

DETECT CANCER EARLY PROGRAMME BOARD

20th meeting

Wednesday 27 June 2018 10.00 AM – 12.00 PM
SHSC, Western General Hospital, Edinburgh

ACTION NOTE

Item 1. Welcome and Introductions

Welcome

Present

Roger Black, Head of Services, ISD
Sami Shimi, Lead Cancer Clinician, NoSCAN
Jan Young, Statistician, Cancer Access Team
Nicola Barnstaple, DCE Programme Director, Cancer Access Team
Diane Primrose, DCE Programme Manager, Cancer Access Team
Neil Harrison, Head of Healthier Marketing, Scottish Government
Valerie Doherty, DCE Clinical Lead, Cancer Access Team
Moirra Adams, Challenge Breast Cancer Scotland (on behalf of the Cancer Coalition)
Amy McKeon, Principal Information Analyst, ISD
Natalia Calanzani, PhD student, University of Edinburgh
Lisa Cohen, West of Scotland Facilitator Manager, Cancer Research UK
Sarah Dillon, Screening Policy Manager, Scottish Government
Hugh Brown (via telephone), Chair Scottish Primary Care Cancer Group
Kate Macdonald, Network Manager, SCAN

Apologies from:

Cathie Cowan, Chair of DCE Programme Board, Chief Executive of NHS Forth Valley
James Mander, Lead Cancer Clinician, SCAN
Seamus Teahan, Lead Cancer Clinician, WoSCAN
Louise Wilson, Director of Public Health, NHS Orkney
Lorraine Cowie, Strategic Manager for Cancer and Palliative Care, NHS Grampian
Claire Donaghy, Head of Scotland, Bowel Cancer UK

Item 2. Note of previous meeting

There are two outstanding items from previous DCE Programme Board meetings:

1. Item 6 (with regard to GP practice profiles) from 8 March 2018 meeting:

It was agreed that the DCE Team would discuss further with Dr Lucy Munro (NSS Associate Medical Director (primary care) and Scottish Government).

ACTION: Amy to re-engage those involved in discussions to date and explore any additional people who need to be involved in decision making. The Board expressed an eagerness for this to be moved forward and an update shared at the next meeting.

2. Agenda item 4, from the 25 October 2017 meeting:

Cancer Access Team to discuss changes to the breast algorithm with Hilary Dobson as chair of QPI group and copy to David Morrison.

ACTION: DCE Team to pick-up with Hilary and David to close this action off.

All other actions were covered in the agenda and the action note from 8 March 2018 was approved.

Item 3. CRUK Health Professional Engagement Programme, Lisa Cohen

Lisa, Cancer Research UK's West of Scotland Facilitator, spoke around their UK-wide evaluation of the professional engagement programme. Positively, 99% of those surveyed across England, Wales, Scotland and NI would recommend a session to a colleague while 96% of those who attended a CRUK facilitated session said that they would take action as a result. The research showed facilitators are viewed as independent, critical friends and the programme works well on a sustained, ongoing basis (rather than a one-off visit) and with a local focus but national connectivity.

Feedback and examples of engagement in Scotland over the past year were also shared – bowel screening was number one with FIT in third place. Breast screening and cervical screening also ranked highly.

Lisa flagged that recognition and referral is going to be an increasing area of focus for the team moving forward. This ties in well with the launch of a new DCE campaign later this year and the refresh of the Scottish Referral Guidelines for Suspected Cancer which are due to be published late Autumn.

Diane queried about the bite-size learning sessions in particular with the work of the Referral Guidelines communications group in mind.

Roger asked about the data shared with practices and Lisa confirmed that this includes CRUK's data as well as what's available from ISD and other relevant project work i.e. National Cancer Diagnosis Audit.

The slides from Lisa's presentation can be found below. In regards to the 15 case studies demonstrating best practice, these will be circulated in due course to the Programme Board.



DCE
presentation.pdf

Item 4. Cancer Access Standards

4.1 Current Performance, Jan Young

Jan provided a summary of NHS Board performance against the 62-day and 31-day cancer access standards that were published by ISD on Tuesday 26 June 2018.

For Q1 2018 [January to March] the 31-day standard has not been met at 93.5%. This is a decrease from 94.6% in the previous quarter and from 94.5% in Q1 2017. The median wait from decision to treat to treatment remains at six days. All but five NHS Boards met the standard in this quarter.

