

DETECT CANCER EARLY (DCE) PROGRAMME BOARD

21st meeting

Tuesday 18 September 2018 10.00 AM – 12.00 PM
SHSC, Western General Hospital, Edinburgh

ACTION NOTE

Item 1. Welcome and Introductions

Welcome

Present

Cathie Cowan, Chair of DCE Programme Board, Chief Executive of NHS Forth Valley

Roger Black, Head of Services, ISD

Sami Shimi, Lead Cancer Clinician, NoSCAN

Jan Young, Senior Assistant Statistician, Cancer Access Team

Nicola Barnstaple, DCE Programme Director, Cancer Access Team

Diane Primrose, DCE Programme Manager, Cancer Access Team

Margaret Kelly, Cancer Framework Consultant, Scottish Government (Cancer Manager, NHS Lanarkshire)

Gail Lyall, Senior Marketing Manager, DCE, Scottish Government

Claire Donaghy, Head of Scotland, Bowel Cancer UK (accompanied by Asha Kaur) from Bowel Cancer UK's policy team)

John Quinn, ISD

Garry Hecht, ISD

Apologies from:

Hugh Brown, Chair Scottish Primary Care Cancer Group

Valerie Doherty, DCE Clinical Lead, Cancer Access Team

Natalia Calanzani, PhD student, University of Edinburgh

James Mander, Lead Cancer Clinician, SCAN

Seamus Teahan, Lead Cancer Clinician, WoSCAN

Kate Macdonald, Network Manager, SCAN

David Morrison, Scottish Cancer Registry

Sarah Dillon, Screening Policy Manager, Scottish Government

Louise Wilson, Director of Public Health

Andrew Grierson, Project Manager, Referral Guidelines & FIT (symptomatic)

A warm welcome was given to a few new faces in attendance, including:

- Margaret Kelly, Cancer Manager, from NHS Lanarkshire has joined the Cancer Access Team in Scottish Government for a six month period. Margaret will be undertaking a peer review with Boards to ensure they're implementing the Cancer Access Management Framework and provide tailored advice on cancer pathways, to support improved waiting times performance.

- Gail Lyall has re-joined the Marketing Team at Scottish Government and will once more be leading on all DCE campaigns and external communications.
- Amy McKeon has moved on to a new post within ISD – the Board thanked Amy for her work to date and welcomed her replacement Garry Hecht.

Item 2. Note of previous meeting

An outstanding action from 27 June 2018 meeting was raised:

Action 8. In regards to Melanoma pilots, it was agreed that Chair, Cathie Cowan, would 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.

Cathie updated the Board that this will be raised by e-health leads at the next Chief Executives meeting. The action note from the 27 June meeting was otherwise approved, with all other actions covered in the meeting's agenda.

Item 3. Cancer Access Standards

3.1 Cancer Waiting Times (CWT), Jan Young (verbal)

Jan updated the Board that there have been no further cancer waiting times statistics published since the DCE Programme Board last met on 27 June 2018 (Q1 2018 stats were published 26 June 2018).

Jan informed the Board that Q2 2018 statistics were due to be published on Tuesday 25 September 2018.

3.2 Diagnostic Waiting Times, Jan Young (verbal)

Jan provided a topline update on the latest Diagnostic Waiting Times Data that was published on 28 August 2018.

This showed that as of 30 June 2018, 78.7% of patients waiting for one of the eight key diagnostic tests were completed within six weeks – below the 90% target.

- The 4 radiology tests are seeing 89.8% of patients waiting within 6 weeks, with Barium test at 96% and Non-Obstetric Ultrasound at 96.2%.

- However, the 4 endoscopy tests are seeing 56.6% waiting within 6 weeks, with Cystoscopy at 47.6% being the poorest performance.

It was then mentioned that the Government's new Diagnostic Lead, Jean Wright, is now in post.

Item 4. Access Action

In response to the waiting times position that Jan outlined, a few key actions and areas of work that the Cancer Access Team is working on, was outlined. The Board was asked to note progress in these areas and invite any questions to the table.

4.1 Endoscopy Action Plan & Scottish Radiology Transformation Programme (SRTP), Nicola Barnstaple (verbal)

Nicola highlighted the fact that those waiting longest for endoscopy remain the priority. New weekly management information is being developed at Board level that includes the source of referral and provides more clarity around the length of time people are waiting (2, 4, 6, 9 and 12 weeks etc.) – this will remain management information and be used for national planning.

