff having completed the required training, both clinical and regulatory. Funding has been secured to increase the Lead Research Nurse post to full-time for three years. Three new data manager posts have been created using trial-related funding. Meeting cycles for research teams and the SCRN-SE steering group encourage local ownership and decision-making around research portfolios and the management of resources.

Support for Clinical Trials in Local Cancer Units
As well as the part-time research nurse based in Dumfries, we now have a named nurse identified to support trials in the Borders, Fife and St John’s. There are twelve trials open or pending start-up in Dumfries, with nineteen new patients having received their trial treatment in 2004-05. Nineteen trials are open or pending start-up in Fife, with five in St John’s and seven in Borders.

Trials portfolio
There are currently 160 ‘active’ trials (i.e. open to recruitment or follow-up) on the SCRN-SE database – 70 NCRN-badged, 59 other non-commercial and 31 commercial. With more robust reporting processes and staff resources in place, we are able to show a steady and significant increase in the number of patients recruited to cancer trials: (including treatment, screening, prevention and genetic epidemiology trials).

Ongoing Work & Key Challenges

Awareness
We are linking with the SCAN Patient Involvement Worker and Cancer Information Network to develop processes and tools for increasing patient awareness of clinical trials.

IT System
Work is ongoing to identify a suitable electronic “trial management tool” to allow robust recording and management of data relating to cancer clinical trials.

Standard Operating Procedures (SOPs)
European and UK laws governing the conduct of clinical trials require us to ensure that a full range of SOPs are in place and that staff are working within these guidelines. The data management and nursing staff have made significant progress in developing these SOPs and this work will continue throughout the coming year.

Human Resources
Managing workload capacity within the research teams is an ongoing challenge; more high quality trials are becoming available and consequently more researchers need support from the limited staff available within the research teams.

Impact of Increased Activity
Growing activity has resulted in increasing pressure on the many departments who give support to clinical trials including pharmacy, radiology, radiotherapy, pathology and nursing. We will continue to work closely with these departments and the Research & Development Office to manage these pressures and to identify additional support needed.

David Cameron
Clinical Lead

Ruth McLaren
Research Network Manager

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* Figures are awaiting final verification at time of print and may be subject to slight change
The SCAN Pharmacy Network continues to work as an associated network, to ensure the safe, effective and efficient use of medicines across SCAN.

Key Achievements

- The Lead Pharmacist has been working in collaboration with the network pharmacists for NOSCAN and WoSCAN to prepare the annual horizon scan. This informs clinicians and healthcare planners of financial implications of introducing new medicines approved by the Scottish Medicines Consortium and for any changes in clinical practice that have an impact on the costs of medicines.
- A SCAN Palliative Care Pharmacist Network has been developed to share best practice. The group has been developing standardised pharmaceutical care documentation, treatment protocols, information sheets and patient-held medication records to help with the seamless care of patients across healthcare boundaries.
- Supply of oral supportive therapy directly from the daycase area has been rolled out across SCAN to address capacity issues, improve efficiency, provide appropriate patient information, streamline the patient’s journey and reduce the waiting time for supply of supportive medication.
- SCAN pharmacists have been leading nationally in the development of pharmaceutical care planning for cancer patients receiving chemotherapy.
- Pharmacy have self audited against the pharmacy components of HDL (2004) 30 ‘Safe administration of intrathecal cytotoxic chemotherapy’ and found to be fully compliant across SCAN.
- Pharmacy is represented on the steering committee of the Scottish Cancer Research Network South East (SCRN-SE) to help locate clinical trials within the cancer units and identify pharmacy-related issues.

Ongoing and Future Work

- Pharmacy is working in collaboration with WoSCAN to identify the pharmaceutical implications and develop a specification for a cancer electronic prescribing and administration system.
- Pharmacy has been actively involved along with the Scottish Oncology Pharmacy Practice Group (SOPPG) in the multidisciplinary revision of HDL (2001) 13 ‘The safe handling of chemotherapy in the clinical environment’ being reissued in 2005.
- Pharmacists at the Edinburgh Cancer Centre have developed a documentation system for sharing the pharmaceutical care of oncology patients between hospital and community pharmacist.