The 31 day standard was met for eight of the ten cancer types. 83.1% of patients waiting were treated within 31 days for urological cancer, this is a slight decrease compared to 85.7% in the previous quarter.

85.0% of patients started treatment within the 62 day standard. The median wait for a patient to receive treatment was 43 days from urgent suspected cancer referral. This is a decrease of 2.1 percentage points compared to the previous quarter and a decrease of 3.1 percentage points compared to the same period last year.

Four NHS Boards met the 62 day standard (NHS Borders, NHS Lanarkshire, NHS Dumfries & Galloway and NHS Shetland) in this quarter.

4.2 Endoscopy Action Plan, Nicola Barnstaple

Nicola provided a verbal update on the £14 million national endoscopy action plan that was announced by Scottish Government on 24 June 2018, to support improvements in capacity with a focus on sustainable solutions. The recommendations have been developed with clinical input.

Nicola spoke around the main action themes covered in the plan from waiting list validation, backlog clearance, Endoscopy Unit Accreditation and Nurse Endoscopy Training to name a few.

Two new diagnostic posts were announced on 28 May 2018 by the Scottish Government. From September 2018, the two post holders will work as part of the Scottish Access Collaborative and provide national leadership for diagnostics, to ensure patients are on the right pathway at the right time. This will include the delivery of the action plan for endoscopy performance recovery.

Sami expressed a view that money won't necessarily fix the issues longer term and that there's a need to review and implement innovative approaches, where relevant and possible, to ensure the service becomes sustainable longer term.

ACTION: While the plan is approved, the way in which the actions are taken forward and implemented are still up for consideration so any thoughts/suggestions can be sent to Nicola who will welcome them. Meanwhile, Natalia to share the paper from England mentioned in discussions, in regards to a similar piece of work.

4.3 Ministerial Cancer Performance Delivery Group, Diane Primrose

Diane provided an overview of the clinical consensus event that took place on 2 May 2018 in Edinburgh. Around 70 cancer experts from across the UK attended the event to kick-start discussion around two key questions, to begin working towards reducing variation in cancer pathways in NHSScotland – a key focus of the Ministerial Group:

- What is the optimal number of steps in the pathway from USC referral to treatment for a particular tumour type?
- What is the realistic time this pathway takes from USC referral to treatment for this tumour type?

The Cabinet Secretary has since instructed the Scottish Cancer Taskforce (SCT) to lead on the continuation of this pathway work to reduce variation and improve patient flow and experience. Val mentioned the timing of this work and how it fits with that of other UK nations i.e. Wales' single pathway and England piloting their 28 day faster diagnosis pathway.

Kate Macdonald made a point in regards to ensuring a national approach is being taken to reducing variation in pathways as each Board is already undertaking quite a bit of work in this area. Nicola mentioned that this was discussed at the SCT on 25 June and that she reassured Evelyn Thomson – Regional Manager, WOSCAN - that this would happen. Regional managers will be involved in discussions of this nature moving forward.

Sami also questioned whether the original data analysis that Jan and he were going to undertake in advance of the clinical consensus event should in fact be picked back up and taken forward. It was agreed that this should be undertaken over the summer, to look at the timings underpinned in each step in the cancer pathway.

Diane also updated that the last Ministerial Group meeting took place on 30 May 2018. Here it was agreed that the short-life working group would disband but that a progress report, updating on the projects and work-streams the Group endorsed to enhance cancer pathways, would be drafted. The following report was published on 25 June 2018 –



MCPDG Progress
Report.pdf

ACTION: Jan and Sami to continue with their original planned data analysis over the summer, to put timings behind each step of the pathway.

4.4 Clinical Review – Recommendations, Val Doherty

Dr Doherty provided an update on recent discussions around the CWT recommendations which took place at the last Ministerial Cancer Performance Delivery Group's meeting on 30 May 2018. Here it was agreed that all

recommendations should be fully considered, based on evidence and wider consultation.

The recommendations can be found in the published report (2 May 2018) here - <http://www.gov.scot/Publications/2018/05/4685>

Val informed the Board that an implementation group is being formed to ensure momentum continues in this area and all recommendations are fully considered at pace to improve cancer pathways and patient experience. A progress update will be drafted in November to mark six months since the recommendations were announced.

