DETECT CANCER EARLY PROGRAMME BOARD

19th MEETING

Thursday 8 March 2018 10.00 AM – 12.00 PM
SHSC, Western General Hospital, Edinburgh

ACTION NOTE

1. Welcome and Introductions

Welcome

Present
Cathie Cowan (Chair)
Jan Young
Nicola Barnstaple
Sami Shimi (VC)
Neil Harrison
John Quinn
Claire Donaghy
Natalia Calazani
Fee Goodlet for Sarah Manson
Val Doherty
Di Primrose
Roger Black

In attendance for Item 3:
Colin Fleming (via VC)
Lorna Porteous
Alison Milne
Megan Mowbray & Ingrid Alexander (via VC)
Fiona Meredith (via VC)
Fiona Collier (via VC)

Apologies from:
Hugh Brown
Amy McKeon
Anne Watson
James Mander
Seamus Teahan
David Morrison
Louise Wilson
Lorraine Cowie
Kate McDonald
Sarah Manson

Diane Primrose was welcomed back from maternity leave. She takes up the role of DCE Programme Manager, in the Scottish Government's Cancer Access Team, based in Glasgow.

It was also noted that David Morrison will continue to be part of the group in his new role as Cancer Registry Lead at ISD.

2. Note of previous meeting – 25 October 2017

Two outstanding actions from the meeting on 25 October 2017 were flagged - both of which are being progressed by DCE's team in SG:

Item 4: *'Cancer Access team to discuss changes to the breast algorithm with Hilary Dobson as chair of QPI group and copy to David Morrison'.*

Item 7:*'DCE team to share data and criteria for the options appraisal process with group'*

Action: SG's DCE Team

The action note was otherwise approved by the group.

3. Melanoma Pilots

The group heard an update on the numerous melanoma pilots that are receiving DCE funding, including:

NHS Fife- Megan Mowbray & Ingrid Alexander
NHS Tayside- Colin Fleming
NHS Lothian - Lorna Porteous and Alison Milne
NHS Forth Valley – Fiona Collier
NHS Grampian - Fiona Meredith

The group expressed thanks to all those who provided an update, while recognising that there's some clear overlap between projects (particularly around GP/NP education and training and best practice regarding capturing, sharing and storing images – this differs between Boards).

A short summary of the presentations will be circulated and agreed with the five groups involved. SG's DCE Team will meet in the coming weeks to reflect on the projects' results to date, consider possible joins for future work and agree on the next phase of funding around melanoma. SG's DCE Team will keep in close contact with the individuals listed above throughout this process.

Reports from each project can be requested via the project leads.

4. Cancer Access Standards - Current Performance

CWT performance

Jan Young gave a summary of NHS Board performance against the 62-day and 31-day cancer access standards. Performance for the last published quarter (Q3 2017) was 87.2% for 62-day, and 94.5% for 31-day standards. Performance support continues to be offered to boards where meeting the standards remains challenging with six Boards currently on weekly monitoring.

It was highlighted that £4.85m has been released in NR revenue for 17/18 to support immediate improvements in diagnostics, imaging and treatment capacity.

The group was asked to note that the next set of statistics (Q4 2017) will be released by ISD on 27 March 2018.

Ministerial Cancer Performance Delivery Group

Nicola Barnstaple provided an update on the work of the Ministerial Cancer Performance Delivery group to date. The group has developed and agreed a framework for effective cancer management – this has been shared with NHS Chief Executives and Chairs. Cancer Managers have also been sent a copy of this framework to benchmark themselves against. The first of two cancer tracker workshops took place in February, attended by 72 trackers across NHS Boards. A second event is scheduled for 25 April in Perth.

Alongside this, a clinical consensus event is planned for 2 May in SHSC. The event will explore cancer pathways and variation with an aim to achieve consensus on existing 'standard' cancer pathways.

The group is also looking at direct access to imaging for GPs and supporting the National Radiology Transformational Programme.

The next meeting, which was scheduled for 13 March 2018, was cancelled. The next meeting will now be held on 30 May 2018.

Review of Cancer Access Standards

Val Doherty informed the group that a final report to accompany the agreed recommendations has been produced .A paper will be submitted to Cabinet Secretary this month. It is likely that the recommendations will inform some of the discussion at the event on 2 May.

SG's DCE Team will circulate more details about the event on 2 May when available and signpost to the full review and recommendations once officially published.

Action: SG's DCE Team

5. Academic Evaluation of DCE Programme – Natalia Calazani

Natalia provided a verbal update on progress with her PhD. Natalia is continuing with stakeholder interviews for the process evaluation and hopes to get ethical approval for the online questionnaire very soon. The questionnaire will be as short as it can be (it should take around 15 minutes max), and will have a progress bar along the top, in the hope it doesn't put people off completing it.

A more in depth update report will be provided at the next DCEPB meeting.

Action: N Calazani

6. DCE HEAT Reporting

John Quinn updated the group on the date of the next DCE publication - 31 July 2018.

He highlighted that there has been an update to the TNM classification that is used in the calculation of the cancer staging from TNM7 to TNM8. ISD is looking into these changes that may require a change to the DCE datamart. This may affect the lung and colorectal staging algorithms.