Developments in the pharmacy network include work on the safe handling and administration of chemotherapy treatments.

Chemotherapy
Systematic therapy with medications that reach every cell of the body.

Jill Macintyre
SCAN Lead Pharmacist
Clinical psychologists are providing training to improve access to cancer services for patients in ‘hard-to-reach’ groups. Copies of this booklet designed for people with learning disabilities are available from Lothian NHS Board Library and Resource Centre.

Cancer
The name given to a group of diseases that can occur in any organ of the body, and in blood, and which involve abnormal or uncontrolled growth of cells.

Training Clinical Psychologists
SCAN, with the support of NHS Education Scotland, has made a substantial contribution to the training of clinical psychologists specialising in cancer care. Two clinical psychologists in training are based at the Edinburgh Cancer Centre for their work placements over a four-year period. This ensures that there will be fully trained clinical psychologists who have specialist skills in working in cancer care from 2007. Dumfries & Galloway have been successful in employing another clinical psychologist in training to work in cancer care over a five-year period as well as setting up an educational programme with GPs to develop their skills in cognitive behavioural treatment. Both these developments have been supported by Macmillan. These developments are crucial to meet patients’ needs in having access to good psychosocial care and psychological treatment.

Scottish Psychologists in Cancer Care provides an umbrella group across WoSCAN, SCAN and NOSCAN. Meeting biannually the group serves two main purposes:

- To exchange service development information, clinical practice & research initiatives across the cancer networks.
- To provide a Scotland-wide reference group on psycho-oncology.

Access to Information
The report prepared by the SCAN Clinical Psychology Specialist Group to help people understand the psychological reactions to the diagnosis and treatment of cancer is available in a question-and-answer format at www.scan.scot.nhs.uk. The information links to useful internet resources such as CancerBacup. The group has met Lesley Norris, SCAN’s Patient Involvement Worker, to discuss ways of engaging service users in providing feedback on the existing information or identifying additional information patients and carers would find helpful in this online resource.

An issue of concern to the group is improving access to information and services for all patients, particularly those in ‘hard-to-reach’ groups. The Clinical Psychology Specialist Group is involved in training staff to identify vulnerable people and link them to further information and support to assist them in their care. For example, more literature is available which has been designed for people with learning disabilities who have cancer.

Communication Skills
Communication skills training courses have been supported by SCAN in 2004-2005. Most activity to date has been targeted at senior clinicians but others on the front line may also find it useful to know how to reduce the inevitable anxiety and make all patients feel supported throughout their contact with the NHS.

Work in 2005-06 and beyond will focus on developing a Scottish School of Communication which would co-ordinate and develop a wider range of educational programmes. Training and support would be provided for clinical communication tutors in order to facilitate the delivery of communication skills training at different levels with a range of participants.

Belinda Hacking
Consultant Clinical Psychologist

Fiona Cathcart
Consultant Clinical Psychologist
The development of cancer services in SCAN has demonstrated the benefits of a regional approach to the equitable provision of scarce resources. This has been based on agreed defined standards of service and their implementation across the whole region. Initially this was limited to the provision of cancer treatments and thereafter included other aspects of the cancer journey.

The provision of palliative care, both general and specialist, is now embedded in the cancer journey and it would seem important for this to be considered from a regional perspective in relation to cancer services although, at present the delivery of palliative care is principally a local issue.

The South East of Scotland already has local palliative care groups which have established positive and productive relationships with local service providers within their constituent NHS Boards. The importance of local engagement is clearly reflected in the needs assessments undertaken by each NHS Board that are now informing relevant strategies. The leads of each Board’s palliative care managed clinical networks have however identified that a quarterly South East of Scotland Palliative Care Group meeting would be of benefit. There are a number of issues that are regional in nature and require a collective approach:

- workforce issues
- education and training
- access to out-of-hours specialist palliative care advice.

The next proposed step in this process is to establish the membership, roles, remit and reporting mechanisms of this Group, including how it links to Primary Care Group and other relevant SCAN associated networks. The Scottish Partnership for Palliative Care has been helpful in facilitating the development of local networks and the initiation of this regional Group.

