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NHS Scotland Earlier Diagnosis Vision

Nicola Barnstaple
National Associate Director
Cancer improvement & Earlier Diagnosis

Collaborate. Redesign. Innovate. Transform.

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[The national Centre for Sustainable Delivery \(nhscfsd.co.uk\)](https://nhscfsd.co.uk)

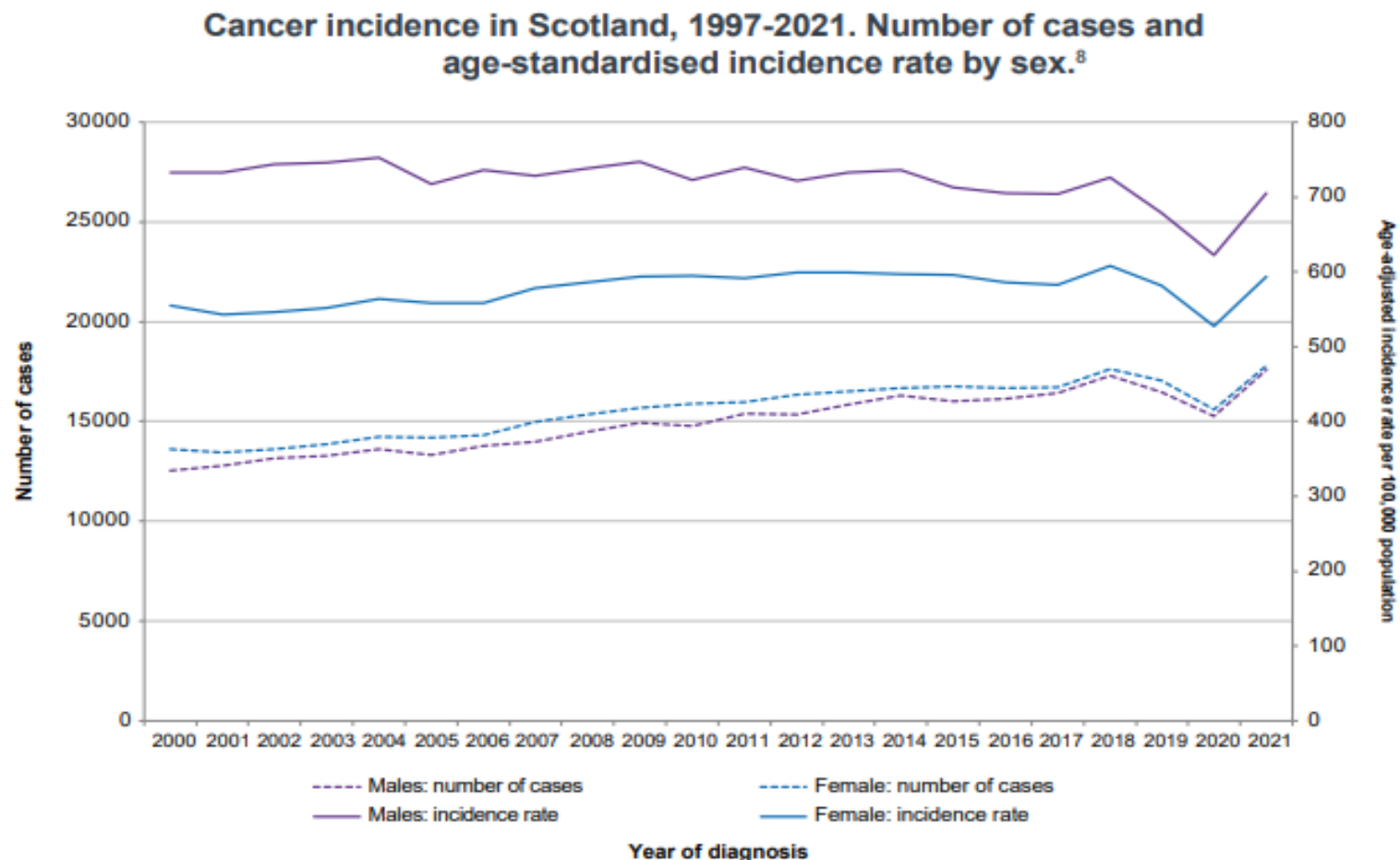
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Collaborate. Redesign. Innovate. Transform.

