Annual Report
April 2017 – March 2018

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Executive Summary

Introduction
The purpose of this document is to report the HepatoPancreatoBiliary (HPB) cancers 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 2017 and March 2018. It also reports on the findings and resultant actions required from the 2016 clinical audit report, as well as looking forward from April 2018 to March 2019.

NMCN Objectives
The HPB cancers NMCN has made progress and delivered a number of key objectives which included:

- Guideline Development and Review
  The pancreatic/duodenal and gallbladder/bile duct cancer clinical management guideline reviews are nearing completion (both estimated June 2018). NHS Fife patient pathway was reviewed by December 2017.

- Education
  The first Scottish hepatocellular carcinoma meeting was in Glasgow on 28th September 2017. The annual education event was in Perth on 15th December 2017. The fifth surgical mortality and morbidity review will be in Glasgow in June 2018. The NHS Education Scotland a less common cancers (soft tissue sarcoma, pancreatic cancer and brain tumour) module for practice based small group learning had a 30% uptake in its first year.

- National Clinical Audit
  Assessment of quality performance indicators using the 2016 audit data shows improvements in the quality of care across Scotland with five of the thirteen indicators achieved, three better than 2015, one similar, one poorer and three unable to be compared. The full audit report can be accessed on the NMCN website. The 31 and 62 day waiting times standards were met in all four quarters of 2017. The Scottish Cancer Registry data for 2001 to 2015 has been analysed.

- Service Map
  The West of Scotland service map was reviewed by April 2018 and the service maps for the North and South East are in progress. The West of Scotland is reviewing liver resection services in partnership with the Edinburgh centre (where the majority of liver resection is currently performed).

- Transforming Care After Treatment (TCAT)
  The national project for reintegration after cancer treatment (ReACT) completed in December 2017 and realised health needs assessments and treatment summaries for 51 patients (approximately one third of the teenagers and young adults diagnosed in that period).

- Multi-disciplinary Team Working
  The MDTs in the Aberdeen, Dundee and Inverness centres continue to operate weekly with a monthly review of challenging cases by the three centres. The Edinburgh centre MDT continues to operate twice weekly and manually communicate the outcomes to the
other thirteen NHS Boards. The Glasgow centre continues to operate the weekly hepatocellular carcinoma MDT and other HPB cancers MDT. In partnership with the Innovative Health Delivery Programme an information specification for the HPB cancer MDTs is being developed to enable eHealth to identify a suitable application to provide real time communication across Scotland.

- **External Scrutiny**
  The NMCN is reviewed every five years by National Services Scotland and the latest review was successfully completed in December 2017. The NMCN continues to meet the criteria for national designation and demonstrate achievement of the quality standards. This review also considered the NMCN being managed by their National Network Management Service and concluded the existing management through the West of Scotland Cancer Network will continue for the next five years.

- **Quality Assurance / Service Development and Improvement**
  The target of 15% for the resection rate for pancreatic, duodenal or biliary tract cancer is very challenging. The Glasgow centre piloted neo-adjuvant therapy (chemotherapy or chemoradiotherapy) but this resulted in higher mortality and the Glasgow centre reverted back to eligible patients being offered clinical trials. The Aberdeen centre based their action plan on a root cause analysis performed by December 2016, this resulted in significant change to their practice during 2017 and mortality in 2017 is expected to reflect this. The Glasgow centre presented their successful actions on mortality in 2016 that resulted in mortality in 2017 returning to below the target (not officially reported yet) to the West of Scotland Cancer Advisory Group on 14th December 2017.

**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. A number of objectives will be carried over from this year as guideline development and review, education, quality performance indicators and service map continue as priorities in the work plan.
1. Introduction

The HepatoPancreatoBiliary (HPB) cancers national managed clinical network (NMCN) was established in April 2005 as a means of delivering equitable high quality clinical care to all HPB cancer patients across Scotland, covering a population of 5.425 million1.

The HPB cancers NMCN continues to support and develop the clinical service for HPB cancer patients (liver, pancreas, bile duct, gallbladder and duodenum). The 2016 national audit data indicates the number of HPB cancers in that year was 1530. The 2001-2015 analysis of Scottish Cancer Registry indicates the average number of HPB cancers per year was 1275 (rising steadily from 990 in 2001 to 1677 in 2015). 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. HPB cancer patients are discussed initially in the local Upper Gastrointestinal multi-disciplinary team (MDT) meetings and referred to one of the five centre MDT meetings across Scotland (Aberdeen, Dundee and Inverness in the North; Edinburgh in the South East; Glasgow in the West). Once a month Aberdeen, Dundee and Inverness centres meet to discuss HPB cancer patients again. Liver cancer patients suitable for transplant are referred to the Scottish Liver Transplant Unit in Edinburgh for the Edinburgh centre MDT to assess. The majority of treatment is non-curative, a high proportion of patients present with advanced disease, with five year survival of 3.8% for pancreatic cancer2.