Jo Bennett
SCAN Manager

“Working with SCAN in developing cancer services has been of great benefit to Borders patients. This benefit can be summed up in the fact that our patients have equitable access to the Cancer Centre for treatments and also benefited from the input from the visiting oncologists at the Borders General Hospital for locally-delivered treatments.”

Jim Rodgers
Macmillan Lead Cancer Clinician, Borders

Specialist palliative care
The active total care of patients with progressive, far-advanced disease and limited prognosis, and their families, by a multi-professional team who have undergone recognised specialist palliative care training. It provides physical, psychological, social and spiritual support, and involves practitioners with a broad mix of skills.
Communication and Information

Information, communication and knowledge are key to high quality cancer services. All health services must get this right and cancer – with multi-disciplinary team working, integrated services and patients clearly articulating their needs – provides many insights and examples. Through these, we are developing tools and learning lessons that can benefit the wider NHS in Scotland.

The Cancer Information Network and Clinical Psychology reports (on pages 33 and 30) detail some of the important work in building online information and communication skills and the SCAN Groups also present evidence of a focus on improved communication in multi-disciplinary working. This report outlines some further ways in which SCAN has been focusing on these crucial issues of information and communication during 2004-05.

Communication, Information and Knowledge: The Key to High Quality Cancer Services

During valuable discussion at the Scottish Executive and SCAN-sponsored conference in September 2004, we heard concerns about communication within the multi-disciplinary team. What are the important messages that patients and their carers need to hear consistently? And whose job is it to make sure these are understood? What competencies do health care professionals need to do this part of their job well? Health care is a process dependent on information transfer. Considering its importance, we are not yet giving it enough systematic attention.

We all know the problems that inconsistent information causes for patients and the rest of the healthcare team. What can we do to minimise the risk of these problems arising? Is it time to complement the clinical pathway – what happens to whom and when in terms of tests and treatments – with an integrated information pathway? Such an approach would clarify what patients need to know, whose responsibility it is to inform them and how the rest of the clinical team keep abreast of this process. This is not just about clinical staff, however. It also presents an opportunity to use some of the valuable skills of receptionists, secretaries and others. It could make the system work much more smoothly and patients would feel confident that we are coordinating our care for them. We are not alone in realising the importance of this approach and are keen to work with colleagues and partners to pursue it further in 2005-06.

Navigator Project

One very important issue for patients is the short time between diagnosis and treatment. We know that patients want to be involved in decisions about the management of their illness but are we doing enough to help them do so? The “navigator project” presented at the September 2004 event by Jeff Belkora from University of California San Francisco is designed to do just that by using a simple decision-support tool. Evaluation shows high levels of satisfaction, shorter medical consultations, and less confusion … all desirable outcomes. Would it work in Scotland? Our patients think so; there was enthusiasm and interest from those present at the conference. We are about to find out by piloting this programme in 2005-06 with support from Macmillan along with robust evaluation.

With so many things happening in 2004-05 and important opportunities for improvements in 2005-06, there is a small core of enthusiasts planning the practicalities – please come and join us to help us develop this important part of SCAN’s function.

Anna Gregor
SCAN Clinical Director

Delegate feedback from Communication, Information and Knowledge conference

“It was very good reflecting on each of the dimensions of the conference title. As someone involved in a health area other than cancer, I was struck by the transferability of many of the issues and themes.”

“I thought this was a very interesting and thought-provoking day – thank you.”
An Evolving Resource
Having access to accurate and up-to-date information is important for people affected by cancer and those involved in the delivery of cancer services. Since the public launch in October 2003, the SCAN Cancer Information Network at www.scan.scot.nhs.uk has served over 90,000 pages of quality assured, locally-relevant information about cancer and cancer care.

2005-06 will be an important year for the Cancer Information Network. As the network moves from project status to an integrated information resource it looks set to grow further, evolving in response to the needs of its many users.

Content
The SCAN Cancer Information Network provides a library of over 1000 information resources, including: patient information leaflets, virtual tours, user experiences, web links, clinical protocols, referral guidelines, meeting papers, news and events. Processes developed during 2004-05 enable members of the SCAN tumour-specific Groups and associated networks to review information quality regularly, resulting in the update of existing materials and production of new resources.

