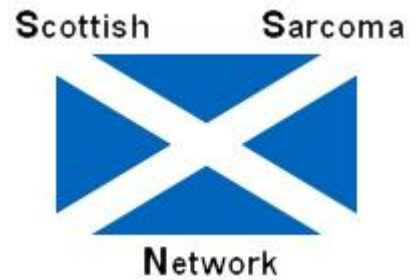


**North, South East and West of Scotland
Cancer Networks**

**Sarcoma
National Managed Clinical Network**



Annual Report

April 2018 – March 2019

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CONTENTS

EXECUTIVE SUMMARY	3
1. INTRODUCTION	5
NMCN GOVERNANCE	5
2. NMCN WORK PLAN AND ACTIVITIES (04/2018 TO 03/2019)	5
MULTI-DISCIPLINARY TEAM WORKING	5
RESEARCH AND DEVELOPMENT	6
EDUCATION	6
NATIONAL CLINICAL AUDIT PROGRAMME	8
GUIDELINE DEVELOPMENT AND REVIEW	9
SERVICE MAP	9
EXTERNAL SCRUTINY	10
CHARITIES	10
WEBSITE	10
CLINICAL LEAD	10
3. QUALITY ASSURANCE / SERVICE DEVELOPMENT / IMPROVEMENT	10
AUDIT AND GOVERNANCE PROCESS	10
ACTION/IMPROVEMENT PLAN PROGRESSION	11
ESCALATION PROCESS	11
SERVICE DEVELOPMENT AND IMPROVEMENT	11
4. KEY PRIORITY AREAS FOR THE NMCN IN 2019/20	12
5. CONCLUSION	12
ACKNOWLEDGEMENT	12

Executive Summary

Introduction

The purpose of this document is to report the Sarcoma National Managed Clinical Network (NMCN) activities in respect of:

- Performance against agreed work plan objectives;
- Outcomes achieved; and
- Challenges encountered and actions taken to remedy defined issues.

This report covers the activity of the NMCN between April 2018 and March 2019. It also reports on the findings and resultant actions required from the 2016/17 clinical audit report, as well as looking forward from April 2019 to March 2020.

NMCN Objectives

The sarcoma NMCN has made progress and delivered a number of key objectives which included:

- **Multi-disciplinary Team Working**

To improve the effectiveness and efficiency of the Scottish Sarcoma MDT the referral form was updated in July 2018 to reflect the 3 teams (skin, gastrointestinal and musculoskeletal) and was successfully adopted within six months. The new referral form also introduced a question regarding patient preferences, supporting person-centred care and “what matters to me” in decision making. Gastrointestinal referrals are increasing and discussions are taking up an increasing proportion of the available time. A third projector was installed in the Beatson room so outcomes can be approved by the Glasgow participants in real time.

- **Research and Development**

The first sarcoma research strategy day was in Glasgow in September 2018, attended by Sarcoma MDT members, academics, charities, scientists and Dr Mike Winter. This led to the development of the first sarcoma research strategy, which is being finalised at the 28th May 2019 education day in Aberdeen, with the Charities indicating their eagerness to fund the innovative research in Scotland.

The Scottish Bone Tumour Registry is considering being archived if the Radiologists can convince the national Picture Archiving and Communication System (PACS) to eliminate “lossy compression” (patients would be identified by their Community Health Index (CHI) and cohorts analysed in the Safe Havens in future).

The NMCN was approached for research collaboration in a joint “CRUK Accelerator Award” grant application with London, Birmingham, Milan and Madrid, aiming at improving neoadjuvant therapy in high-risk sarcomas.

- **Education**

The three Scottish education days were in Dundee in May, Glasgow in September 2018 and Edinburgh in January 2019, with the British Sarcoma Group conference in London in February 2019. GIST Support UK held their fourth meeting of GIST patients and carers in parallel with the education day in Edinburgh. The first Scottish patients and carers day was in Falkirk in October 2018 while the first study day for nurses and allied health professionals was in Glasgow in March 2019. The Pathologists met in Perth in October 2018 to review the pathology guidelines and develop the quick guides to TNM 8. Next BSG Conference will be hosted in Glasgow, Scotland.

- **National Clinical Audit**

The fourth audit of performance against quality performance indicators (for patients diagnosed between 1st April 2017 and 31st March 2018) was reported in April 2019. The actions from the second and third audits were completed. The Scottish Cancer Registry data for 2000 to 2017 will be requested (estimate June 2019).