CfSD Strategic Priorities

Modernising Patient Pathways	Driving transformational and sustainable change to improve planned care patient access and outcomes across NHS Scotland
National Elective Coordination Centre (NECU)	Support the development of a national elective co-ordination unit, including the transition to an operational model, which will support Boards with their current planned care waiting lists.
Cancer Improvement and Earlier Diagnosis	Reduce the proportion of later-stage cancers (stage III and IV) diagnosed over the next 10 years, with a focus on those from areas of deprivation.
Innovation	Facilitate the rapid assessment of new technologies for potential national adoption. Where these are approved, lead the accelerated implementation of these technologies on a once for Scotland basis.
National Green Theatres	Improve and evidence environmental sustainability across NHS Scotland (starting with implementation of green theatre bundles)
Unscheduled Care	Delivery at scale and pace of Urgent and Unscheduled Care National programmes, implementation support and networks for learning, supported by the development of new national tools and toolkits, with support of system capacity and capability diagnostics.
National Endoscopy	Supporting the ongoing delivery of the Endoscopy and Urology Diagnostic Recovery and Renewal Plan (2021)
Planned Care	Enhancing the delivery of Planned Care, by facilitating initiatives to improve efficiency in the capacity / demand process, in order to promote greater elective activity, to address the length of waiting times