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

The purpose of this document is to report the HPB cancers 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 once per annum at the national education event with representation from patients, carers, charities, external companies, local authorities, universities and NHS Boards and all relevant specialities involved in the management of HPB cancers. The Surgeons meet once per annum to review mortality and morbidity nationally to complement the local reviews. The Clinical Nurse Specialists and Allied Health Professionals meet over lunch at the national education event. The Pathologists meet through the Northern Pancreatic Pathology Group (Scotland and Northern England). The NMCN is consulted between meetings as required by the Clinical Lead and Manager through the virtual advisory group.

Professor Stephen Wigmore, Consultant Surgeon, NHS Lothian completed his fourth year as national Clinical Lead. The membership and terms of reference of the NMCN are detailed on the NMCN website.

2. NMCN Workplan and Activities (reporting period 04/2017 to 03/2018)

2.1 Core Objectives

Guideline Development and Review


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2 http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Statistics/Pancreatic/
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 pancreatic/duodenal cancer CMG review is nearing completion (estimated June 2018) and reflects the developments in investigations and treatments for this very challenging cancer.
- The gallbladder/bile duct cancer CMG review is nearing completion (estimated June 2018) and reflects the successful BILCAP clinical trial and pathology being reported according to TNM 8 as of 1\textsuperscript{st} January 2018.
- NHS Fife patient pathway was reviewed by December 2017, led by their new Clinical Nurse Specialist who also participates in the weekly Edinburgh centre MDT in person. NHS Forth Valley pathway is being reviewed in partnership with their Upper Gastrointestinal MDT.
- CMGs and CGDs can be accessed from the West of Scotland Cancer Network (WoSCAN) intranet site (when connected to the NHS network).

**Education**

The first Scottish hepatocellular carcinoma meeting was in Glasgow on 28\textsuperscript{th} September 2017 and was attended by fifty two delegates and chaired by Drs Lucy Wall and Janet Graham. The day covered the whole patient pathway from surveillance or screening through investigations, transplantation, resection and adjuvant therapy to following up patients using Skype.

Pancreatic Cancer Action has developed an e-learning module on pancreatic cancer for pharmacists and pharmacy support staff.

The 15\textsuperscript{th} December 2017 education event in Perth was attended by thirty seven members and included:

- What to do when things “don’t go as expected”.
- HPB MDT Clinical Specification for referrals and recording outcomes: towards national consensus.
- Neuroendocrine tumours, experience from Newcastle centre and comparison with Scotland.
- Pancreatic Cancer Scotland update and how the Charity can further support the NMCN.
- 2016 audit analysis and discussion.

with the available presentations temporarily available on the NMCN website.

The NHS Education Scotland less common cancers (soft tissue sarcoma, pancreatic cancer and brain tumour) module for practice based small group learning has seen 30% uptake in its first year.

The fifth surgical mortality and morbidity review is scheduled for 22\textsuperscript{nd} June 2018 in Glasgow to include 2017 as well as 2016 data.

**National Clinical Audit Programme**

A key activity of the HepatoPancreatoBiliary Cancers NMCN is to effectively utilise audit findings to inform and drive service improvement within the NMCN. A comprehensive clinical audit report of performance against quality performance indicators (QPIs) for 2016 was issued to NHS Boards in January 2018 and is available on the NMCN website. Action plans for the 2015 data were completed by the five centres. The HPB cancers NMCN is encouraged by the performance of NHS Boards and centres against the national QPIs with results demonstrating that patients with an HPB cancer receive a consistent and improving standard of care across all geographical locations; five of the thirteen indicators achieved, three better than 2015, one similar, one poorer and three unable to be compared. The details are:
Achieved
- QPI 4 of patients with Hepatocellular Carcinoma (HCC) who are not suitable for curative treatment should receive palliative treatment (41.1% against a target of 40%).
- QPI 6 of patients with pancreatic, duodenal or biliary tract cancers should undergo a computerised tomography (CT) of the chest, abdomen and pelvis to evaluate the extent of disease (86.9% against a target of 80%).
- QPI 7 of patients with pancreatic, duodenal or biliary tract cancers having non-surgical treatment should have a cytological or histological diagnosis (87.0% against a target of 50%).
- QPI 8 of patients undergoing resection for pancreatic cancer should receive neo-adjuvant or adjuvant chemotherapy, where appropriate (75.0% against a target of 50%).
- QPI 10 of patients undergoing surgery for pancreatic, duodenal or distal biliary tract cancer the number of lymph nodes examined should be maximised (22 nodes examined on average against a target of 15 on average).