Technical Architecture
A robust, generic technical architecture underpins the Network. Important pieces of work during 2004-05 included:

- developing an automated system to manage the review of documents
- implementation of NHS Scotland guidance on the capture of metadata
- refinement of the Network’s administrative and security features
- transfer of hosting services to Scotland’s Health on the Web (SHOW)
- implementation of integrated tumour-specific service directories.

User Involvement
Feedback from users drives all CIN development. In response to comments about the design of the site, a new ‘look and feel’ was launched in November 2004. An independent researcher has been commissioned to conduct a qualitative evaluation of Network content using paired interviews with cancer patients and carers. This will enable us to evaluate the current content of the website in terms of its language, coverage and structure, and identify priorities for future content development. Additionally, a questionnaire for SCAN tumour-specific group members is providing valuable feedback about health professionals’ views of the Network and how they recommend it to patients.

Ongoing Work
Near the end of the NOF-supported part of the programme, the future can take us in a number of different directions. Collaboration with the e-health library will strengthen the knowledge portal function and support innovative ways of distance learning. Using the website as depository of SCAN protocols and other documentation will help to keep it up to date and consistent across the geographical area. The architecture of the SCAN website is generic, useful and available to others free of charge while the administrative functions are invaluable for any dispersed organisation to keep track of its work.

Priorities identified for the Network in 2005-06 are to:

- secure and implement the network exit strategy in order to guarantee its long term viability
- strengthen existing relationships with users of the generic technical architecture and develop new links with other organisations or disease groups
- provide promotional materials to support and encourage health care professionals to recommend the network to patients as part of their routine information-giving process.

Deborah Hamilton
Project Manager, SCAN Cancer Information Network
Telemedicine

In 2004-05 we have seen the videoconference network completed at all eight hospitals from Dundee to Dumfries, and most of the initial technical glitches have been ironed out. In addition to the nine systems installed with funding from the New Opportunities Fund, we have now integrated several other systems from other projects to our mutual benefit. The number of SCAN Groups using the conferencing facilities routinely continues to increase, both for multidisciplinary meetings and for SCAN Group meetings.

- The Breast Group has weekly meetings between the Western General Hospital (WGH) & Dumfries, and WGH-Queen Margaret Hospital (QMH), Dunfermline as part of the TELEMAM trial.
- The Gynae Group does a weekly link between WGH and QMH for the contribution of pathology and clinical reports for Fife patients. The monthly pathology meeting between the Royal Infirmary Edinburgh (RIE) and Borders General Hospital (BGH) is now also carried out by video link.
- The Haematology Group has weekly links between WGH & Borders. This will also bring in Fife when access to the QMH room can be arranged at that time. Additionally, Dumfries makes regular links to Glasgow for multi-disciplinary team meetings (MDTs).
- Tumour-Specific SCAN Group Meetings have also been held between WGH, Fife, Dumfries and Borders. Videoconferencing has been scheduled for most future meetings, with emphasis on linking the most remote sites in Borders and Dumfries & Galloway. This will increase attendance and save a great deal of travelling time.
- Project Meetings now use videoconferencing between WGH and Fife, both QMH and Victoria Hospital, Kirkcaldy (VHK).
- Administrative Meetings are being held between various sites, including Ninewells, Borders and Inverness.
- Interviews have been carried out between QMH and Australia, as well as between the WGH and the Middle East.
- Remote Clinics: The utility of videoconferencing for carrying out remote clinics was demonstrated when the Edinburgh clinical oncologist Dr Kunkler was able to carry out his clinic in Dumfries with 15 patients when bad weather prevented travel. With increasing time and staffing pressures, telemedicine and videoconferencing offer a very useful way of providing expert services remotely.
- Continuing Education: Medical staff at VHK now link to the regular teaching sessions run over videoconferencing links by the Royal College of Physicians, Edinburgh.
- Other uses of the technology include a cancer patient at Edinburgh Royal Infirmary using a videoconference link with Fort William to see his newborn baby.