- **Guideline Development and Review**

The Scottish guidelines for bone, soft tissue and fibromatosis are awaiting a decision by Medical Directors and Directors of Pharmacy on medicines not approved by the Scottish Medicines Consortium due to the manufacturer not submitting them (these medicines perform well in clinical trials). The West of Scotland guideline for breast sarcoma is nearing completion (estimate June 2019) and the Scottish guideline for head and neck sarcoma is in development with the survey of Scottish Clinicians being expanded to the UK.

- **Service Map**

The West of Scotland service map is being reviewed (estimate July 2019) and the service maps for the North and South East will be developed with these two regions during 2019/20.

- **External Scrutiny**

The NMCN reports annually to the three regional cancer networks (advisors to the fourteen territorial NHS Boards) and National Services Division (commissioners of the NMCNs on behalf of the fourteen territorial NHS Boards).

- **Website**

The [website](#) was upgraded in April 2019 to increase awareness of sarcomas and raise the profile of the NMCN further but a technical problem has meant we are unable to analyse activity so far.

- **Clinical Lead**

Dr Ioanna Nixon was awarded as a Founding Member of the Faculty of Medical Leaders in Healthcare (FFMLM) in November 2018, joined the British Sarcoma Group as a Trustee in February 2019 and graduated as a Fellow from the Scottish Quality Improvement programme in May 2019.

Key Priority Areas for the NMCN in the next 12 months

The NMCN work plan has been developed with an emphasis on identifying outcomes that improve the quality of patient care and overall efficiency:

- Continually improve the operation of the sarcoma MDTs and virtual clinics through a short life working group led by Dr Mark McCleery
- Migrate the Scottish Bone Tumour Registry to a digital and networked solution ensuring robust governance is in place to manage the registry in line with NHS Greater Glasgow and Clyde requirements
- Deliver national sarcoma education events to promote shared learning of current best practice and innovation, including the British Sarcoma Group 2020 conference in Glasgow on 26th and 27th February
- Use clinical data to drive improvement in quality of care and outcomes
- Develop and maintain regional / national clinical guidelines
- Maintain regional service map to support planning functions.

1. Introduction

The sarcoma national managed clinical network (NMCN) was established in 2004 as a means of delivering equitable high quality clinical care to all sarcoma patients across Scotland (2018 estimated population of 5.438 million¹).

The sarcoma NMCN continues to support and develop the clinical service for sarcoma patients (bone, soft tissue and gastrointestinal stromal tumour). The 2017/18 national audit data indicates the number of sarcomas in that year was 326. The effective management of these patients throughout Scotland relies on co-ordinated delivery of treatment and care that requires close collaboration of professions from a range of specialties. Most bone and soft tissue sarcoma patients are managed by the Scottish sarcoma multi-disciplinary team (MDT) with the Clinicians based in the five centres across Scotland (Aberdeen, Dundee and Inverness in the North; Edinburgh in the South East; Glasgow in the West). Gastrointestinal stromal tumour (GIST) patients are managed by the upper gastrointestinal or colorectal MDTs in the North and South East of Scotland, and by the Scottish sarcoma MDT in the West. Small numbers of sarcoma patients are managed by the other MDTs (breast, gynaecological oncology, head and neck, hepatopancreatobiliary, lung, neuro-oncology, skin and urological) with the support of the Scottish sarcoma MDT. The majority of treatment is surgical, with five year survival of 55%.

The NMCN website is www.ssn.scot.nhs.uk.

The purpose of this document is to report the sarcoma NMCN activities in respect of:

- Performance against agreed objectives;
- Outcomes achieved;
- Challenges encountered and actions taken to remedy defined issues; and
- Update on progress of actions identified from the Audit Report.

NMCN Governance

The NMCN formally meets three times per annum with representation from patients, carers, charities, external companies, local authorities, universities and NHS Boards and all relevant specialities involved in the management of sarcoma. The NMCN is consulted between meetings as required by the Clinical Lead and Manager through the virtual steering group.

Dr Ioanna Nixon, Consultant Clinical Oncologist, NHS Greater Glasgow and Clyde, is in her fourth year as national Clinical Lead. The [membership](#) and [constitution](#) of the NMCN are detailed on the NMCN [website](#).