Cancer Incidence Scotland 2017-2021

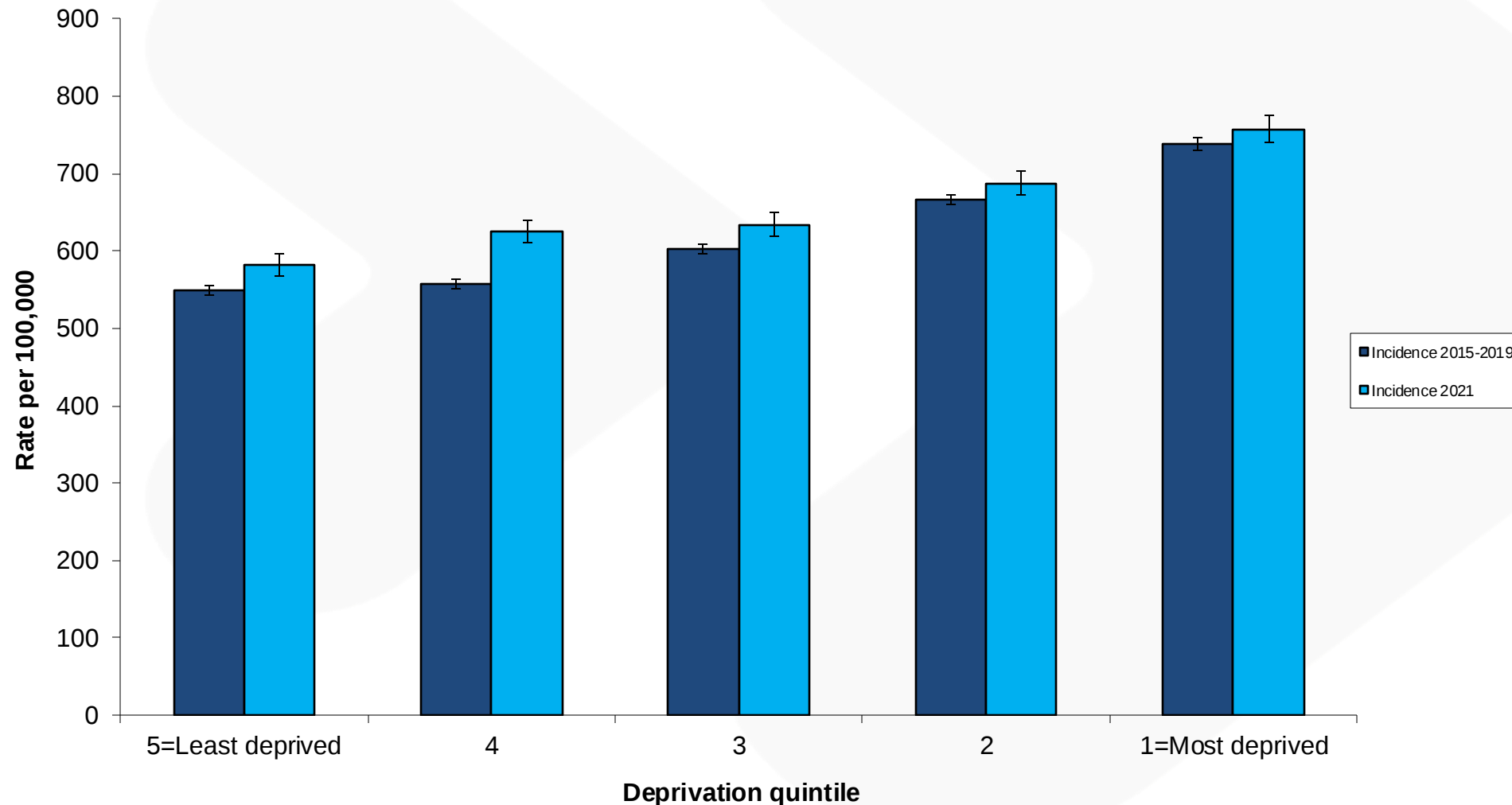


1. All cancers excluding non-melanoma skin cancers (ICD-10 C00-C97 excluding C44).
2. Age-adjusted incidence rates per 100,000 population, calculated using the 2013 European Standard Population.

