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## West of Scotland Primary Care Cancer Network Regional Newsletter

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### Winter 2021-22 Edition

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.

#### **Cancer Management Framework**

Following last year's publication of the national "[Recovery and redesign: cancer services – action plan](#)" a framework for cancer management was published in December 2021. This [framework](#) will be accompanied by in-depth advice and support to Boards from the National Performance Manager for Cancer, who will review local cancer pathway management processes, from beginning (referral) to end (treatment). Sections relevant to primary care are highlighted below:

#### **Optimal Referral**

Ensuring a patient is on the right pathway at the right time is essential to ensure those at higher risk of cancer are seen and treated as quickly as possible. This is also essential for those that do not have cancer, so they and their families receive reassurance as soon as possible. Fitness for treatment should be considered at the earliest opportunity with prehabilitation and brief intervention principles applied as appropriate."

- "Secondary Care should consider all appropriate USC referrals that meet the Scottish Referral Guidelines for Suspected Cancer from the Primary Care Team."

[Scottish referral guidelines](#) remain in place with exception of some local variations. Enhanced vetting and [Active Clinical Referral Triage](#) are used along with principles of realistic medicine. It is

useful to include [PERFORMANCE STATUS](#) with referrals to help this.

In addition, ensuring patient contact details and practice e-mail address are included is also helpful. Practice email address will auto-populate all SCI referrals when practices add to their location details in their GP IT system.

- Direct access for Primary Care to diagnostics with appropriate locally agreed referral processes must be in place.

The pilot for Early Cancer Diagnostic Centres site in the West of Scotland is NHS Ayrshire and Arran. This provides a single diagnostic pathway for where there is a strong clinical suspicion for cancer but without tumour specific symptoms such as patients with weight loss and fatigue. In other areas, work to increase GP access to diagnostic testing is progressing.

- An audit of Primary Care referrals should be undertaken in collaboration with GP clusters at least annually and discussed with local Cancer Management Groups to support compliance and any lessons shared.

We are looking at how we can deliver accessible and understandable data for clusters to use in audit and quality improvement projects if they chose. This may be similar to the national cancer diagnosis audit. Previous results can be viewed [here](#).

### ***Initiating the Pathway***

"It is good practice to ensure that all USC referrals are vetted promptly and appointed for a consultation (be that in person or virtually) and/or investigation to take place within two weeks of receipt of referral."

Weekly monitoring of patients moving through cancer pathways continues in each health board. A focus remains on Cancer Waiting Times (CWT) performance. Please note that the CWT target relevant to primary care is 62 days from referral to treatment. A "2-week-wait" is good practice but not a target in Scotland.

*More details about the framework can be found on the [Scottish Government webpage](#).*

### ***New endoscopy plan 30<sup>th</sup> Nov 21***

In this [plan](#), endoscopy waiting times are being addressed with innovative solutions such as Colon Capsule Endoscopy as well as increasing capacity and reducing unnecessary procedures. The role of qFIT is vital for this and for risk stratification. A national consensus on use of the QFiT test is due to be published imminently.

### ***Cytosponge***

Introduction of [cytosponge](#) has started in NHS Scotland. This is low cost, low risk, rapid and acceptable to patients. It is administered by a trained health care professional and takes 15 minutes. It is used for Barrett's surveillance and as an alternative to endoscopy in patients with predominantly reflux symptoms. This can reduce endoscopy workload by approximately 40% allowing for those patients with other red flag symptoms to access endoscopy more quickly.

This is also being considered as a direct access test for primary care for investigation of reflux symptoms.

### ***Cancer screening programmes***

We encourage practices to restart any initiatives to optimise uptake of screening. In current circumstances, this is likely to be focused on opportunistic reminders when speaking to patients.

### ***Cancer Prehabilitation***

[Prehab](#) helps patients prepare for treatment to optimise outcomes. Development of support services and a digital resource for public and professionals is ongoing regionally.

### ***Beatson WoSCC website***

The useful [website](#) for the Beatson has been launched with both patient and professional's area. This includes details of cancer treatment helpline.

The Beatson Cancer Charity also has a useful [website](#) with excellent patient support services.

### ***CRUK Facilitators closure***

The facilitator team has unfortunately been withdrawn by CRUK and will officially close at the end of March 2022. We would like to extend our gratitude to the facilitators for their support delivering excellent educational sessions across the region over the last few years.

The [CRUK website](#) has a very useful health professionals section and resources including advice about safety netting during the pandemic.

### ***Health Board Lead GP contacts:***

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