
West of Scotland Primary Care Cancer Network Regional Newsletter

Winter 2022 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 Action Plan

A new cancer strategy is due to be published in spring 2023. It is proposed that this is a 10-year strategy with shorter 3-year actions plans. In the meantime, we continue to work towards the 2020 [“Recovery and redesign: cancer services – action plan”](#). Further details are in previous newsletters.

Deprivation and Cancer Inequalities in Scotland

This [CRUK report](#) shows 4900 extra cancer cases in Scotland per year attributable to deprivation, in particular due to obesity and smoking. More than half are lung cancer cases. Action on cancer prevention targeted to deprived areas could help reduce these inequalities.

Single Point of Contact (SPoC)

The aim is to ensure everyone on a cancer pathway can access advice and support through a single point of contact. Support via cancer nurse specialists, cancer treatment helpline (Beatson 0141 301 7990) and services such as Improving the Cancer Journey remain but can also be accessed via the SPoC worker. Several local projects are ongoing, with wider roll out a longer-term ambition of the current action plan.

Optimal “Urgent Suspicion of Cancer” (USC) 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.

[Scottish referral guidelines](#) remain in place with exception of some local variations. There will also be some updates as below. 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.

National Optimal Lung Cancer Pathway

This aims to reduce the total time from presentation to treatment to 4-6 weeks. This requires rapid CXR appointing, reporting and action. For primary care, we need to ensure CXR are marked as USC so they are prioritised for a 3 day referral to report target. USC referral, if required, should be made as soon as practical ideally within a further 3 days. Direct access CT chest is available in some boards for low suspicion CXR but ongoing symptoms.

Hepato-pancreato-biliary improvement project

Patient feedback highlighted two main areas for improvement in the patient experience. These were time taken for definitive diagnosis following USC referral and lack, or inconsistency, of communication throughout the patient journey. These are the focus of this project. A SPoC model will be also used. It would be helpful if GPs could complete this [5 minute survey](#) to inform further pathway improvements.

National QFIT Guidance

National consensus for QFIT testing to minimise variation across the country [has been published](#). Each board is being encouraged to review its own colorectal pathways to reflect national guidance.

Rapid Cancer Diagnostic Services

Formerly known as Early Cancer Diagnostic Centres, the pilot site in the West of Scotland is in NHS Ayrshire and Arran. The next phase of roll out includes NHS Lanarkshire. A report of activity to date is [available here](#).

Primary Care Cancer Data

All USC referral data is now submitted to Public Health Scotland. This means that their analysts will be able to produce reports regarding rates of referral, variation, conversion and detection rates. We are piloting Cluster Cancer Activity Reports including this data to see if it is useful for clusters and stimulates QI activity.

SPIRE is looking at producing a “cancer symptoms and signs” activity report also to inform rates of presentation to practices of patients with possible cancer symptoms.

Cancer Innovation Consortium

This is led by the Scottish Health and Industry Partnership looking at innovative ways to provide cancer care. Current examples include use of artificial intelligence for CXR reporting and prostate pathology reporting. An Early Cancer Diagnostics – Innovation Challenge will be launched in the near future. Details will be advertised in due course.

Targeted Lung Screening

The UK NSC proposes a quality assured, targeted screening programme for lung cancer in people aged 55 – 74 with a history of smoking in the UK using low dose CT-scanning. The LUNGSCOT trial has commenced in some areas in Scotland with expansion planned in near future.

Detect Cancer Earlier Campaign

The next health awareness campaign is due to launch this Spring. The focus will be calling people to act on persistent unusual symptoms such as weight loss or bleeding.

Cancer Prehabilitation

The national cancer [prehab website](#) has been developed. This is designed to support access to universal prehabilitation to optimise patients mental and physical wellbeing prior to treatment. This could be shared with patients at GP practice cancer care reviews post diagnosis.

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”

Improving the Cancer Journey

This service should be available in most areas. They deliver a holistic needs assessment with support, particularly for psycho-social issues. Patients are invited by letter at diagnosis. Practices can also refer directly if patients are felt to need support to engage.

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