ACTION: Anyone keen to sit on the implementation group should get in touch with Val. Otherwise, invites will be sent out shortly.

Item 5. DCE LDP reporting, Amy McKeon

Amy spoke through her paper, circulated to the group in advance of the meeting. Amy highlighted that DCE's staging data for 2016-2017 (Year 6) is due to be published on Tuesday 31 July 2018 before explaining recent TNM changes in calculating cancer staging and how this impacts on DCE.

Diane questioned if the DCE data would in fact still be comparable, bearing these changes in mind.

ACTION: Amy to speak to David Morrison in regards to DCE's data being comparable and to ensure any changes to the data set are made clear, in layman's terms, in the final publication to avoid any confusion.

Amy also provided an update on GP Practice Profiles which hasn't significantly progressed but the Board is keen to see.

ACTION: Amy to re-engage with those involved in discussions to date and push this action forward.

Item 6. DCE options appraisal, Jan Young

Jan explained how, in 2013, the DCE Programme Board considered how new tumour types might be introduced into the Programme. At this time it was agreed that it would be best achieved by developing and applying a set of criteria against which additional tumour types could be scored objectively, based on evidence.

Each of the 10 criteria were scored in terms of importance and relevance with mean scores then used to derive a weighting for each criteria. These weightings were approved by the DCE Programme Board on 20 May 2013 with melanoma since being formally introduced to the Programme.

The Scottish Government's cancer strategy – *Beating Cancer: Ambition & Action* - reinforces the committed to continue with the DCE Programme of early detection and to support local tests of change when introducing additional tumour groups into the

Programme. Taking into account new data available since 2013, an options appraisal is to be repeated this year, with two additional scoring criteria added.

The scoring table, relevant data and accompanying letter outlining the 'ask' has been shared with the Programme Board (below) as well as being circulated via Regional Clinical Leads, Cancer Coalition and Network Leads.



Item 6 - Additional



Item 6 - Additional



Item 6 - Cancer

Tumour Groups into CTumour Types - RevisIncidence summary ta

The DCE Team has asked for responses by 20 July 2018. Following this, a review of all comments, data and scores will be reviewed and an update on next steps shared at the next DCE Programme Board meeting.

Kate Macdonald asked for a completion target to be associated with the options appraisal – the team has since confirmed a minimum of two clinicians per specialty is favourable.

ACTION: The Programme Board is asked to encourage their clinical networks and colleagues to input into DCE's options appraisal process.

Item 7. DCE social marketing, Neil Harrison

Neil provided an update on DCE's new pan-tumour campaign, following lots of work reviewing the evidence and research after the last Programme Board meeting to ensure the right approach was being taken. Neil showed the Board the new TV advert and outlined next steps towards launch.

For those unable to attend, the advert can be viewed via the following link although should not be shared any wider at this time as it's under strict embargo. This link will expire during July with a further version issued prior to campaign launch - <https://youtu.be/npsidDMPgnk>

Neil confirmed that the new Cabinet Secretary for Health & Sport will be sent the advert and brief in due course for final approval (this was sought from the previous Cabinet Secretary for Health & Sport).

The DCE Marketing team also met with the Cancer Coalition on 21 June 2018 to discuss the new approach and screen the advert. They seemed reassured by the approach being taken and the research that underpins the creative was shared with them following the meeting for their own purposes/knowledge.

Work is now underway to brief the creative agencies with plans being developed across DCE's tumour specific activity, that will continue also, for the year ahead. Neil will share this further level of detail at the next Programme Board meeting.

ACTION: Cancer Coalition to share key milestones and campaign timings with the DCE Team to feed into a pan-cancer communications laydown, to help avoid saturation at certain points in time.

Item 8. Melanoma pilots, Val Doherty

Val provided an update on progress following the presentation of melanoma pilots at the last Programme Board meeting. In short, a call was held on 19 June 2018 with the Boards involved in pilots to date, where there was agreement that Boards should work together to take learnings and best practice forward (and help avoid duplication) into 'phase two' pilots which will start being rolled-out later this year.

Discussions are underway to confirm the budget for this activity and scale of the pilots to be undertaken with a further update provided at the next Programme Board meeting.

