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## West of Scotland Primary Care Cancer Network Regional Newsletter

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### Summer 2023 – Cancer Strategy for Scotland Edition

This edition of the WoSCAN network newsletter is intended to summarise the new Cancer Strategy and Action plan. We will highlight issues relevant for primary care. Previous newsletters are available on the [WoSCAN](http://www.woscan.scot.nhs.uk) website.

The new [cancer strategy](#) was published in June 2023. This is a 10-year strategy with shorter [3-year action plans](#). The overall aim of the strategy is to “Improve cancer survival and provide excellent, equitable and accessible care”. The strategy aligns with the [Cancer Strategy for Children and Young People 2021–2026](#) that reflects their specific needs.

#### **Strategic Priorities**

The priority is to reduce inequalities across all the ambitions within the strategy, strive for consistency through a “Once for Scotland” approach where appropriate, and ensure services are sustainable. There is a focus on cancer types that are the largest burden and have worse outcomes. These include lung and other less-survivable cancers (brain, liver, oesophagus, pancreas, stomach). Lung cancer is the single biggest cause of cancer mortality in Scotland and has an ongoing focus. This includes prevention, earlier and faster diagnosis, including targeted screening and delivering [Scotland’s optimal diagnostic pathway](#), access to specialist treatment; and ongoing research & investment in innovation. A pilot using Artificial Intelligence for Chest X Ray reporting is an example of innovation that is underway in the WoSCAN region.

#### **Strategy Ambitions**

Eleven ambitions are set out addressing both cross-cutting and cancer pathway priorities. These are:

1. *Preventing More Cancers*
  - Reducing smoking rates to less than 5% by 2034. This was 11% in 2021.
  - Reducing diet related health inequalities and increase physical activity.
  - Better informed health seeking behaviour – how, when and where.
  - Maintain high HPV vaccine uptake.

2. *Earlier and Faster Diagnosis*
  - Reduce later stage diagnosis (stage 3 and 4) by 18%.
  - Addressing health inequalities gap, particularly relating to deprivation.

3. *Best Preparation for Treatment*

Every person diagnosed with cancer to be provided with timely, effective and individualised care to best prepare them for treatment. Beginning with [prehabilitation](#) and holistic needs assessment (e.g. via Improving Cancer Journey teams) and continuing throughout. A comprehensive range of cancer genomic tests will be available to all those who could benefit.

4. *Safe, Realistic and Effective Treatment*

All people with cancer have equitable access to treatments, with minimal variation in care. Where someone’s cancer can potentially be cured, they have access to the best available curative treatment. Pathways can benefit from new technologies and tests allowing earlier treatment and leading to better outcomes. The Scottish Cancer

Network is, developing national clinical management pathways.

#### *5. Excellent Care and Support after Treatment*

Personalised support and care post-treatment are core considerations in cancer management pathways: this includes rehabilitation, early detection of recurrence, and supportive and palliative care. Bereavement support for all families and carers when needed.

Electronic Treatment Summaries to be provided to patients & copied to their GPs will help identify and manage longer term side effects and consequences of treatment.

#### *6. Sustainable and Skilled Workforce*

A sustainable, skilled workforce with attractive career choices and fair work, where all are respected, supported and valued, whether they work wholly or partly in cancer services.

#### *7. Person-Centred Care for All*

People with cancer are at the heart of all decisions and actions involving them. They are given the opportunity to co-design their own care plan, and information including a treatment summary is readily available. A single point of contact (SPOC) is at the centre of this. Where possible, diagnostic tests and treatment are situated close to home and travel to specialist care is fully supported. Making use of new technologies to avoid unnecessary travel where possible.

#### *8. Tackling Inequalities*

A reduction in inequality in cancer incidence, access to services, experience and outcomes. 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 also applies to rural and marginalized groups.

There will be support for primary care to:

- identify people who are at high risk of poorer health, yet have no or low use of health care, and encourage them to seek help at an earlier stage.
- targeted actions to improve access to care and support for people who experience multiple inequalities and who are at high risk of cancer or who have cancer.

