
West of Scotland Primary Care Cancer Network Regional Newsletter

Spring 2023-24

This newsletter is intended to summarise current primary care cancer issues at national and regional levels. We will also highlight regional progress on the [Cancer Strategy](#) and [Action plan](#) relevant for primary care. Previous newsletters are on the [WoSCAN](#) website.

Gateway C Educational Platform

This [early cancer diagnostic resource](#) provides innovative, and tailored information to support early cancer detection with unique online tools and guidance to enable effective decision making. It is NHS Education for Scotland supported, free, evidence-based, and here for experienced GPs, GP trainees, nurses, AHPs and students. Launched in SPRING 2024.

Scottish Referral Guidelines for Suspected Cancer Updates:

These [guidelines](#) are in process of review during 2024 with publication due early 2025. Please contact your health board cancer lead if any concerns over pathways or secondary care services that are not aligned to current guidance.

Regional Genetics Service Updates:

[New guidelines](#) have been published and contain important information about the provision of clinics. This is particularly important for identification of individuals and families affected by Lynch syndrome - a genetic condition with a significant impact on bowel cancer risk by up to 80% - and in the context of new [chemoprevention](#) guidelines in patients at risk of breast cancer.

Hepato-pancreato-biliary improvement project

This national [project](#) aiming to address the time taken for definitive diagnosis following USC referral and improving

communication will be extended. Contact NSS.HPB@NHS.SCOT for any clinical queries.

MDT Outcomes letters

As part of the MDT improvement programme, the outcomes and communications to primary care have been updated to be more succinct and relevant. These letters will start from Gynaecology MDTs. Example can be [viewed here](#).

USC referral & primary care data

We are working to provide more primary care data to help with understanding USC referral rates and patterns. We are keen to stress that “appropriateness” of referral remains very high despite increasing referral rates and demand on diagnostic services.

Cancer Strategy & Action Plan Updates:

The strategy priority is to reduce inequalities & reduce variability through a “Once for Scotland” approach where appropriate. There is a focus on lung cancer - the single biggest cause of cancer mortality in Scotland - and less-survivable cancers (brain, liver, oesophagus, pancreas, stomach).

Preventing More Cancers

- “Be the Early Bird Campaign”. This ongoing campaign aims to address recognition of potential cancer symptoms. Particularly in deprived populations where patients are 50%

less likely to recognise common symptoms of cancer.

Earlier and Faster Diagnosis

- Optimise screening including targeted lung screening pilot due to start in GG&C 2024 & self-sampling cervical screening pilots .
- Optimal Diagnostic Pathways for [Lung](#) and [Head & Neck](#) have been developed.
- Expand Rapid Cancer Diagnostic Services currently available in NHS A&A and NHS Lan.
- Test and evaluate patient direct access to USC pathways (e.g. breast [lump self-referral pilot](#) in NHS FV).

Best Preparation for Treatment

Screening for prehabilitation needs starts at diagnosis and is delivered by Maggie's Centres. Patients may benefit from signposting to the [prehab website](#) or a more generic "[waiting well](#)" NHS Scotland resource following referral.

Improving the Cancer Journey

This service delivers a holistic needs assessment with support, particularly for psycho-social issues. Referral is via local pathways and is particularly helpful at diagnosis as part of a "[cancer care review](#)". Currently available across GG&C and NHS Lan, in development in NHS A&A with discussions to start in NHS FV (MacMillan One-to-One).

Safe, Realistic and Effective Treatment

The Scottish Cancer Network is developing national clinical management pathways to ensure equitable access to treatments with minimal variation in care.

Excellent Care & Support after Treatment

Personalised support and care post-treatment including rehabilitation, early detection of recurrence, supportive and palliative care. People affected are supported to manage effects of treatment including a treatment summary.

Cancer Card: This [useful resource](#) is aimed at: "Helping you find the support you need when cancer affects your life: For everyone affected by cancer - patients, partners, family, friends, employers, professionals"

Tackling Inequalities

"There will be support for primary care to tackle inequalities". People living in most deprived areas are 20% less likely to engage in screening, 34% more likely to develop cancer and 74% more likely to die of cancer. Inequalities in rural and marginalized groups are recognized.

In GG&C, Cancer specific guidance is being developed for the Inequalities Health in Action in General Practice (IHAGP) programme. NHS Lothian has developed some [supporting material](#).

Flourishing Research and Innovation

Examples include:

- Digital Prostate follow up: PSA ordered and reviewed by secondary care with phlebotomy done by CTAC. Digital app allows communication of results, patients to raise concerns and arrange appointments if required. Developed in NHS A&A, Plans for further expansion across WoSCAN region.
- Use of Artificial Intelligence in pathology and radiology reporting. E.g. [GG&C CXR AI Pathway pilot](#).

If you have any queries about primary care cancer issues, please contact us:

Clinical Lead: Dr Douglas Rigg
douglas.rigg@nhs.scot

Network Manager: Kevin Campbell
kevin.campbell@ggc.scot.nhs.uk

Health Board Lead Cancer GPs: Ayrshire & Arran: laura.mccusker@aapct.scot.nhs.uk Forth Valley: rachel.green3@nhs.scot GG&C: douglas.rigg@nhs.scot Lanarkshire: jennifer.gibson@lanarkshire.scot.nhs.uk