Cancer Incidence Scotland 2017-2021 (SIMD)



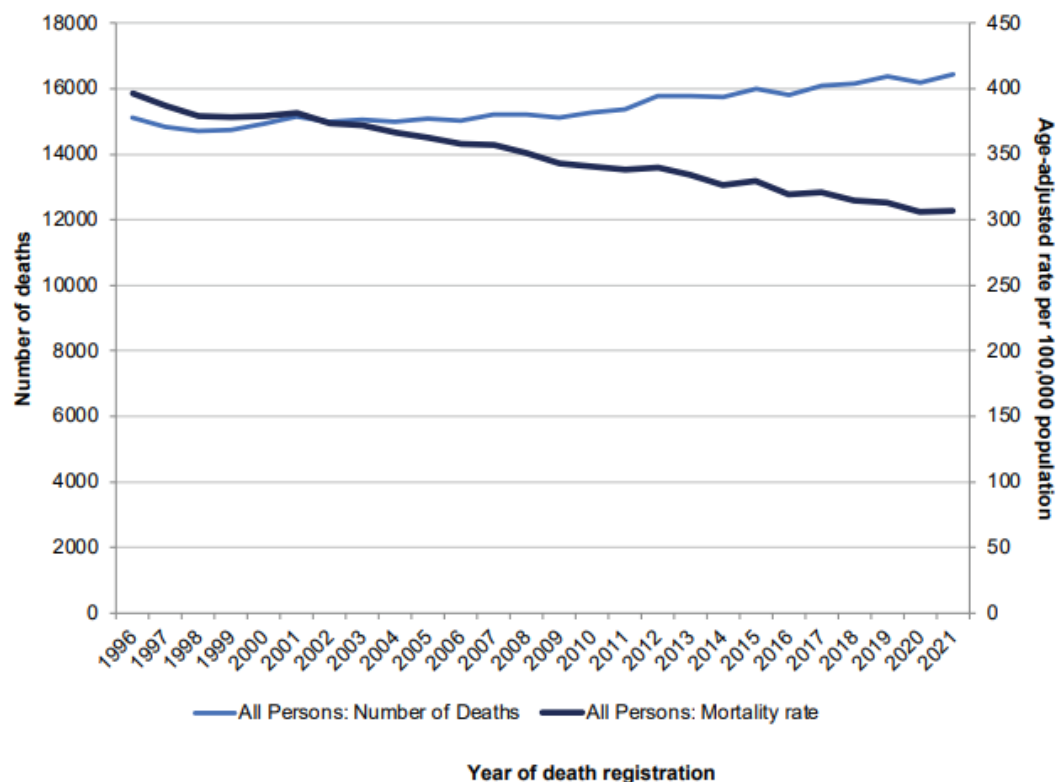
All malignant neoplasms excluding non-melanoma skin cancer
Age-standardised incidence rates (2015-2019 and 2021) by SIMD 2020 deprivation quintile, persons



