

# West of Scotland Cancer Network (WoSCAN) Non Melanoma Skin Cancer Pathway Analysis & Improvement Project

## End of Project Evaluation Report

### 1.0 Project Rationale

The purpose of this project was to start a process aimed at raising the profile of NMSC, it's impact on patients and the overall impact on NHS Services in the West of Scotland.

The scope of the project was as follows:

- Analyse and define the current patient pathways and processes for NMSC patients (CSCC and BCC) across the West of Scotland Cancer Network.
- Identify sections of the pathway where potential process improvements could be made which if implemented would lead to a reduction of identified variations in service delivery and to optimal standardised practice.
- Develop and appraise a list of options to allow the WoSCAN Skin Cancer Managed Clinical Network to target potential areas for pathway improvement and/or transformation.
- It was agreed that the work would take place in NHSGGC initially as this is where the main Cancer Centre is located in the WoSCAN geographical area.
- The project was later expanded to repeat the process for the other three Health Boards covered by WoSCAN namely NHS Ayrshire & Arran, NHS Forth Valley and NHS Lanarkshire

### 2.0 Project Outcomes & Benefits

The expected outcomes and benefits of the project were:

#### For Patients:

- Improved equity of pathway access, provision, and experience for patients with suspicious skin lesions in particular BCC and CSCC, ensuring that patients receive appropriate care, in the right place and in a timely manner.
- To support the timely diagnosis of Non-Melanoma Skin Cancer and provide personalised, risk stratified support & education.

#### For the NHS:

- Improved and more efficient patient pathways for BCC and SCC across WoSCAN & NHS Greater Glasgow & Clyde.
- Improved identification of patients
- Appropriate referrals into the pathway/service.

- Reductions in unwarranted variations in care and an increase in patients appropriately diagnosed with skin cancer in a timely manner.
- Effective utilisation of resources, work force and capacity across the Skin Cancer Managed Clinical Network

#### For Sanofi:

- A clear understanding of the BCC & SCC service and pathways across WoSCAN
- Greater understanding of the needs of WoSCAN in supporting best BCC & SCC management.
- Improved reputation with WoSCAN.
- Optimised patient care within the pathway may lead to appropriate usage of any Sanofi products in line with recognised National and local guidelines.

### **3.0 Project Approach/Design**

The approach to the project is relatively simple in nature and consisted of the following:

- Desktop research to build a template of a top line NMSC pathway for each Health Board covered by WoSCAN
- 1-2 hours stakeholder group discussion of each of these pathways to determine their level of accuracy or otherwise.
- Individual discussions, of an hour, with relevant Healthcare Professionals and other stakeholders involved in the delivery of the service and pathway. 55 discussions in total across the four Health Boards. These were aimed at building an accurate description of the pathway and on exploration of the steps within the pathway.
- Report of the findings and schematics of the current pathways in place.
- This process was conducted for three pathways across NHS Greater Glasgow and Clyde and for one pathway in each of the other three Health Boards.

### **4.0 Project Implementation**

The Collaborative working Project commenced in January 2022. The key milestones delivered in the implementation of the Project are as follows.

- January 2022 - Delivered initial WoSCAN wide kick off meeting to explain the project rationale and outline the process.
- Built NHSGGC template pathway.
- February 2022 – Delivered the NHSGGC kick off meeting aimed at gaining a realistic view of their pathway.
- Developed Project Plan to set out and monitor delivery of the aims and objectives of the Project.
- Feb & March 2022 - Contacted stakeholders, set up meetings and completed individual discussions -22 in total.
- April 2022 – Analysed results and built schematic of pathway and initial options appraisal.
- May 2022 – Held feedback meeting to NHSGGC on their initial report and schematic.