Michelle Thornton, Consultant Colorectal Surgeon from NHS Lanarkshire, is the Validation Lead for the Scottish Access Collaborative and is visiting Boards to explore this work. A clinical consensus event on Thursday 13 September was held to develop guidelines for the management of follow up and surveillance patients.

An audit of Endoscopy Units is being explored with Healthcare Improvement Scotland (HIS) and the Cancer Access Team continue to be looped into discussions around the threshold of FIT in screening which has seen demand on colonoscopy doubling since its introduction.

The Cancer Access Team continues to support the Scottish Radiology Transformation Programme (SRTP) and stay abreast with the Programme's work, including through the Scottish Access Collaborative who are closely aligned. Jean Wright, Diagnostics Lead, will play a key role in continuing this relationship as radiology plays an integral part to any cancer pathway.

4.2 Cancer Management Framework & Peer Review, Margaret Kelly (verbal)

Margaret provided an outline of her role within the Cancer Access Team over the next six months – she will be undertaking a peer review of Boards to ensure the Cancer Management Framework, based on NHS Lanarkshire's model, is fully adopted, where possible. This includes clear corporate responsibility, clear pathways, speedy pathology turnaround and ongoing learning and developing for cancer trackers. Diane flagged that a meeting is being held early November with Macmillan to explore collaborative working on this element in particular with the third sector.

Margaret's role has been well received by NHS Board Chief Executives. Margaret will Chair the next Cancer Managers Forum on 10 October to ensure Boards are aware of the upcoming peer review visits and can prepare accordingly.

The Programme Board was asked to note this appointment and to ensure that relevant networks and colleagues are aware of this activity.

4.3 CWT Recommendations Implementation Group (verbal)

Diane provided a verbal update on the CWT Recommendations Implementation Group that is in the process of being formed.

It's been proposed that the Group will first meet in November. Invites will be issued to those identified as best placed to sit on the Group – largely a combination of the Ministerial Cancer Performance Delivery Group, which has since disbanded, and the Cancer Waiting Times steering group. It's likely that sub-groups will be set-up to consider varying recommendation themes in more detail, similar to what the Scottish Cancer Coalition has done around the 'patient support/information' theme that Angela Harris, Breast Cancer Care, is Chairing.

Item 5. Screening update, Sarah Dillon (verbal)

Sarah Dillon was unfortunately unable to attend the meeting but provided a short written update for the Board to note – this was received after the meeting on 18 September:

Breast

PHE Breast Screening Incident: In May 2018 the Secretary for State for Health and Social Care, Jeremy Hunt, announced a significant incident in the PHE Breast Screening Programme. CMO and the Cabinet Secretary for Health in Scotland asked that a clinical taskforce be set up to support colleagues in PHE in identifying and supporting women who may have moved to Scotland that were affected by this incident. Over 500 women in Scotland were affected and were written to by PHE, either offering a catch-up screen or the option to be screened dependent on their age. Of those who took up the offer to be screened all have now been appointed.

During due diligence checks by the clinical taskforce the SBSP identified a number of women who had missed their final invitation to be screened due to an operational issue. The SBSP are now managing this using the agreed adverse events process and those effected have been contacted and offered a screen.

Bowel

Anecdotal evidence suggests that the implementation of FIT into the screening programme has been well received by users. The Prime Minister recently announced that the English programme would be changing its age range for screening from 60 to 50, by 2028, bringing the English programme into line with the UK National Screening Committee's advice which Scotland implemented in 2009.

Cervical

Work is progressing to implement the change to Hr-HPV testing in the programme from early 2020. The Flower campaign has been recognised for a number of marketing awards and the intention is to re-run this campaign later this year or early next.

Inequalities Fund

To date over £1.7m has been committed to support innovative projects across cancer screening programmes to better understand and work to reduce the inequalities in screening. Call for bids for 2018/19 went out earlier in the year with 22 projects across all screening programmes applying for support at the initial stage. Final decisions are being considered and it is hoped that successful projects will be confirmed by End October. An electronic network has been established to connect projects and the Scottish Screening Committee have a Development Day on 4th October which will focus on Inequalities in Screening.

Item 6. DCE LDP Reporting, John Quinn (paper)

John spoke round his paper providing an update on the recent DCE staging publication (July 2018) as well as flagging upcoming changes to algorithms.

The Board asked for reassurance around how comparable DCE's data was going to be moving forward and the need to make any changes clear to those not as close to the data.