2. NMCN Work plan and Activities (04/2018 to 03/2019)

Multi-disciplinary Team Working

The Scottish Sarcoma MDT referral form was updated in July 2018 to reflect the 3 teams (skin, gastrointestinal and musculoskeletal) and has been successfully adopted within six months. The Edinburgh centre MDT is reviewing their referral form (estimate completion in June 2019) and the Glasgow centre musculoskeletal oncology virtual clinic is developing their referral form (estimated completion June 2019).

¹ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/stats-at-a-glance/infographics-and-visualisations>

A third projector was installed in the Beatson room so West of Scotland patient outcomes can be approved by the Glasgow participants in real time, with the Chair approving and the Coordinator communicating all Scottish patient outcomes within 48 hours.

The Coordinators analysed activity for 2018 which showed 978 patients discussed by the Scottish sarcoma MDT (Mondays), 537 by the Edinburgh centre MDT (Wednesdays) and 667 by the West of Scotland Musculoskeletal Oncology virtual clinic (Thursdays).

The operational policies of the three meetings will be reviewed during 2019/20 (under the leadership of Dr Mark McCleery, Radiologist, to reflect the improvements that have been made).

Gastrointestinal referrals are increasing with patients discussions taking up an increasing proportion of the available time. This will be addressed in 2019/20, now there are two gastrointestinal Radiologists in Glasgow.

Dr Walter Mmeka is single-handed in the Inverness centre, the Clinical Nurse Specialist in Dundee retired (Nancy Rattray) and was replaced (Gordon McNally), Dr Iain Phillips, Clinical Oncologist, joined the Edinburgh centre (replacing Dr Ioanna Nixon who had moved to the Glasgow centre in September 2017). Christine Paterson, Scottish sarcoma MDT Coordinator, is moving on in July 2019 (and being replaced) and Catriona Graham, Clinical Nurse Specialist in Glasgow, is moving on in August 2019 (and being replaced).

Research and Development

During 2017 8.2% of patients were consented for participation in a clinical trial. The two challenges for sarcoma are its rarity and clinical trials increasingly including molecular pathology criteria, with both minimising the number of patients who can participate.

The Scottish Bone Tumour Registry is considering being archived if the Radiologists can convince the national Picture Archiving and Communication System (PACS) to eliminate “lossy compression” (patients would be identified by their Community Health Index (CHI) and cohorts analysed in the Safe Havens in future).

Otherwise, the sub-group has agreed the migration to a wholly digital Registry that will be accessible by all five specialist centres (currently only Glasgow) and populated by the Clinicians and Scottish Sarcoma MDT Coordinator.

In collaboration with Sarcoma UK, Bone Cancer Research Trust, GIST Support UK and the Beatson Cancer Charity the first Scottish sarcoma research strategy meeting was held in the afternoon of 18th September 2018 in Glasgow with 32 participants, including Dr Fiona Graham, Prof Anthony Chalmers, Prof Rob Jones and Dr Mike Winter.

Sarcoma research performed across Scotland was reviewed along with research into rarer cancers and the evolution of the Biorepositories in Scotland.

The Scottish research strategy was agreed, with Aberdeen leading on proteomics, Edinburgh on basic science and Glasgow on clinical and quality of life.

The strategy is being reviewed at the education day in Aberdeen on 28th May 2019 and a second meeting is being planned for 2019/20.

The NMCN was approached for research collaboration in a joint “CRUK Accelerator Award” grant application with London, Birmingham, Milan and Madrid, aiming at improving neoadjuvant therapy in high-risk sarcomas.

Education

The NMCN continues to support three education days per year with an average attendance of thirty three members;

