
West of Scotland Primary Care Cancer Network Regional Newsletter

Summer 2026

This edition of the WoSCAN network newsletter will focus on cancer screening including future developments. Previous newsletters are available on the [WoSCAN](http://www.woscan.scot.nhs.uk) website.

Optimising cancer screening, including addressing inequalities in uptake, is one of the ambitions of Scotland's 10-year [cancer strategy](#) published in June 2023. The 3-year action plan 2023-2026 also includes ambitions regarding introduction of targeted lung screening, self-sampling cervical screening modernising breast screening and addressing equity in screening.

Lung cancer screening

In 2022, the UK National Screening Committee recommended implementation of targeted lung cancer screening with integrated smoking cessation. This has been implemented in other areas of UK and is planned for phased rollout starting in 2027 in Scotland. This will be targeting people aged 55-74 who have been smokers. These patients are offered "lung health checks" and if at high-risk low-dose CT thorax. An expert advisory group and the [LungScot](#) feasibility trial have been completed including impact on primary and secondary care services.

Primary care will be represented on the implementation group. We aim to learn from colleagues across the UK to minimise the impact of lung cancer screening and incidental findings on primary care services, whilst at the same time optimise the benefit for patients and address potential inequalities. Outcomes from [England](#) show significant benefit with nearly 75% cancers detected at an early stage.

Cervical Cancer Elimination

There are 300-400 new cervical cancer cases in Scotland with around 100 death per year. Cervical cancer can be eliminated (WHO define as less than 4 cases per 100,000) if:

- 90% HPV vaccination uptake by age 15
- 70% screened by age 35 and again by age 45
- 90% pre-cancerous lesions treated and 90% cancers managed timeously.

Screening uptake and vaccination coverage data in 2021 would mean cervical cancer eliminated in Scotland's total population by 2050. However, in the most deprived areas elimination would never be achieved. Addressing falling HPV vaccination uptake and screening, particularly in younger age group, is critical to eliminating this cancer in all of Scotland's neighbourhoods. There are some practical resources to help GP practice optimise their cervical screening uptake, particularly those in areas of deprivation.

A pilot of self-sampled HPV testing for people who have not engaged with cervical screening is underway.

For women who have experienced sexual violence the Sandyford [My Body Back Service](#) for Scotland.

The screening interval change from 3 to 5-year recall should release some capacity in practices to focus on needs of local populations.

Scotland's Breast Screening Modernisation programme

was completed in 2025. If the target of 80% uptake, with reduction in inequalities, are met this could lead to earlier detection of additional breast cancer cases, improved survival rates and significant economic and societal benefits. Recommendations include:

- Enhance accessibility and equity
- Strengthen workforce and service capacity
- Ensure efficiency and sustainability in a participant-centric service.
- Modernized infrastructures and technologies including digital and AI developments in mammography

Bowel Cancer Screening:

Bowel screening [standards](#) were updated in 2023. The standards cover:

- the way eligible people are invited to screening
- how and when they're told about their results
- how they're passed on for further diagnostic investigation
- quality assurance within the programme.

Latest uptake statistics continue to show significant differences between affluent and deprived populations. There was a 22.1 percentage point gap between uptake in the most (52.3%) and least (74.4%) deprived population SIMD quintiles. Uptake for both men and women in the most deprived areas was below the programme target of 60%.

Cancer Research UK have an ongoing [campaign](#) regarding bowel screening uptake. They have also developed [a tool](#) to help assess interventions for improving informed uptake in practices.

Prostate Cancer Screening

The [UK National Screening Committee](#) recently recommended screening with PSA testing every 2 years, targeted for men aged 45-61 who have a pathogenic BRCA2 variant with a family history of breast, ovarian, pancreatic, or prostate cancer. The [UK Cancer Genetics Group](#) acknowledges that people with a personal and/or family history of BRCA2 associated cancer(s) may wish to seek a formal family history assessment particularly if more than one close relative has young onset prostate, breast, ovarian, pancreatic cancer. FAQs for referral to regional genetics services are under development by this group which will be adapted for Scotland. Cancer Research UK has [helpful information](#).

Screening of the general population is not recommended. However, there are active community testing initiatives such as [SCPI](#). This is a private initiative not endorsed by NHS Scotland or Scottish Government. The SCPI aim to test PSA in 25,000 patients in Scotland aged 40-80. They offer private GP assessment (online) and diagnostic testing. The private diagnostics are being expanded to more sites in Scotland. Utilising these private services minimises the need for NHS primary care involvement.

Equity in Screening Network

This is a dedicated space for professionals involved in supporting Scotland's screening programmes and the eligible populations they serve. It aims to facilitate knowledge sharing and collaboration, focusing on identifying and addressing inequalities throughout the full screening pathway. It contains helpful resources - to request access email NSS.ScreeningAssurance@nhs.scot There is also a [Cancer Inequalities: Practical Guide for GP Practices](#) with a section on screening.

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

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