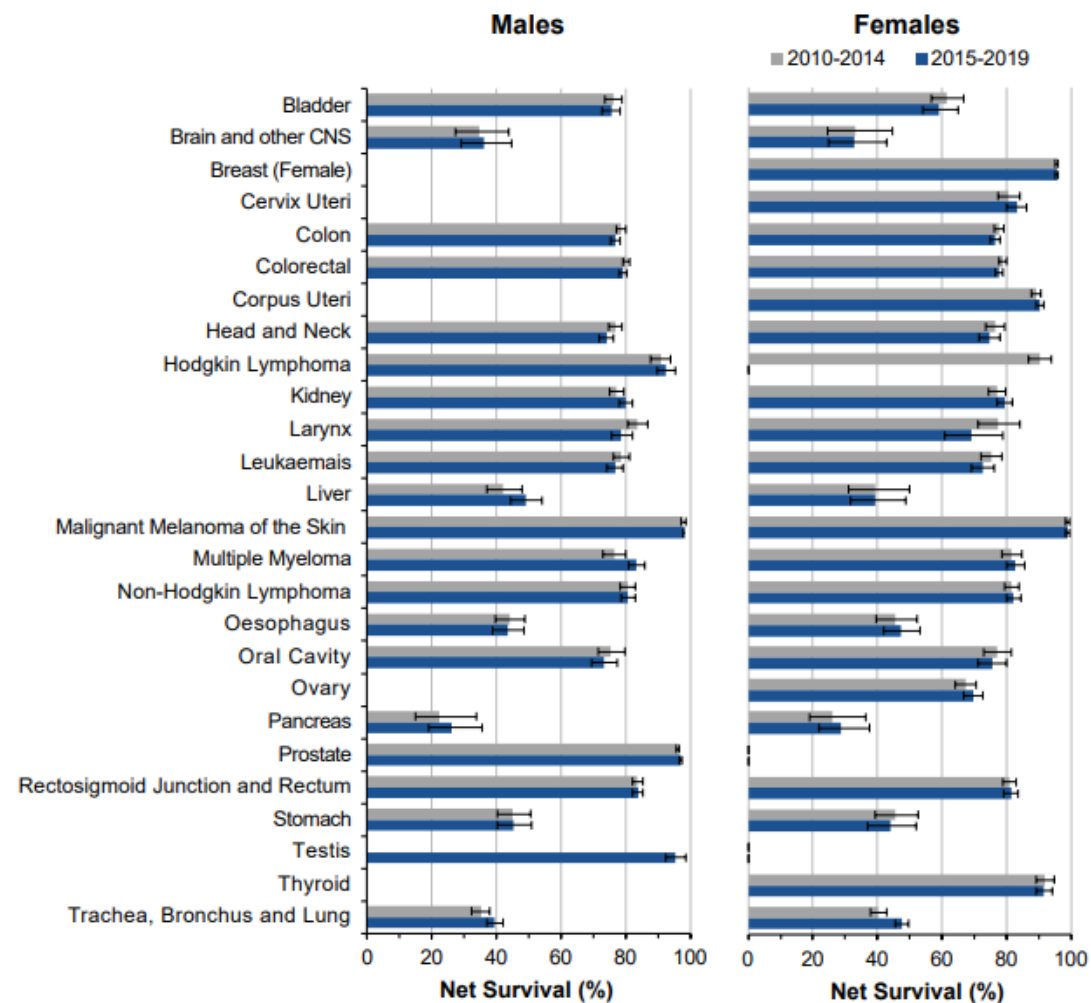
Cancer Mortality & Survival



Cancer Mortality in Scotland, 1996-2021. Number of deaths and age-adjusted mortality rate.¹¹



Age-standardised net survival at 1 year after diagnosis, for cancers diagnosed in Scotland during 2010-2014 or 2015-2019.¹⁰