#### *9. Mental Health as part of Basic Care*

Proactive & comprehensive psychological and mental health interventions and support are available and accessible to all people affected by cancer and their families.

#### *10. Flourishing Research and Innovation* Examples include:

- Equitable access to clinical trials.
- Support for clinicians involved with research.
- Complex molecular testing.
- Digital Front Door systems, remote consulting & near me consultations
- Artificial Intelligence including pathology and radiology reporting.

#### *11. Cancer Information and Intelligence-led Services*

Development of an integrated cancer intelligence platform will efficiently support data collection, retrieval and use for clinical management, surveillance, evidence and policy development. This aligns to the move towards a single electronic health record.

Quality Performance Indicators, patient reported outcome and experiences measures will drive overall cancer services improvements.

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

Clinical Lead: Dr Douglas Rigg  
[douglas.rigg@nhs.scot](mailto:douglas.rigg@nhs.scot)

Network Manager: Kevin Campbell  
[kevin.campbell@ggc.scot.nhs.uk](mailto:kevin.campbell@ggc.scot.nhs.uk)

### **Cancer Action Plan 2023-26**

This sets out 136 “realistic, focussed, financially prudent and achievable actions” for the next 3 years. It aligns to the strategy ambition described above.

Headline actions relevant to primary care, in addition to above, include:

#### *Preventing more cancers:*

- Healthy weight: restrict promotions of less healthy food and drink & strengthen advertising restrictions for food that is high in fat, sugar, or salt.
- Physical activity: support the WHO ambition to reduce physical inactivity by 15% by 2030.
- Alcohol: evaluation & continuation of minimum unit pricing. Restriction in advertising and promotion, with health information product labels and increase awareness of link with cancer.
- HPV – introduce one-dose HPV vaccine.

#### *Earlier & Faster Detection:*

- Target awareness campaigns to areas of deprivation.
- Offer cancer education solution for all members of primary care teams.
- Update referral guidelines & explore clinical decision support tools.
- Optimise screening including modernising breast screening, targeted lung screening, self-sampling cervical screening and addressing equity in screening.
- Expand Rapid Cancer Diagnostic Services & urology diagnostic hubs.
- Equitable access to diagnostic test in primary care.
- Publish more data: staging, USC referral, routes of diagnosis, primary care cancer data.
- Test and evaluate patient direct access to USC pathways (e.g. breast lump self-referral clinics).

#### *Best Preparation for Treatment:*

- Prehabilitation for all delivered through Maggie’s Centres in Scotland.

#### *Excellent Care and Support after Treatment*

- Palliative care and End of Life Strategy takes a whole system, population and public health approach. It optimises supportive, palliative, end of life care and bereavement support.
- Standardise patient follow-up in clinical management pathways.
- Support rehabilitation services

#### *Person-Centred Care for All*

- Access to Improving Cancer Journey services across Scotland.
- Expand reach of 12 pilot “Single Point of Contact” pilots.
- Encourage wider introduction of Treatment Summaries.

#### *Mental Health as part of Basic Care*

- Ensure that people with long term conditions have access to mental health and psychological services and spiritual care to achieve positive mental health outcomes.
- Complete benchmarking to assess demand and capacity for psychological care and support.

More details regarding the above and actions relating to other ambitions in the strategy are included. Subsequent newsletters will update actions take in the WoSCAN area to address the action points and priorities of the Cancer Strategy for Scotland.

#### **Health Board Lead Cancer GPs:**

Ayrshire & Arran: [laura.mccusker@aapct.scot.nhs.uk](mailto:laura.mccusker@aapct.scot.nhs.uk)

Forth Valley: [rachel.green3@nhs.scot](mailto:rachel.green3@nhs.scot)

GG&C: [douglas.rigg@nhs.scot](mailto:douglas.rigg@nhs.scot)

Lanarkshire: [jennifer.gibson@lanarkshire.scot.nhs.uk](mailto:jennifer.gibson@lanarkshire.scot.nhs.uk)

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