Cross-Network Collaboration

In collaboration with the Scottish Paediatric Telemedicine Network, we now have access to additional systems in the Royal Hospital for Sick Children, the pathology department and the Simpson maternity unit at the RIE, as well as systems in Yorkhill, Ninewells and other hospital locations. By linking in systems bought previously by Lothian NHS Board, we have additional mobile units at RIE, St John’s Livingston, Deaconess House, and The Royal Edinburgh Hospital.

“Using telemedicine has brought about better and more regular communication between clinical staff who are working to improve treatment times, co-ordination of care, decision making and improved clinical outcomes for patients.”

Vicky Freeman
Cancer Services Programme Manager, Dumfries & Galloway NHS Board
Future Work
The teleradiology project, much delayed due to funding issues, is now progressing. This is a complex installation, requiring integration and reconfiguration of many pieces of equipment at a number of sites. We aim to have this operational early in 2005-06. We will continue to work on improving the network set-up and quality with IT staff, and fully implement a videoconferencing management and scheduling system. We are continuing work to secure funding for audio-visual support at the WGH and RIE sites. We will continue to roll out training and access to the network to other SCAN groups, and will be exploring use for additional clinical services. We will also be working with the postgraduate education centre at the RIE to link up surgical theatres to seminar rooms for videoconferencing teaching purposes.

Dr Tom Gardner
Telemedicine Project Manager

http://homepages.ed.ac.uk/twg/sstn/
www.scan.scot.nhs.uk

Right: As well as being helpful to present pathology images at multidisciplinary meetings held across several sites, telemedicine is increasingly being used in patient care, for teaching purposes and to increase participation across the region at SCAN Group meetings.
SCAN Audit works with the nine tumour-specific SCAN Groups to ensure that they have good quality data available for monitoring patient care for comparing results across the SCAN region and Scotland-wide.

There are approximately 8,650 new diagnoses of cancer each year in South East Scotland, so it is a complex task to collect complete data for each of these patients in the seven acute hospitals, covering the complete pathway of care from referral onwards.

Main Developments in 2004-05

Extension of Data Capture and Reporting
In addition to the established reporting for six SCAN Groups, it was possible to present reports on initial cohorts for Urology, Upper GI, and Lymphoma during December 2004.

Use of Data as a Good Quality Resource

- Datasets have built up over the last five years (e.g. 5 years’ data for breast; 4 years’ for ovarian; 3.5 years’ for lung; 3 years’ for colorectal cancer).
- Data quality is externally assured. Recent results show accuracy rates against national field definitions in the 90%+ range.
- Uses of data in 2004:
  - Waiting times reporting and management: Prospective audit data provides the only source to measure the national waiting times target. SCAN Audit supplies data (including data reported nationally through ISD) and helps services to evaluate the results.
  - Annual reports against agreed clinical measures covering the complete pathway of care
  - Redesign and process mapping
  - Clinical monitoring e.g. review of all patients treated for rectal cancer at the Western General Hospital

- National reporting e.g. colorectal performance indicators at meeting in April 2004
- Clinical governance and performance assessment
- Contribution to cancer registration
- Capacity modelling: planning for radiotherapy service at Edinburgh Cancer Centre
- Research, subject to approval for use of data

Developments in Methods of Data Capture
Multidisciplinary meetings have become the most important component in the audit process for most cancer groups during 2004 in Lothian and this is being extended to other parts of SCAN. This is a key development in integrating data capture with routine clinical practice.

Plans for 2005-06

- Ensure collection of agreed national datasets and definitions for all the cancer sites
- Continue to ensure that data is good quality and encourage services to use data to monitor patient care
- Disseminate audit reports more widely while ensuring that results can be understood in context by the non-specialist reader, including patient representatives.
- Take the lead role in coordinating prospective cancer audit across SCAN, and play a full role in cancer audit at a national level.

Future progress continues to depend substantially on good quality audit staff working in cooperation with clinical and non-clinical staff. All the SCAN Groups benefit from the level of knowledge and expertise built up by staff, and the high level of commitment they show to the work involved.