Cancer Staging

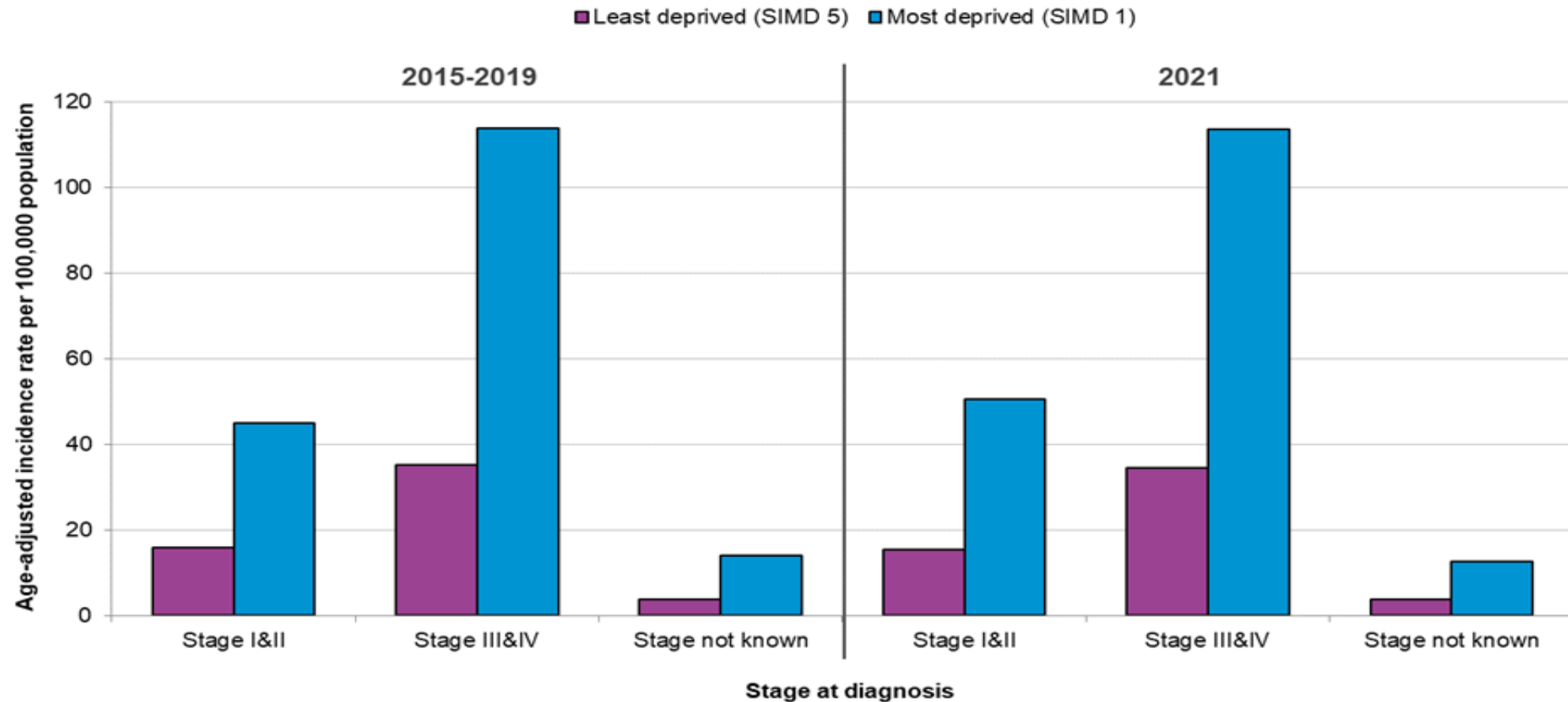


2021

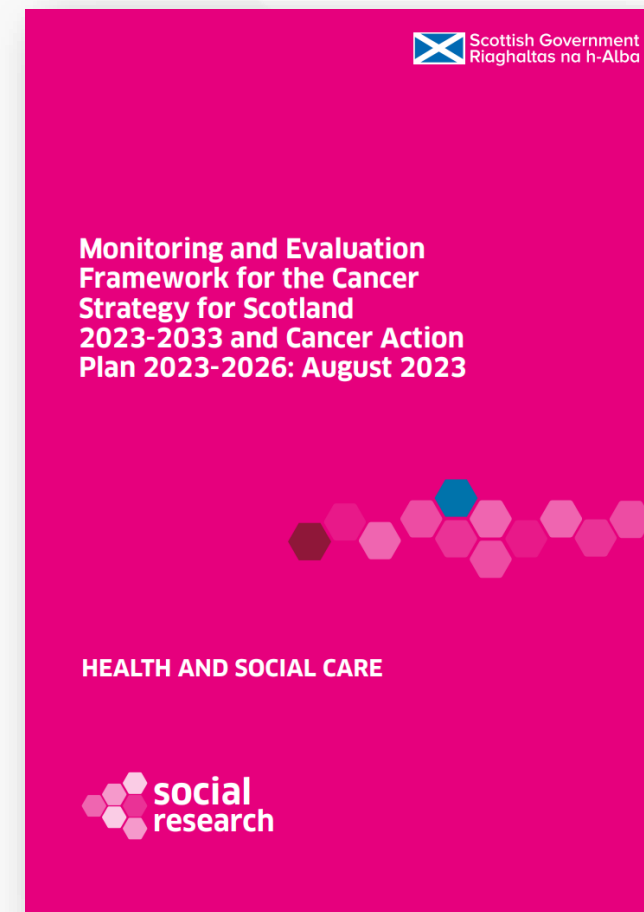
Data as per 2021 Incidence Publication released on 28/03/2023

CancerSite	Stage I	Stage II	Stage III	Stage IV	Not Known	Total	% Not Known
Head and Neck	333	210	179	431	134	1287	10.4
Oesophagus	72	128	304	352	141	997	14.1
Stomach	37	117	55	260	172	641	26.8
Colorectal	645	966	1015	860	793	4279	18.5
Pancreas	69	55	90	471	202	887	22.8
Lung	1114	380	1106	2523	352	5475	6.4
Melanoma	445	222	112	41	705	1525	46.2
Breast (female)	2065	1957	493	324	304	5143	5.9
Cervix Uteri	151	57	58	52	24	342	7.0
Corpus Uteri	554	55	110	60	81	860	9.4
Ovary	207	34	111	118	106	576	18.4
Prostate	496	673	1029	1149	918	4265	21.5
Liver and intrahepatic bile ducts	83	55	70	159	268	635	42.2
Kidney	451	53	219	240	124	1087	11.4
Bladder	181	155	101	99	327	863	37.9
Thyroid	172	34	1	15	59	281	21.0
Total	7075	5151	5053	7154	4710	29143	16.2