- June 2022 – Delivered initial NHSGGC project findings at the WoSCAN Skin Cancer Managed Clinical Network Annual Meeting.
- September 2022 – Go ahead to start Phase two of the Project with NHS Ayrshire & Arran
- September 2022 - Delivered the NHS Ayrshire & Arran kick off meeting aimed at gaining a realistic view of their pathway.
- October to December – Contacted stakeholders, set up meetings and completed individual discussions -11 in total.
- December - Analysed results and built schematic of pathway and initial options appraisal.
- January 2023 - Held feedback meeting with WOSCAN on NHS Ayrshire & Arran’s initial report and schematic.
- Delivered NHS Forth Valley & NHS Lanarkshire kick off meetings aimed at gaining a realistic view of their pathways.
- January to April 2023 - Contacted stakeholders from both Boards, set up meetings and completed individual discussions -22 in total.
- May 2023 – Analysed results and built schematics of pathways and initial options appraisals.
- Feedback to WoSCAN project team.
- September 2023 - Held feedback meetings with NHS Forth Valley & NHS Lanarkshire on their initial reports and schematics.
- October 2023 – Project Closed.
- November 2023 end of Project Report produced.

## **5.0 Project Outcomes and Benefits Achieved.**

The purpose of this project was to start a process aimed at raising the profile of NMSC, it’s impact on patients and the impact on NHS Services in the West of Scotland.

The project has been completed with an analysis undertaken in the four named Health Boards across the WoSCAN geography. The project has generated four pathway schematics and four detailed individualised reports, one for each Health Board.

NMSC is not a category of cancer that is recorded, tracked or managed via National Standards or Quality Performance Indicators (QPI’s) within NHS Scotland however this piece of work has stimulated discussion around whether CSCC in particular should be tracked and whether patients should expect certain standards of care, even if initially this may only be achieved across WoSCAN and not across Scotland as a whole.

The WoSCAN Skin Cancer Managed Clinical Network are taking some of the opportunities highlighted from the project and are incorporating these into their work plan for 2023/2024. (Figure 1)

**Figure 1**

**West of Scotland Cancer Network  
Skin Cancer MCN Work Plan 2023/2024**

	Actions Required	Lead	Due Date
<b>1.</b>	<b>Continue to engage with the Regional MDT Improvement Programme to optimise operational efficiency and effectiveness of the MDT</b>		
1.1	Work with MDT programme Board and eHealth colleagues to progress development of the MDT system ready for regional implementation, utilising the agreed core dataset for skin cancers.	MDT-FIT Project Facilitator MCN Clinical Lead	Ongoing
1.2	Agree actions arising from the MDT-FIT QA process and engage with local MDTs to deliver against these.	MCN&I Manager Local MDT Leads and members	Ongoing
<b>2.</b>	<b>Optimise patient pathways for patients with non-melanoma skin cancer</b>		
2.1.1	Monitor progress against actions identified from the pilot project in NHSGGC undertaken in partnership with pharma (Sanofi).	MCN Clinical Lead MCN&I Manager	Ongoing
2.1.2	Following information gathering exercise with key stakeholders in NHSAA, NHSFV and NHS Lan, facilitate local Board meetings to discuss findings, identify then prioritise potential solutions to current challenges, optimise the cutaneous squamous cell carcinoma (cSCC) pathway and agree actions.	MCN Clinical Lead MCN&I Manager MCN Clinicians	Aug 23
2.1.3	Facilitate implementation of revised cSCC pathway. <ul style="list-style-type: none"> <li>Identify common potential points of redesign/improvement and facilitate regional workstreams to progress</li> <li>Work in collaboration with local teams to identify any specific service changes/pathway redesign</li> </ul>	MCN Clinical Lead MCN&I Manager MCN Clinicians	Nov 23
2.2.1	Establish regional clinic/MDT for complex Basal Cell Carcinoma (BCC) cases <ul style="list-style-type: none"> <li>Conclude the development of a regional CMG for BCC (see 5.1) and agree the clinical pathway for complex cases</li> <li>Agree location, timing and membership of regional BCC clinic/MDT (Terms of Reference)</li> <li>Agree clinical support with relevant specialties</li> </ul>	MCN Clinical Lead MCN&I Manager MCN Clinicians	Aug 23
<b>3.</b>	<b>Conclude the review of national/regional skin cancer follow-up guidelines and incorporate a risk stratified approach</b>		
3.1	Co-ordinate the review of follow-up guidance in line with WoSCAN SOP. <ul style="list-style-type: none"> <li>Squamous Cell Carcinoma (National)</li> <li>Basal Cell Carcinoma (Regional)</li> </ul>	MCN Clinical Lead MCN&I Manager Advisory Board	Jun 23 Aug 23
3.2	Facilitate regional implementation of revised pathways. <ul style="list-style-type: none"> <li>Work in collaboration with local teams to identify any specific operational and service changes required to facilitate regional implementation of the revised follow-up guidance</li> </ul>	MCN Clinical Lead MCN&I Manager Advisory Board	Aug 23