Alison Allen
SCAN Audit Manager
The SCAN office endeavours to support the network in the most cost-efficient manner possible. The collaborative approach we use to ensure the delivery of high quality, equitable cancer care across the region is also reflected in our funding basis.

The constituent NHS boards within the SCAN region as a consortium provide funding for the SCAN core team and associated office costs. We would like to thank all the boards for jointly agreeing to increase our core funding for 2004-05 and we will continue to work closely with board clinicians and lead cancer planners to ensure we all achieve the network’s aims.

The network office costs of £123,000 a year support an extensive range of activities which have been made possible through funding that comes from a variety of sources such as New Opportunities Fund, the Scottish Executive and Macmillan.

Table 1 illustrates our varied income and expenditure profile and we would like to take this opportunity to thank all those involved in financially supporting the network.

Further information on SCAN projects funded through Cancer in Scotland as well as detailed SCAN monitoring reports for 2004-05 are available through www.scan.scot.nhs.uk.

Jo Bennett
SCAN Manager

Suresh Gajar
Accountant, Lothian NHS Board

<table>
<thead>
<tr>
<th>Table 1</th>
<th>SCAN Office Finances</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td><strong>Expenditure</strong></td>
</tr>
<tr>
<td><strong>SCAN Office</strong></td>
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<tr>
<td>NHS Boards consortium</td>
<td>123</td>
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<tr>
<td>Cancer in Scotland funding</td>
<td>123</td>
</tr>
<tr>
<td><strong>SCAN Chairs and Groups</strong></td>
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</tr>
<tr>
<td>Cancer in Scotland funding</td>
<td>64</td>
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<tr>
<td><strong>SCAN Audit</strong></td>
<td></td>
</tr>
<tr>
<td>Cancer in Scotland funding</td>
<td>194</td>
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<tr>
<td><strong>Patient Involvement</strong></td>
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<td>Scottish Executive and New Opportunities Fund</td>
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<tr>
<td><strong>SCAN CIN</strong></td>
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<tr>
<td>New Opportunities Fund and Cancer in Scotland funding</td>
<td>206</td>
</tr>
<tr>
<td><strong>Clinical Oncology System/SCAN IT</strong></td>
<td></td>
</tr>
<tr>
<td>New Opportunities Fund and Lothian IT</td>
<td>84</td>
</tr>
<tr>
<td><strong>SCAN Pharmacy</strong></td>
<td></td>
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<tr>
<td>Cancer in Scotland funding</td>
<td>18</td>
</tr>
<tr>
<td><strong>Telemedicine</strong></td>
<td></td>
</tr>
<tr>
<td>New Opportunities Fund</td>
<td>94</td>
</tr>
<tr>
<td><strong>SCRN-SE</strong></td>
<td></td>
</tr>
<tr>
<td>Cancer in Scotland and Chief Scientist Office funding</td>
<td>190</td>
</tr>
<tr>
<td><strong>Redesign</strong></td>
<td></td>
</tr>
<tr>
<td>Centre for Change and Innovation</td>
<td>83</td>
</tr>
</tbody>
</table>
The New Opportunities Fund is a lottery distributor and has recently combined with the Community Fund to become the Big Lottery Fund.

These last two rounds of funding from the Big Lottery Fund have been used to improve access to services for the detection, diagnosis and treatment of cancer and to reduce the risk through prevention programmes.

These projects are wide ranging and multi-faceted. Prevention projects include the PIP Project, a pre-5 healthy eating initiative which has been providing free fruit to over 2,000 pre-school children, and subsidised fruit for families throughout the school year. The project also supports staff to encourage fruit consumption with classroom activities and fruit-based activity packs to use at home.

Health promotion projects such as smoking cessation in West Lothian, are running information sessions in schools and cessation groups. There is a working group established in Fife schools and the project will be continuing to refine no smoking policies in schools in 2005-06.

Information is being produced in the form of leaflets by FAIR and they have now completed two cancer awareness booklets targeted at people with learning difficulties. In 2005-06 they aim to complete booklets on colorectal cancer and skin cancer. The cervical screening project is set to develop and assess cervical screening services for women with learning difficulties in 2005-06.