Better
- QPI 1 of patients with newly diagnosed HPB cancer should be discussed by an MDT prior to definitive treatment (89.5% against a target of 95% compared to 87.4% in 2015).
- QPI 3 of patients with early hepatocellular carcinoma should be referred for consideration of liver transplantation (84.8% against a target of 90% compared to 81.9% in 2015).
- QPI 5a/b/c of 30 day mortality for transplant/resection/ablation of hepatocellular carcinoma (0%/6.3%/0% against a target of less than 5% compared to 5.6%/0%/0% against a target of 10% in 2015) and QPI 5d/e of 30 day mortality for transarterial chemoembolisation (TACE)/systemic anti-cancer therapy (SACT) of hepatocellular carcinoma (0%/2.5% against a target of less than 10% compared to 0%/0%) and QPI 5a/b/c of 90 day mortality for transplant/resection/ablation of hepatocellular carcinoma (0%/6.3%/0% against a target of less than 7.5% compared to 5.9%/0%/0% against a target of 10% in 2015).

Similar
- QPI 12a of minimum of 11 cases per centre in a one year period (75 resections against a target of 55 but Dundee 2 and Inverness 2) and QPI 12b of minimum of 4 procedures per surgeon in a one year period 9 (15 of 26 Surgeons met this target over the three year period 2014-2016).

Poorer
- QPI 9 of patients with pancreatic, distal biliary tract or duodenal cancer should have surgical resection (9.2% against a target of 15% compared to 12.3% in 2015).

Unable to compare
- QPI 2i of number of patients with hepatocellular carcinoma undergoing either CT or MRI (85.6% against a target of 90%) and QPI 2i of number of patients with hepatocellular carcinoma undergoing either CT or MRI with full information recorded (61.5% against a target of 90%).
- QPI 11i of 30 day mortality for curative surgery/neo-adjuvant chemotherapy/adjuvant chemotherapy/chemoradiotherapy of pancreatic, duodenal or distal biliary tract cancer (6.0%/0%/0%/0% against a target of less than 5%) and 90 day mortality for curative surgery/neo-adjuvant chemotherapy/adjuvant chemotherapy/chemoradiotherapy of pancreatic, duodenal or distal biliary tract cancer (16.9%/5.6%/10.3%/3.8% against a target of less than 7.5%) and QPI 11i of 90 day mortality for palliative treatment of pancreatic, duodenal or distal biliary tract cancer (7.7% against a target of less than 10%).
- QPI 13 of patients with HPB cancer who are enrolled in an interventional clinical trial (3.5% against a target of 7.5%) and patients with HPB cancer who are enrolled in translational research (0.4% against a target of 15%).

The NMCN was able to analyse Scottish Cancer Registry data for patients diagnosed with an HPB cancer between 2001 and 2015 for the first time. The number of patients diagnosed per year has
risen steadily from 990 in 2001 to 1677 in 2015 and gives an average per year of 1275. 16% of patients received surgery, 18% chemotherapy, 3% radiotherapy and 32% other therapy (e.g. ablation, stenting, etc.) Liver cancer incidence has doubled over these fifteen years while surveillance of patients with cirrhosis has improved yet survival has not improved and this is being investigated further in partnership with the universities, centres and NHS Boards. Case ascertainment has risen steadily from 81% in 2010 to 92% in 2015 and the NMCN continues to work with the fourteen NHS Boards to improve this further. The comparison by NHS Board with the 2011 census shows small variations by incidence, surgery, chemotherapy, radiotherapy and other therapy (which is encouraging). The NMCN is continuing to work with Scottish Cancer Registry and fourteen NHS Boards to further analyse the data and utilise it for continuous improvement.

Service Map
During 2017/18 the service map for the West of Scotland was improved by including references to guidelines, audit and activity data, and the current workforce. The service maps (for all major cancers) are available on the West of Scotland Cancer Network intranet page. During 2018/19 the service maps for the North and South East of Scotland will be developed while the West of Scotland will be reviewed after the 2017 clinical audit data is reported (planned for January 2019).