North, South East and West of Scotland Cancer Networks

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- 15th May 2018 education day in Dundee focused on MDTs in the morning with the launch of the 2018/19 improvement plan and an audit of Radiologist preparation and presenting from the Glasgow centre. Mortality and morbidity for the North of Scotland during 2016/17 was presented and discussed along with interesting cases. GIST was the focus in the afternoon with the Glasgow centre presenting their audit of North and West of Scotland patients over the last three years, and an update on research. The highlights of the British Sarcoma Group 2018 conference in Birmingham in February were presented. The mortality and morbidity reviews were discussed and improvements agreed.
- 5th September 2018 education day in Glasgow included the Clinical Lead's update, mortality and morbidity for the West of Scotland during 2016/17, the West of Scotland audit of breast sarcoma and the development of the clinical management guideline, a demonstration of the Dashboard by the Scottish Cancer Registry and Intelligence Service, an update from the Beatson Cancer Charity and the functional muscle transfers in lower limb reconstruction research they are funding, an update on the service for and research into upper limb functional reconstruction, and an update on computer-assisted surgery.
- 31st January 2019 education day in Edinburgh included an update on the #hellomynameis charity by the joint founder, Clinical Lead's update, 2017/18 quality performance indicators results, mortality and morbidity for the South East of Scotland during 2014/15 to 2017/18, an update from Sarcoma UK on the big issues for sarcoma, and update on research into and services for molecular pathology focusing on what sarcomas require, analysis of MDT activity for 2018 and the successful implementation of new referral form, and an update on Nurses and Allied Health Professionals. The fourth GIST Support UK patient and carer day in Scotland ran in parallel, with 36 participants.
- The British Sarcoma Group 2019 conference was held on 27th and 28th February in London with the programme and abstract book available on [their website](#). Scotland was well represented (and an update was given to the education day in Aberdeen in May 2019). During the conference it was announced 2020 will be hosted in Glasgow on the 26th and 27th February.
- The first patient and carer day was held in Falkirk on 10th October 2018 and thirty five people from across Scotland participated. NHS Forth Valley opened the day with their services for cancer and patients and carers experiences to date. Andrew Crummy (who created the Great Tapestry of Scotland) reflected on his cancer care in Edinburgh which has resulted in the Cancer Tapestry of Scotland (launched February 2019 by the Cabinet Secretary). Dr Chris Hewitt and Dr Clare McGowan facilitated the interactive session focussed on "Resilience, Inform, Support, Empower" or "RISE" and the Japanese art of Kintsugi. Some of the patients and carers participated in the final Transforming Care After Treatment conference in Edinburgh on 29th November 2018. Given the success of the day and at the request by patients and carers a second day is being planned during 2019/20.
- The first Nurses and Allied Health Professionals study day was held at Glasgow Queen Elizabeth Hospital on 20th March 2019 with fifty five people from across Scotland participating. Sessions were given by the sarcoma Clinical Nurse Specialist on her role, Teenagers and Young Adults Clinical Nurse Specialist on her role, Orthopaedic Oncology Surgeon on their service, Sarcoma Oncologist on their service, sarcoma Patient on their experience, Sarcoma UK Clinical Nurse Specialist on their Charity and support line, and a Plastic Surgeon on their reconstructive surgery service. Given the waiting list a second day is being planned during 2019/20.
- Four of the six sarcoma Pathologists met in Perth on 25th October 2018 and updated the guidelines for bone/soft tissue and GIST as well as developing the "quick guides" for TNM 8 for sarcoma (to replace the TNM 7 quick guides). Molecular pathology reporting was reviewed (now available from Edinburgh as well as Dundee) and it was agreed the Scottish sarcoma MDT Coordinator would be copied on requests and reports so patients can be tracked. The pathology reporting proformas were also agreed to be standardised between the three centres (Aberdeen, Edinburgh and Glasgow). The pathology portion of the Scottish Bone Tumour Registry can be archived as bone tumours are now electronically stored by Pathology services across Scotland.

National Clinical Audit Programme

A key area of the sarcoma NMCN was to effectively utilise audit findings to inform and drive service improvement. A comprehensive clinical audit report of performance against quality performance indicators (QPIs) for 2017/18 (our fourth year of reporting) was issued to NHS Boards in April 2019 and is available on the [NMCN website](#). The actions from the second and third years were completed. The sarcoma NMCN is encouraged by the performance of NHS Boards and centres against the national QPIs with results demonstrating that patients with a sarcoma receive a consistent and improving standard of care across all geographical locations; five of the twelve indicators achieved, one better than 2016/17, two poorer, one could not be compared and four could not be measured (due to new data items being introduced but will be reported in 2018/19, our fifth year). The details are:

Achieved

- QPI 1 of patients with extremity sarcoma should have a histological diagnosis before undergoing a planned surgical resection (89.7% against a target of less than 90%).
- QPI 4 of patients with extremity sarcoma undergoing surgical resection should have their tumour adequately excised (84.5% against a target of 85%).
- QPI 6 of patients with extremity sarcoma should have primary limb-sparing surgery (87.9% against a target of 85%).
- QPI 7 of patients with extremity sarcoma should have successful primary flap reconstruction following surgical resection (85.7% against a target of 85%).
- QPI 11i of patients who die within 30 days of surgical resection or oncological treatment with curative intent (all eight modalities of treatment were less than 10% against a target of less than 10%) and QPI 11ii of patients who die within 30 days of palliative oncological treatment (both modalities were 15% or less against a target of less than 15%)

Better

- QPI 2 of patients with extremity sarcoma should be discussed by a multidisciplinary team (MDT) prior to definitive treatment (94.3% against a target of 95% compared to 91.3%).
- QPI 3ii of patients with extremity soft tissue sarcoma who are clinically staged using the TNM staging system (58.9% against a target of 95% compared to 43.8%)

Poorer

- QPI 8 of patients with extremity sarcoma should receive radiotherapy within 3 months of surgery (52.4% against a target of 90% compared to 75.0%).

Could not be compared

- QPI 12 of all patients should be considered for participation in available clinical trials / research studies, wherever eligible (8.2% against a target of 155)

Could not be measured

- QPI 3i of patients with extremity soft tissue sarcoma who undergo staging CT scan where the results are available prior to definitive treatment (target of 95% and will be reported for the first time in 2018/19)
- QPI 5 of patients with gastrointestinal stromal tumours (GISTs) should have mutational analysis within 3 months of diagnosis (target of 90% and will be reported in 2018/19)
- QPI 9i of patients under the age of 40 with osteosarcoma who receive multi-agent chemotherapy and 9ii of patients under the age of 50 with Ewing's sarcoma who receive multi-agent chemotherapy (both target of 90% and will be reported in 2018/19).
- QPI 10i of patients with high risk Gastrointestinal Stromal Tumour (GIST) who undergo surgery that receive post-operative Imatinib and 10ii of patients with high risk Gastrointestinal Stromal Tumour (GIST) who undergo surgery that receive post-operative Imatinib and commence this within 3 months of surgery (both target of 90% and will be reported in 2018/19)

The NMCN will be requesting Scottish Cancer Registry data for patients diagnosed with a sarcoma between 2000 and 2017 but as the data includes patient identifiers (Community Health Index or CHI) this needs approval by the Public Benefit and Privacy Panel for Health and Social Care (and patients with an hepatopancreatobiliary cancer have been requested first).

The 31 and 62 days waiting times standards are not reported for sarcoma but the fourteen territorial Boards track each sarcoma patient to ensure equity of care.

Guideline Development and Review

Clinical management guidelines (CMGs) and clinical guidance documents (CGDs) ensure the safe and equitable management of patients across Scotland whilst optimising the effectiveness of treatment and care.

- The reviews of the Scottish bone and Scottish soft tissue CMGs and the development of the Scottish fibromatosis CMG (led by Dr Jeff White) are awaiting a decision by Medical Directors and Directors of Pharmacy on medicines not approved by the Scottish Medicines Consortium due to the manufacturer not submitting them. These medicines perform well in clinical trials and Oncologists are able to request them for a patient through the Peer Approved Clinical System Tier 2 (PACS 2) process (that replaced Individual Patient Treatment Requests (IPTRs)). The NMCN is tracking the requests to ensure equity of care across Scotland; with the second analysis in progress for patients prescribed during 2017 and 2018 (first analysis was 2008 to 2016).
- The development of the West of Scotland breast sarcoma CMG (led by Mr Steven Lo) in partnership with the West of Scotland breast managed clinical network is nearing completion (estimated by June 2019).
- The development of the Scottish head and neck sarcoma CMG (led by Dr Ioanna Nixon) in partnership with the three regional head and neck managed clinical networks is making good progress with the Scottish Clinicians surveyed and the rest of the UK Clinicians being surveyed with the support of the British Sarcoma Group and the British Association of Head and Neck Oncologists. The survey is now endorsed by both British Sarcoma Group (BSG) and British Association for Head and Neck Oncology (BAHNO) and will be circulated to sarcoma and head and neck peers during 2019/2020.
- The Scottish guideline for bone and soft tissue pathology and the Scottish guideline for GIST pathology were reviewed by May 2019 along with the development of three “quick guides” for TNM 8 (which was implemented on 1st January 2018 for sarcoma); bone, soft tissue and GIST.
- The NMCN supported the review of the Scottish guidelines for suspected cancer that were published in January 2019. The guidelines for sarcoma were extant as no new evidence was available to review them. On average a General Practitioner will care for one patient with sarcoma in their working career (but care for three thousand patients with symptoms that could have been suspicious of sarcoma).