### Cancer-Related Big Lottery Fund Projects co-ordinated by NHS Boards in South East Scotland 2003-05

<table>
<thead>
<tr>
<th>Project Name or Organisation</th>
<th>Funding Allocated</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCAN-WIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer Internet Information Project – ‘SCAN information network’ (SCAN-wide)</td>
<td>£536,612</td>
<td>IT network to hold and supply information for patients and professionals across South East Scotland</td>
</tr>
<tr>
<td>Telemedicine</td>
<td>£1,549,721</td>
<td>Videoconferencing and transmission of radiology and pathology images</td>
</tr>
<tr>
<td>LOTHIAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access For All – cancer information and services</td>
<td>£194,881</td>
<td>Working with communities at risk from cancer to ensure access to information and services</td>
</tr>
<tr>
<td>Dietary prevention of colorectal cancer</td>
<td>£106,900</td>
<td>Investigation of primary intervention methods to prevent colorectal cancer</td>
</tr>
<tr>
<td>Marie Curie Education Unit (Lothian &amp; Borders)</td>
<td>£143,727</td>
<td>Equipment for a new education unit, for cancer and palliative care training</td>
</tr>
<tr>
<td>Reducing the Risk of Cancer – community health promotion</td>
<td>£209,084</td>
<td>Community nurses to provide cancer awareness training to local communities</td>
</tr>
<tr>
<td>Information Systems: Clinical Support</td>
<td>£242,039</td>
<td>Development of information systems to support clinical cancer services</td>
</tr>
<tr>
<td>Brachytherapy for Prostate Cancer</td>
<td>£501,000</td>
<td>Equipment and staff time to enable insertion of radioactive implants to treat prostate cancer, as an alternative to radical surgery or radiotherapy</td>
</tr>
<tr>
<td>FAIR Ltd: Cancer Awareness</td>
<td>£78,530</td>
<td>Specific community group targeted leaflets and CDs</td>
</tr>
<tr>
<td>Sargent Cancer for Children</td>
<td>£8,500</td>
<td>Provide equipment to young patients at the Edinburgh Cancer Centre</td>
</tr>
<tr>
<td>Edinburgh Community Food Initiative</td>
<td>£378,706</td>
<td>Promote healthier eating among pre-5 children and their families</td>
</tr>
<tr>
<td>South Central Edinburgh LHCC</td>
<td>£196,980</td>
<td>Developing cervical screening services for women with learning difficulties</td>
</tr>
<tr>
<td>Maggie Keswick Jencks Cancer Centre Trust</td>
<td>£60,000</td>
<td>Multimedia project for cancer patients and carers</td>
</tr>
<tr>
<td>West Lothian Drug &amp; Alcohol Service</td>
<td>£135,519</td>
<td>Smoking prevention and cessation programmes in 2 secondary schools</td>
</tr>
<tr>
<td>East Lothian Roots &amp; Fruits</td>
<td>£74,642</td>
<td>Promote the benefits of eating fresh fruit and vegetables</td>
</tr>
<tr>
<td>BORDERS</td>
<td></td>
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</tr>
<tr>
<td>Cancer Resource Centre</td>
<td>£350,000</td>
<td>Building a Borders-wide resource centre</td>
</tr>
</tbody>
</table>
Sargent Cancer Care’s borrowing service for the children’s cancer ward at the Edinburgh Cancer Centre is now well established with items such as laptops, books, videos and drawing materials being used extensively. The project’s initial objectives have been exceeded and young people are sharing and donating items to the project for other patients to use.

The capital projects are progressing well with the MRI building in the Borders on schedule to commence in May 2005 and the ultrasound scanner in the Borders has been purchased. The ultrasound scanner in Fife is now in use for laparoscopic and intra-operative scanning. The colposcopy equipment in Fife has been in place for over six months and the aim is to use the equipment more fully for teaching and education in 2005-06. The Fife colorectal unit has planning permission and is expected to be completed in 2005.

The Dumfries & Galloway skin clinic was very successful in 2004-05 with three melanomas and six basal cell carcinomas detected. This will run again in Summer 2005.