ACTION: John/Gavin to liaise with David Morrison and provide a clear steer on changes/impact around comparability at the next Board meeting.

Progress was also provided around practice profiles – Professor Aileen Keel is in the process of setting up a short-life working group to look at the availability of primary care data, so this work will be put on hold and considered as part of this group instead of in a silo by DCE which the Board agreed made most sense.

Item 7. DCE options appraisal, Jan Young (verbal)

Jan provided an update on the responses received as a result of asking networks to complete a scoring exercise, to consider the introduction of an additional tumour group to the DCE Programme. Only 12 responses were received, several of which were incomplete. The responses were weighted to ensure all tumour groups were fairly considered, as individuals were skewed towards their area of specialism.

The Board was asked to confirm that they're happy with the process undertaken to date and to recognise the 'top 5' tumour groups up for further consideration – oesophageal, stomach, ovarian, prostate and head and neck.

The Chair suggested that, to seek further clinical opinion, she would engage Chief Executives on the matter.

ACTION: Cathie Cowan to engage Chief Executives on the next tumour group to be included in the DCE Programme, by encouraging further engagement with clinical teams across NHS Scotland.

Clarity was sought around if Melanoma would continue to be part of the Programme which was confirmed – it will continue to be part of DCE moving forward. Diane confirmed that planning for phase two pilots was underway, with proposals due late September and funding to be realised in October.

ACTION: Cancer Access Team to provide an update on phase two melanoma pilots to the Board at the next meeting.

Item 8. DCE Social Marketing, Gail Lyall (verbal)

Gail provided an update on the new overarching campaign that was due to launch on 17 September 2018. The Programme Board saw the final TV advert at the last meeting in June but additional supporting channels have since been developed including radio and digital that Gail outlined.

The Board was asked to disseminate the stakeholder briefing sheet and to feedback any responses/reactions to the campaign locally, particularly around impact.



Detect Cancer Early
- new campaign brief

ACTION: Board to circulate briefing and share any local feedback on campaign impact centrally.

Item 9. Scottish Referral Guidelines for Suspected Cancer, Andy Grierson

Nicola spoke through Andy's written update as he was unable to attend the meeting in person.

The peer review process was undertaken in August and over 100 responses received. One final sub-group is arranged for Upper GI on 14 November to finalise the Guideline and a comms group has been formed to plan out key milestones for communication between now and publication.

The Guidelines will be finalised later this year but will likely be physically sent to Boards in January to avoid them being missed over the festive season. Conversations are ongoing with NES around education and work is progressing with Cancer Research UK in the development of a visual, accompanying infographic.

Item 10. FIT for triage of symptomatic patients, Andy Grierson

Nicola spoke through Andy's update on the implementation of FIT in the symptomatic population. To date, only three Boards have yet to enter the planning phases of implementation (NHS Western Isles, NHS Forth Valley & NHS Ayrshire & Arran).

Cathie confirmed that she would ask her team locally to engage with Andy Grierson.

ACTION: Cathie Cowan to engage clinical team in NHS Forth Valley around potential hesitancy in piloting FIT in a symptomatic population.

A clinical learn and share event will be held early December to share learnings and review data collected thus far across Scotland.

Item 11. AOB

A few items were raised at this point, including:

11.1 DCE Evaluation

Diane highlighted, in Natalia's absence from the meeting, that Natalia is working on the final evaluation report and that there are workshops to explore the key themes later on 18 September that the DCE Team will be attending.

The plan is to submit the final report to the DCE Team in October. This, of course, will be shared with the DCE Programme Board in due course also.

In terms of further dissemination, Natalia will present the process evaluation results at the Faculty of Public Health Conference in Peebles in November (this will be an elevator pitch, but there will be a poster as well). There will also be a poster at the NCRI Conference in Glasgow in November. Natalia has also signed up for the CRUK Conference next year in Birmingham, and will be preparing an abstract about the results to be submitted before the end of the month.

11.2 Roger Black

Roger Black from ISD has been tasked with setting up a new team at ISD, out with cancer services, and will therefore no longer be part of the Programme Board moving forward. Roger, who has played an integral part of the Board from the beginning of DCE was thanked for his contribution and enthusiasm over the years. His predecessor will be confirmed in due course and invited to sit on the Board.

11.2 Date and time of next meeting

It's proposed that the Board next meet on 5 December at 09:30 in Atlantic Quay (150 Broomielaw).