CMGs can be accessed from the [West of Scotland Cancer Network intranet site](#) (when connected to the NHS network). CGDs can be accessed from the [NMCN website](#).

Service Map

The West of Scotland service map is in review with completion estimated by July 2019. The service maps for the North and South East of Scotland will be developed with each region during 2019/20. As sarcoma can be in any part of the body the NMCN is re-confirming with each NHS Board and cancer MDT the patients they manage (minority) and the patients they refer (majority) to the Scottish sarcoma MDT, Edinburgh sarcoma MDT or West of Scotland musculoskeletal oncology virtual clinic.

External Scrutiny

The NMCN reports annually to the three regional cancer networks (advisors to the fourteen territorial NHS Boards) and National Services Division (commissioners of the NMCNs on behalf of the fourteen territorial NHS Boards).

Charities

Sarcoma UK, Bone Cancer Research Trust, GIST Support UK, Ewing's Sarcoma Research Trust, EHE Rare Cancer Charity (UK), Chordoma UK, Macmillan, Teenager Cancer Trust, Changing Faces, Finding Your Feet, Trekstock, Beatson Cancer Charity and Amputee Football Scotland continue to be active members of the NMCN. #hellomynameis introduced themselves to the NMCN this year at the Edinburgh education day.

Website

Debi Kirk (patient and entrepreneur) led the redesign of the [Scottish Sarcoma Network website](#) in April 2019 and Lorraine Striling, Network Administrator, and Lindsay Campbell, NMCN Manager, are learning the new functionality it offers.

The website is mobile phone friendly and will enable integration with social media in the future (the NMCN is learning from the Children and Young People with Cancer managed service network).

A technical problem has meant the website activity cannot be analysed yet but this will hopefully be resolved by July 2019.

Clinical Lead

Dr Ioanna Nixon was awarded as a Founding Member of the Faculty of Medical Leaders in Healthcare (FFMLM) in November 2018, joined the British Sarcoma Group as a Trustee in February 2019 and graduated as a Fellow from the Scottish Quality Improvement programme in May 2019.

3. Quality Assurance / Service Development / Improvement

The primary function of the NMCN is to facilitate continuous service improvement, supporting delivery of high-quality, equitable treatment and care to patients with sarcoma in Scotland. The NMCN prospective clinical audit programme underpins much of the service improvement work of the NMCN. It supports quality assurance (QA) by providing the means for regular assessment, and reporting, against recognised and agreed measures of service performance and quality.

The National Cancer Quality Programme requires comparative assessment of performance to be published annually by Regional Cancer Networks and every three years a national comparative report will be produced by Information Services Division (ISD) containing trend and survival analysis.

Audit and Governance Process

The clinical audit process captured 326 new cases of sarcoma (21 of bone, 173 of soft tissue, 66 of GIST and 56 of other) for 2017/18. These data have been used to measure quality of clinical care provided, utilising national cancer QPIs.

Following analyses of the local, regional and national data by the WoSCAN Information Team and reporting of provisional results, local multi-disciplinary teams are required to critically review and

verify their own results before these are collated to provide local, regional and national comparative report of performance.

Following publication of the report and in accordance with agreed governance procedure, the five specialist centres have produced an Action/Improvement Plan for 2017/18 in response to the key findings and actions identified in the report;

QPI 11 – 30 Day Mortality

- NoSCAN should discuss cases where patients died within 30 days of palliative chemotherapy at Morbidity and Mortality meeting and provide feedback to NMCN.

QPI 4 – Surgical Margins

- WoSCAN to discuss the future reporting of margins in cases where tissue realignment has been carried out with pathologists and agree any change required.
- WoSCAN to ensure surgeons clarify in operation note heading where any margin is planned to be positive.

QPI 3 – Clinical Staging

- NoSCAN to review cases and provide further detail on cases not meeting the QPI.
- WoSCAN to ensure more robust Performance Status recording at MDT Meetings.