There are many work challenges in the year ahead but all projects have made an excellent start and are already making a difference to our infrastructure of healthcare services and patient care.

### Cancer-Related Big Lottery Fund Projects coordinated by NHS Boards in South East Scotland 2003-05

<table>
<thead>
<tr>
<th>Project Name or Organisation</th>
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</thead>
<tbody>
<tr>
<td><strong>DUMFRIES AND GALLOWAY</strong></td>
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<tr>
<td>Cancer Unit</td>
<td>£1,100,000</td>
<td>Tobacco Policy Smoking Matters Project</td>
<td>£57,265</td>
<td>Cancer Redesign Facilitator</td>
<td>£126,970</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prevention of addiction to smoking, encouraging informed decisions</td>
<td></td>
<td>Review cancer services in Fife to address gaps in service provision</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Laparoscopic and intraoperative ultrasound scanner</td>
<td>£105,095</td>
<td>Colorectal Unit</td>
<td>£100,000</td>
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<tr>
<td></td>
<td></td>
<td>Purchase a laparoscopic and intraoperative scanner</td>
<td></td>
<td>System to fast-track potential colorectal cancer patients</td>
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<tr>
<td></td>
<td></td>
<td>Open access skin clinic initiative</td>
<td>£13,500</td>
<td>Nurse secondment, breast cancer care</td>
<td>£90,008</td>
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<tr>
<td></td>
<td></td>
<td>Improve diagnosis and treatment in relation to malignant skin conditions</td>
<td></td>
<td>Providing the opportunity for trained nurses to develop specialist skills</td>
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<td></td>
<td></td>
<td><strong>FIFE</strong></td>
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<tr>
<td></td>
<td></td>
<td>Smoking cessation</td>
<td>£150,000</td>
<td>Colposcopy equipment</td>
<td>£22,066</td>
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<tr>
<td></td>
<td></td>
<td>Health promotion to children in schools</td>
<td></td>
<td>Enhanced diagnosis and imaging in colposcopy</td>
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<tr>
<td></td>
<td></td>
<td>Sun Care</td>
<td>£150,000</td>
<td>A cancer prevention education programme for schools</td>
<td>£156,587</td>
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<tr>
<td></td>
<td></td>
<td>Initiatives to reduce the exposure of young people to the risk of skin cancer</td>
<td></td>
<td>Prevention initiatives delivered to schoolchildren</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient support network</td>
<td>£738,733</td>
<td>Supported by</td>
<td></td>
</tr>
</tbody>
</table>
|                              |                   | Building a drop-in centre linked to community access points |                   | www.scan.scot.nhs.uk | 39

**Brief Description**

- Palliative care training: £236,600 - Training carers and providing rooms within community hospitals to standards set by the Scottish Partnership Agency for Palliative and Cancer Care
- Health promotion: £137,880 - Primary prevention of cancer and promotion of healthy lifestyles
- Biopsy equipment: £64,826 - Ultrasound scanner and initial revenue cost
- Contribution to CT/MRI Scheme: £100,000 - To provide a local MRI service
- Tobacco Policy Smoking Matters Project: £57,265 - Prevention of addiction to smoking, encouraging informed decisions
- Laparoscopic and intraoperative ultrasound scanner: £105,095 - Purchase a laparoscopic and intraoperative scanner
- Open access skin clinic initiative: £13,500 - Improve diagnosis and treatment in relation to malignant skin conditions.
New Opportunities Fund

Good Enough To Eat
I make a picture on my plate:
broccoli flowers by a carrot gate
a sweetcorn sun in a mackerel sky
where green bean birds begin to fly
a brown bread house with a pasta door,
a celery shed with a cheesy floor.

With a well of water here in my cup,
my picture’s so brilliant I eat it all up!

Written by Richard Medrington and Elspeth Murray
for the NOF-funded PIP project for healthy eating
among pre-school children

Nursery children taking part in the PIP health
eating project act out scenes from *Handa’s
Surprise*. Alongside other lottery-funded cancer-
prevention projects in the SCAN region are
initiatives to improve access to cancer
screening, diagnosis and treatment services.