Final 2023-24 Skin Cancer MCN Work Plan v1.0 04/04/2023

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It will be interesting to see whether tangible improvements in each Health Board’s patient pathway will result from this project. The early signs are positive in that some of the smaller easier to implement recommendations are being discussed within each Board and there is a commitment to explore how some of the major common recommendations may be achieved.

**Heather Wotherspoon – WoSCAN Skin Cancer Managed Clinical Network Manager.**

*“This work provided an opportunity to put more focus on the non-melanoma skin cancers which are not currently tracked and do not have any associated Quality Performance Indicators. From our perspective, this reflective piece of work provided an impartial assessment of the individual West of Scotland Boards and highlighted some significant challenges within the service which we will now take forward as a network.*

*“We welcome the final Board reports produced which have given us the opportunity to bring together the different specialties involved in the management of NMSCs to try and make worthwhile improvements in service delivery.”*

## 6.0 Common threads

There are many specific opportunities for improvement highlighted within each of the four Health Board reports. The information contained in these reports belongs to WoSCAN and to the individual Health Boards however we've taken some of the common threads across all four reports to mention here within this document.

The first common thread is to achieve standardised high quality imaging at the point of first referral i.e., from GP to specialist Care. Currently each Health Board has a very different approach with regards to imaging.

Prior to the project high quality imaging had already been recognised Nationally as a major issue and there is a NHS Scotland wide imaging project underway. This specific recommendation should be addressed once the national project is implemented.

The second thread is around data collection. There is a genuine need to start accessing & analysing the relevant data on a regular basis. Without this data a full understanding of how patients enter, move and flow through the pathway cannot be generated. Much of the relevant data is available and is already being recorded however it is currently not being utilised as NMSC has not been a high enough priority for this to happen. Any additional data that would be useful in understanding patient flow through the system could be proactively measured.

Further common threads raised by all pathway analyses were:

- NMSC pathways are particularly complicated and there is a need for standardisation and simplification to ensure equity of patient service provision. (Figure 2 – pathway schematic)
- There is a degree of variation in patient experience and management and the level of this variation needs to be assessed and addressed.
- Across all Health Boards post pandemic increases in GP referrals at the front end of the pathway contribute to higher levels of pressure at steps further downstream – particularly within diagnostic services which under resourced but are crucial in gaining accurate diagnoses. This introduces increased delay into the pathway. The appropriate management of referrals and appropriate triage is crucial to ensuring timely patient transition through the pathway.
- Increasing the resource and capacity levels within certain services eg. Pathology, is unlikely to be achievable in the short to medium term and is primarily due to a shortage of experienced specialist personnel.
- There is an opportunity for all the Health Boards across WoSCAN to learn from each other's NMSC pathways, focusing on strengths and weaknesses and potentially innovative approaches when resources are scarce.
- The pathways which appear to operate most efficiently are ones where there is open and clear communication and dialogue across specialities and where there is a willingness to adapt to challenges faced.
- There are good examples of innovative practice within each Board which may present opportunities across the WoSCAN Skin Cancer MCN as a whole.