Roger gave reassurance that these classification changes are normal and that, while it's the first time it has had an impact on DCE, it's routine in the world of data, there's nothing that can be done.

The work on GP practice profiles continues. The aim is to include this cancer tool in the same area as a primary care GP level dashboard, however ISD need to get confirmation the same level of security can be used for the cancer indicators. ISD analysts are still liaising with information governance and primary care colleagues on this.

ISD were also advised to link in with Dr Lucy Munro (NSS Associate Medical Director (primary care) and Scottish Government) who is involved with agreeing what information should go into the primary care tool. It was agreed that the DCE Team would discuss further with Dr Munro.

Action: SG's DCE Team

7. DCE Social Marketing

Neil Harrison provided an update on the new broad campaign that is in the process of being developed to remind people of the huge difference their individual actions can have on finding cancer early and their chance of survival.

There was some discussion around the aim of such a campaign, how it fits with existing DCE comms and campaigns as well as a few specific queries around the tabled script.

While the group understands the benefits of adopting a 'pan tumour' approach in DCE, it was felt that it would be beneficial to revisit the research and insight to date to ensure the right, robust approach was being taken. SG's DCE Team has since spent time with Marketing colleagues to ensure this new approach is grounded in evidence and to clarify its role within the wider DCE context, which policy colleagues support. A one-page overview and script has been circulated alongside this action note, with a specific ask of the group.

Other, existing DCE Marketing activity has been on hold more recently due to the demand from winter pressures (regarding lung) and increased bowel screening positivity rates (since the introduction of FIT into screening).

Action: All

8. Scottish Referral Guidelines for Suspected Cancer

The Scottish Referral Guidelines were published via clinical consensus in advance of NICE guidelines being published. Since publication there has been new evidence from a number of areas and changes in practice. A refresh, supported by Macmillan Cancer Support and SG, is intended to be a rapid review with completion by October 2018. HIS has completed a secondary evidence review and dates are being planned for the end of May to convene tumour specific groups. Peter Hutchison will Chair the groups with support from Hugh Brown.

The group will be able to get an update on this refresh from Hugh at the next DCE Programme Board Meeting.

Action: H Brown

9. qFIT for triage of symptomatic patients

Nicola Barnstaple spoke through the paper prepared by Dr David Linden and Andy Grierson from the qFIT Implementation Team.

In summary, in 2017-18 funding was made available for NHS Boards to undertake projects that implemented fully or further tested qFIT in the symptomatic population. There has been significant interest across Scotland with projects well established in some NHS Boards and others in the planning stages.

For Boards that have been or will be allocated funding it is essential that outcomes are accurately reported, that there is ongoing monitoring of the impact and that pathways are adapted in response to audit findings. It was noted that it will be important that results from projects are made available to the wider clinical community. NHS Boards will have local governance structures in place to monitor their projects, but additionally a report will be sought centrally on project outcomes at regular intervals.

In the next financial year, and as further evidence builds, it is anticipated that remaining NHS Boards will look to develop projects in their areas. Although further discussion is required, it is hoped that the Regional Cancer Networks can help to facilitate this.

It's currently unknown if and how qFIT is integrated into the review of the Scottish Referral Guidelines for Suspected Cancer for Primary Care.

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. The group will be informed of any meetings/events of this nature as and when they arise.

10. AOB

National Cancer Diagnosis Audit

The NCDA from cancer diagnoses in 2014 was published by ISD on 6 March 2018. The Scottish part of the audit was overseen by a Scottish steering group, which includes representation from the Royal College of General Practitioners, the Scottish Primary Care Cancer Group, Macmillan Cancer Support, academic GPs and Information Services Division.

In total, 73 practices (around 8% of all practices) across Scotland participated in the audit. They submitted data on 2,014 diagnoses, around 6% of the total diagnoses in Scotland during 2014. Coverage varied by region.

The summary includes information on types of cancer, place of presentation, primary care interval, consultations, referrals and perceived avoidable delays. Median Primary Care Interval was 4 days, however the report highlights perceived delays in diagnosis from a GP perspective in 24.7% of cases. Individual practices have received their reports and are working with CRUK facilitators to look at improvements and areas of good practice.

Health & Sport Committee

The Health and Sport Committee, as part of their Preventative Agenda inquiry, held an evidence session on Detect Cancer Early on 6 February 2018. An independent panel including Christine Campbell (University of Edinburgh), Gregor McNie (Cancer Research UK) and Annie Anderson (Scottish Cancer Prevention Network) and Dr David Morrison were asked about the Programme's effectiveness and thoughts on its potential to play a prevention, as well as early detection role, in increasing Scotland's cancer survival rates.

Bowel Screening Positivity Rate

Following the launch of FIT testing for screening in November 2018, Boards have reported an increase in kits returned and positivity rates. The bowel screening FIT threshold group is monitoring this data on an ongoing basis.

11. Date and time of next meeting

We propose that the next DCE Programme Board meeting is held on Wednesday 27 June 2018 AM. A diary invite will be circulated shortly.

Cancer Access Team
March 2018