
West of Scotland Primary Care Cancer Network Regional Newsletter

Winter/Spring 2020

This network newsletter is intended to summarise current primary care cancer issues at national and regional levels. Previous editions are available on the [WoSCAN](http://www.woscan.scot.nhs.uk) website. We hope this is helpful and welcome any suggestions, comments and feedback.

Cervical Screening Changes

From 31st March 2020, cervical cytology will be replaced by HPV testing as the primary screening test in the Scottish cervical screening programme. Cytology will only occur if samples are high-risk HPV positive. The sample from smear testing remains the same so the cervical screening experience will not change.

If no high-risk HPV is found routine screening will occur after 5 years regardless of age.

This may be an opportunity to review and maximize cervical screening uptake. Cancer Research UK have a [good practice guide](#) that practices may find helpful.

Further information can be found [here](#).

Regrading of referrals

A national regrading framework has been implemented to improve regulation and monitoring of rejected or downgraded referrals. This also allows for referrals to be allocated as urgent or routine instead of referral being sent "back to referrer" and all patients to be seen at the "right time, by the right person in the right place". Local arrangements are in development.

Reasons for regrading will be communicated with the referrer promptly with an opportunity to provide further information if required. Regrading should only occur if referral doesn't meet with national referral guidance AND referrer has not included further information to suggest suspicion or "clinical instinct".

It is helpful for referrers to include a practice e-mail address in the referral. This can be automatically included in SCI gateway using Locations Manager in EMIS PCS. Vision users need to manually add an e-mail.

Regrading will be audited to ensure referrals are managed appropriately. Where downgrading has occurred patients should be informed. We encourage referrers and referral vetters to keep up to date with national and local guidance.

LHRH treatment for prostate cancer

Following several reports of clinical incidents relating to LHRH treatment in primary care we have been working with the Urology Cancer MCN to update the letters sent to primary care regarding LHRH treatment. These have clearer instructions to reduce possibility of clinical incidents and contact details for specialists should clarification be required.

The main issues were failure to start bicalutamide prior to starting LHRH injections and using wrong dose or frequency of LHRH injections. Prescribers should ensure that the correct dose and frequency of LHRH is administered particularly at start of treatment where dose is titrated.

Practitioners should be aware significant effects are possible including malignant spinal cord compression, acute urinary retention and tumour flare.

Shared care arrangements within Health Boards differ. Please consult your prescribing team for local guidance.

Communication in cancer care

Use of eKIS' can help cancer patients access most appropriate services.

The Beatson Cancer Helpline can help for patients within 6 weeks of treatment 0141 301 7990 Mon-Sun 8am-8pm. Out of these hours, or for patients receiving treatment from other treatment centres, the National Cancer Helpline operated by NHS 24 can be used 0800 917 7711.

Communication from other services, including out-of-hours, clearly specifying if GP action is required can also be helpful for patients presenting with symptoms suspicious of cancer.

National symptomatic FiT consensus for bowel cancer pathways

A national meeting brought together the data from all health boards in Scotland. This provided further encouraging evidence that qFiT testing can minimise need for further investigation of bowel cancer for patients with new bowel symptoms but no red flags.

Current recommendations for investigation of iron deficiency anaemia,

weight loss or thrombocytosis **DO NOT** include qFiT testing unless there are associated bowel symptoms.

QFit can also be helpful prioritising investigations when the result is very high (>400). Health boards continue to develop their bowel cancer pathways to include use of this test.

Scottish Referral Guidelines for Suspected Cancer

The guidance is available in hard copy, smartphone app ([App store](#) & [Google Play](#)) and on the [website](#) as a PDF. The website has a resources section which contains a [key changes document](#) and a video from an educational event.

Please encourage new clinicians and trainees to use these resources.

CRUK Facilitators

The facilitators help support practices and clusters focusing on early diagnosis of cancer. Contact your local facilitator for information at:

westscotland.facilitators@cancer.org.uk

Upcoming Events & Projects

National Cancer Diagnosis Audit

This audit has now completed practice recruitment. Initial results will be available shortly and key findings will be shared once data collection is complete.

Primary care practitioner's education

Primary Care colleagues are invited to attend the **WoSCAN Colorectal Cancer MCN Education event** being held on Friday 24 April 2020 in the William Quarriers Conference Centre, Glasgow.

[Click here to register](#)