Transforming Care After Treatment (TCAT)
The national project for reintegration after cancer treatment (ReACT) completed in December 2017 and realised health needs assessments and treatment summaries for 51 patients (approximately one third of the teenagers and young adults diagnosed in that period). The assessments and summaries were manually written by the Consultants and Clinical Nurse Specialists and well received by patients, carers and General Practitioners. The national programme is working on regional/national eHealth solutions for automating the creation of assessments and summaries to enable patients with an HPB cancer to receive these clinical documents that continue quality care and enable self-management.

2.2 Other NMCN Activities

Clinical Trials
Dr Graeme Weir is leading the Selective Internal Radiation Therapy (SIRT) national service delivered from Edinburgh Royal Infirmary which treats patients participating in clinical trials or funded through individual patient treatment requests. Referring patients to this service can be initiated from the Edinburgh centre page of the NMCN website.

Multi-disciplinary Team Working
To ensure efficient MDT working across Scotland the NMCN has focused on improving the operation of MDTs as well as identifying Scotland-wide IT applications, especially for the liver cancer patients being considered for transplant at the Scottish Liver Transplant Unit.

The Aberdeen, Dundee and Inverness MDTs continue to operate weekly and the three centres continue to meet monthly to review challenging cases. The transition to a weekly North of Scotland MDT is still the goal and is contingent on the national review of cancer surgery that is in progress.

The Edinburgh centre MDT has developed real time communication of outcomes to NHS Lothian through TrakCare. After a successful pilot with NHS Forth Valley colleagues, communication times have been improved (to within 24 hours) and will be rolled out to the other twelve Boards in Scotland, with the Consultant’s letter to the referring Clinician being sent as soon as possible.

The Glasgow centre hepatocellular carcinoma MDT continues to operate weekly with an Edinburgh Surgeon (by video conference). The pancreatic/gallbladder/biliary tree/duodenum cancer MDT continues to operate weekly.
The MDT operational policies will be reviewed to reflect the current practice, participants and patient referrals (e.g. NHS Forth Valley refer all HPB cancer patients to Edinburgh).

Through the Innovative Health Delivery Programme an information specification for the HPB cancer MDTs is being developed to enable eHealth to identify a suitable application to support MDT meetings.

**External Scrutiny**

The NMCN is reviewed every five years by National Services Scotland and the latest review was successfully completed in December 2017. The NMCN continues to meet the criteria for national designation and demonstrate achievement of the quality standards. This review also considered the NMCN being managed by their National Network Management Service and concluded the existing management through the West of Scotland Cancer Network will continue for the next five years.

**Charities**

The British Liver Trust, the Cholangiocarcinoma Charity, Pancreatic Cancer Scotland, Pancreatic Cancer Action and Pancreatic Cancer UK are members of the NMCN.

**Website**

Following the successful redesign of the [Scottish Sarcoma Network website](#) (which is mobile phone friendly and will enable integration with social media in the future) the Scottish HepatoPancreatoBiliary Network website will be redesigned using the same technology.

### 3. Quality Assurance / Service Development and 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 HPB cancers 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 1530 new cases of HPB cancers (698 of pancreatic cancer, 535 of liver cancer, 266 of bile duct/gallbladder cancer and 31 of duodenal cancer) for 2016. These data have been used to measure quality of clinical care provided, utilising national cancer Quality Performance Indicators (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.

The report of the 2016 clinical audit data was published in January 2018 and can be found on the [NMCN website](#).
Following publication of the report and in accordance with agreed governance procedure, the five specialist centres were asked to produce an Action/Improvement Plan in response to the key findings and actions identified in the report;

QPI 1: Multi-Disciplinary Team (MDT) Meeting
- NHS boards should aim to discuss all definite and suspected cases at a specialist MDT prior to definitive treatment, where this is clinically appropriate.
- Boards to ensure patients are discussed, even if they are for supportive care only.
- NHS GGC to ensure that all patients discussed at local Clyde meeting are discussed at GGC MDT.
- NHS Highland and NHS Western Isles to review cases not meeting the target and provide formal feedback.

QPI 2: Diagnosis and Staging of HCC
- Boards within SCAN region to ensure full completion of referral forms for calculation of Child Pugh score.
- All boards to assess how data can be recorded more consistently.
- All boards to ensure comprehensive staging is performed where appropriate.
- NHS Highland and NHS Western Isles to review cases not meeting the target and provide formal feedback.

QPI 3: Referral to Scottish Liver Transplant Unit
- NHS Grampian to improve documentation to record reasons for non-referral.
- NHS GGC to encourage colleagues to refer all HCC patients to MDT.