ACTION: On the back of the Programme Board meeting on 8 March 2018, Cathie agreed to raise the fact that each Board seems to experience difficulties with having separate processes for anything involving image generation and their storage, with Board Chief Executives. This was a key learning from phase one melanoma pilots but wasn't captured at the last meeting in writing. It is therefore being noted here to ensure its progressed.

Item 9. Scottish Referral Guidelines for Suspected Cancer, Hugh Brown

Hugh provided the Board with an update on work in this area. In summary, all workshops have been held and a peer review is due to take place in August with an expected refresh due to be published Autumn 2018.

The first communications and dissemination group met on 26 June 2018 to explore audiences, key messages and required materials for the 'launch' of the refresh.

Sami asked about the inclusion of qFIT (symptomatic) into the Guidelines – Hugh confirmed that it will be included but simply as a prompt for primary care to refer to local protocalls as every Board is at a varying stage of implementation.

Item 10. qFIT for triage of symptomatic patients

Andrew Grierson, project manager for qFIT in the symptomatic population provided a paper in advance of the meeting which Diane talked through.

Implementation projects are underway in 9 out of 11 NHS Boards with positive feedback expected in progress reports at the end of Q2 2018 (June). These reports and hard data will help determine the impact this primary care intervention has on releasing colonoscopy demand.

Boards that have been or will be allocated funding know it is essential that outcomes are accurately reported and have been asked to consider gathering information on a number of points in their quarterly report from safety netting procedures to colonoscopy triage guideline development.

In the meantime, discussions with the two Boards where FIT hasn't yet been progressed in the symptomatic population will continue. An action was included in the Ministerial Cancer Performance Delivery Group progress report for these two Boards to enter the planning phase in 2018.

As more data becomes available, a national clinical meeting will be arranged to take stock of progress, help spread good practice, facilitate management of risks and identify areas for further work.

Item 11. AOB

11.1 Screening

Sarah Dillon provided a short verbal update on the following areas of interest:

Bowel screening: Envelopes are being damaged during the sorting process at Royal Mail so a prototype of a new, yellow, envelope has been ordered to make them easier to identify. The DCE Team will need to amend the new pan-tumour advert to reflect this change as it features a man popping his test/envelope in the post.

Inequalities Fund: A call for bids has gone out from the Scottish Government's Screening Team. All expressions of interest are expected by 14 July.



Inequalities Fund -
Call for Bids - June 20

Flexible Sigmoidoscopy: A brief has been shared with the Cabinet Secretary for Health & Sport recommending that the procedure should not be introduced as an adjunction to the Scottish Bowel Screening Programme. This will be further discussed at the UK Screening Committee in due course.

Breast screening: On the back of the breast screening incident in England, a Clinical Taskforce Unit has been formed to ensure women who have moved from England to Scotland are included in any appointment planning.

Cervical: An issue has come up in Ireland around informing women of audit processes which is now being reviewed in Scotland. Meanwhile, Jo's Cervical Trust roadshow, funded through the Inequalities Fund, will be touring Scotland over the coming weeks.

11.2 DCE Evaluation

Natalia informed the Board that 25 in-depth interviews have been undertaken and the deadline for completing her questionnaire is 6 July 2018.

The questionnaire is anonymised and will not ask for your name. It is estimated to take 15-20 minutes to be completed and will help researchers at the University of Edinburgh, carrying out an evaluation of the DCE Programme to better understand what happened during the Programme's implementation, what worked well and what didn't work so well.

Natalia informed the Board that nobody from the Islands has completed it as yet and asked all members to prompt responses through their contacts. The survey is available via the following link - <https://edinburgh.onlinesurveys.ac.uk/process-evaluation-dce>

ACTION: Louise Wilson, DCE Programme Board member, is encouraged to share the link amongst colleague in Orkney specifically.

Natalia also informed the group of her recent meeting with Dan Owens from Tasmania Government who is working on a new bowel screening campaign. Previous work has used humour similar to DCE.

ACTION: Neil to share the latest up to date bowel screening case study - that outlines DCE's campaign activity to date - with Natalia to share with Dan.

11.3 Dr Doherty

The Board finished the meeting by recognising Dr Doherty's recent MBE award, offering its congratulations and thanks for her work on cancer services including DCE.

11.4 Date and time of next meeting

We propose that the next DCE Programme Board meeting is held on 18 September 2018, 10am -12pm at SHSC (Cramond Room).

**Cancer Access Team
July 2018**