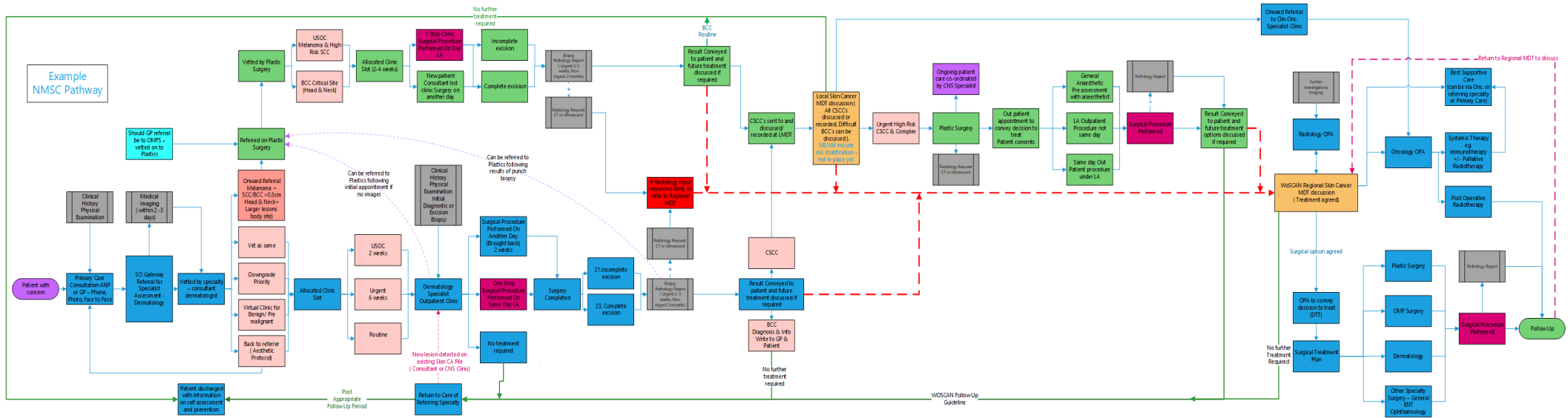


## 7.0 Challenges and Issues

The lack of recorded data for NMSC and inability to record data as part of this project makes it challenging to put any timelines on patient journeys at specific points in the pathway. Until such data is collected and utilised, it will be very difficult to qualify pathway improvements implemented in terms of time saved, reallocated etc.

The duration of the project was initially proposed as 1 year however due to Covid and the resulting issues around service delivery and access to certain services following the pandemic, the original project duration slipped to effectively 22 months.

Figure 2. – Example Pathway





## **8.0 Lessons Learned**

This level and scale of the project would be impossible to undertake without dedicated project management support devoted to the co-ordination of related activities.

There was a real drive from both parties to deliver on the outcomes of the project and a willingness to battle through several environmental challenges. If this hadn't been the case the project would have undoubtedly failed.

Initially this project was focussed on one Health Board and the other three Boards were included at a later stage. This had the benefit of seeing the success or otherwise of the first stage however it also introduced some delay in the time taken to complete the overall project.

The schematics (pathway maps) although important are not the crucial benefit of the project. The benefit is only fully realised by the inclusion of the options appraisal. This may not have been fully clear at the outset and will undoubtedly help in phrasing future conversations around such projects.

## **9.0 Conclusion**

This Collaborative Working Project between WoSCAN and Sanofi has delivered fully on its objectives in relation to the project scope however the benefits of the work undertaken to patients and to WoSCAN will only be realised by the adoption and uptake of some of the project's recommendations.

Reviews of the recommendations are included within the WoSCAN Skin Cancer MCN work plan and there are action plans to move forwards in this regard.

The project has also succeeded in raising the profile of NMSC and in particular CSCC and the hope is that this will be taken forward in other areas of work being undertaken at a Network and at National level.