QPI 4: Palliative Treatment for HCC
- All boards to commence suitable patients on palliative therapy where appropriate.
- NHS Highland and NHS Western Isles to review cases not meeting the target and provide formal feedback.

QPI 5: 30 and 90 Day Mortality After Curative or Palliative Treatment for HCC
- NHS Grampian to implement actions agreed from root cause analysis.

QPI 6: Radiological Diagnosis of Pancreatic, Duodenal, or Biliary Tract Cancer
- NHS Highland to review cases not meeting the target and provide formal feedback.
- NHS Lothian to ensure patients undergo both CT chest and abdomen when indicated.

QPI 7: Pathological Diagnosis of Pancreatic, Duodenal or Biliary Tract Cancer
- NHS Borders to independently review cases and provide feedback.
- NHS Highland and NHS Western Isles to review cases not meeting the target and provide formal feedback.

QPI 9: Resection Rate for Pancreatic, Duodenal or Biliary Tract Cancers
- Boards to assess ways to improve patient fitness for surgery.
- NHS GGC to explore how multidisciplinary colleagues and resources (i.e. clinics) can help improve results. Results to be shared and discussed at NMCN.
- NHS Orkney to await all investigation results before setting “decision to treat” date.
- NHS Highland and NHS Western Isles to review cases not meeting the target and provide formal feedback.

QPI 11a/b: 30 and 90-day Mortality after Treatment with Curative Intent
- NHSGGC to monitor and report the ongoing impact of changes implemented.
- Learning from NHS GGC and NHS Grampian to be shared across Centres via the National MCN.
- NHS Grampian to implement practice programme developed from root cause analysis.
QPI 12: Volume of Cases per Centre/Surgeon

- Tayside to investigate and improve how surgical data is recorded.
- NHS Highland to review cases not meeting the target and provide formal feedback.

Initial responses were submitted to the WoSCAN Information Manager within two months of publication of the audit report. All actions are being progressed and monitored via local Board governance structures. Progress against these actions is monitored throughout the year by the NMCN.

The target of 15% for the resection rate for pancreatic, duodenal or biliary tract cancer is very challenging. The Glasgow centre piloted neo-adjuvant therapy (chemotherapy or chemoradiotherapy) but this resulted in higher mortality and the Glasgow centre reverted back to eligible patients being offered clinical trials.

The Aberdeen centre based their action plan on a root cause analysis performed by December 2016, this resulted in significant change to their practice during 2017 and mortality in 2017 is expected to reflect this.

The Glasgow centre presented their successful actions on mortality in 2016 that resulted in mortality in 2017 returning to below the target (not officially reported yet) to the West of Scotland Cancer Advisory Group on 14th December 2017.

**Action/Improvement Plan Progression on 2015 Audit Report**

All five centres returned their action/improvement plans in response to the 2015 audit report 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**

The North of Scotland continues to review cancer services delivered from the three centres with the aim of a single MDT for HPB cancers and surgery rationalised from the current three centres to one centre.

The South East of Scotland continues to review the operation of the twice weekly MDT and is testing an IT application (Qube, used extensively in quality improvement) that may be suitable for MDT operation (possibly facilitating Scotland-wide participation).

The West of Scotland is reviewing liver resection services in partnership with the Edinburgh centre (where the majority of liver resection is currently performed).

4. **Key Priority Areas for the NMCN in the next twelve months**

The NMCN work plan has been developed with an emphasis on identifying outcomes that improve the quality of patient care and overall efficiency. Below are the objectives to be progressed in the coming year:

**Core Objectives**

North, South East and West of Scotland Cancer Networks
Final - Published HPB Cancers NMCN 2017-18 Annual Report v1.0 20/06/2018
• Manage the development/review of clinical management guidelines/clinical guideline documents
• Participation in the rolling programme of national education events; utilising the opportunity for learning and sharing of current best practice and innovation
• Support delivery of the national cancer quality programme for 2018/19, ensuring the regional/national governance process is adhered to
• Annual update of the regional service maps

Individual MCN Objectives
• Improve the operation of the Edinburgh HPB cancers MDT for all patients referred for liver transplant suitability
• Analyse the outcomes of patients diagnosed with hepatocellular carcinoma (HCC) from 2001 to 2015 inclusive

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 update of CMGs and other clinical guidance continue to drive consistency of practice and provide improved care for patients with HPB cancers 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 HPB cancer services in Scotland.

Looking ahead the membership welcomes the opportunity to ensure the MDTs continue to improve their functioning and to continue to support and improve the treatment pathway and effective patient journey around local, regional and national services.

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
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.