Initial responses are required to be submitted to the WoSCAN Information Manager within two months of publication of the audit report. All actions are progressed and monitored via local Board governance structures.

Progress against these actions is monitored throughout the year by the NMCN.

At the education day in Aberdeen on 28th May 2019 the North of Scotland QPI 11 mortality and morbidity was presented and discussed, while the Glasgow centre presented their surgical margins analysis and improvements were agreed to be implemented by all centres.

Clinical staging will hopefully be improved during 2019/20 by the publication of the TNM 8 quick guides in May 2019.

Action/Improvement Plan Progression

All three Regions returned their action/improvement plans in response to the 2015/16 and 2016/17 audit reports and successfully completed their actions.

Escalation Process

Any service or clinical issue which the NMCN considers not to have been adequately addressed will be escalated to the Regional Lead Cancer Clinician and relevant Territorial NHS Board Cancer Clinical Lead by the NMCN Clinical Lead. There were no issues needing to be escalated this year.

Service Development and Improvement

As surgery for sarcoma is performed by the appropriate Surgeon participating in the appropriate MDT the NMCN is re-confirming the Surgeons and MDTs to ensure care is provided as effectively and efficiently as possible (GIST through the review of the CMG and head and neck through a survey). Aberdeen, Edinburgh and Glasgow centres continue to perform the majority of the surgery for bone and soft tissue sarcomas and the Scottish Pathologists continue to triple report patients managed by the Scottish sarcoma MDT and Edinburgh centre MDT.

The sarcoma MDTs and virtual clinic are implementing their plan to cope with the rising demand within the existing timings (version two of the Scottish sarcoma MDT referral template went live in June 2018) and Dr Mark McCleery is leading the review/development of the operational policies. The Scottish sarcoma MDT Coordinator works with the Radiologists and Pathologists to ensure patients are fully prepared for the MDT they will be discussed at, as well as communicating the outcomes of the discussion to the referring Clinician within 48 hours.

4. Key Priority Areas for the NMCN in 2019/20

The NMCN work plan has been developed with an emphasis on identifying outcomes that improve the quality of patient care and overall efficiency:

- Continually improve the operation of the sarcoma MDTs and virtual clinics through a short life working group led by Dr Mark McCleery
- Migrate the Scottish Bone Tumour Registry to a digital and networked solution ensuring robust governance is in place to manage the registry in line with NHS Greater Glasgow and Clyde requirements
- Deliver national sarcoma education events to promote shared learning of current best practice and innovation, including the British Sarcoma Group 2020 conference in Glasgow on 26th and 27th February
- Use clinical data to drive improvement in quality of care and outcomes
- Develop and maintain regional / national clinical guidelines
- Maintain regional service map to support planning functions.

The work plan is published on the NMCN [website](#).

5. Conclusion

This has been a productive year and the NMCN has continued to work closely with local, regional and national clinical and management teams across Scotland to progress the work plan objectives.

Ongoing development and review of CMGs and other clinical guidance continue to drive consistency of practice and provide improved care for patients with sarcoma in Scotland.

Recognising the pressures on clinical time, the NMCN is looking at the most time efficient and effective way to engage and involve members in NMCN activities to ensure essential clinical input to the ongoing improvement and development of sarcoma services in Scotland.

Looking ahead the membership welcomes the opportunity to continue improving sarcoma pathways and treatments locally, regionally and nationally while increasing international collaborations in research.

Acknowledgement

This report represents the achievements and challenges progressed across the fourteen partner NHS Boards of the North, South East and West of Scotland Cancer Networks:

NHS Ayrshire & Arran

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NHS Borders
NHS Dumfries & Galloway
NHS Forth Valley
NHS Fife
NHS Grampian
NHS Greater Glasgow and Clyde
NHS Highland
NHS Lanarkshire
NHS Lothian
NHS Orkney
NHS Tayside
NHS Shetland
NHS Western Isles

We would like to thank all members and active participants in the cancer network for their continued support of the National Managed Clinical Network, without their efforts this level of progress would not be possible.

We would also like to thank the Scottish Children and Young people with Cancer Managed Service Network, the Scottish Cancer Research Network, the Scottish Primary Care Cancer Group, the Scottish Clinical Imaging Network, the Scottish Pathology Network, the Scottish Imaging Network and NHS Education for Scotland for their support and collaboration.