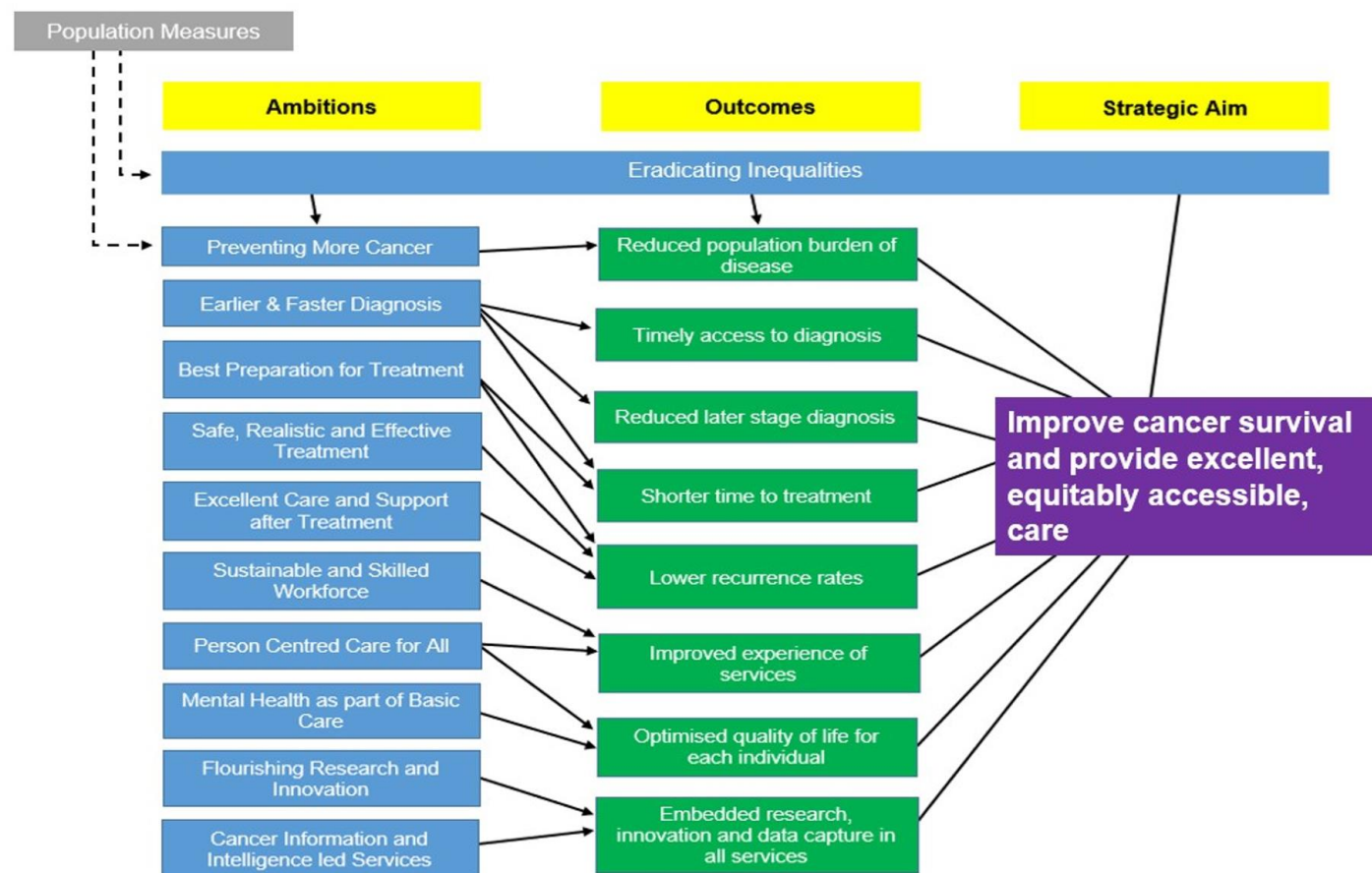
Lung cancer stage by deprivation (ASRs), 2015-2019 & 2021, Scotland



Cancer Strategy 2023-2033 & Action Plan 2023-2026



Cancer Strategy 2023-2033 & Action Plan 2023-2026



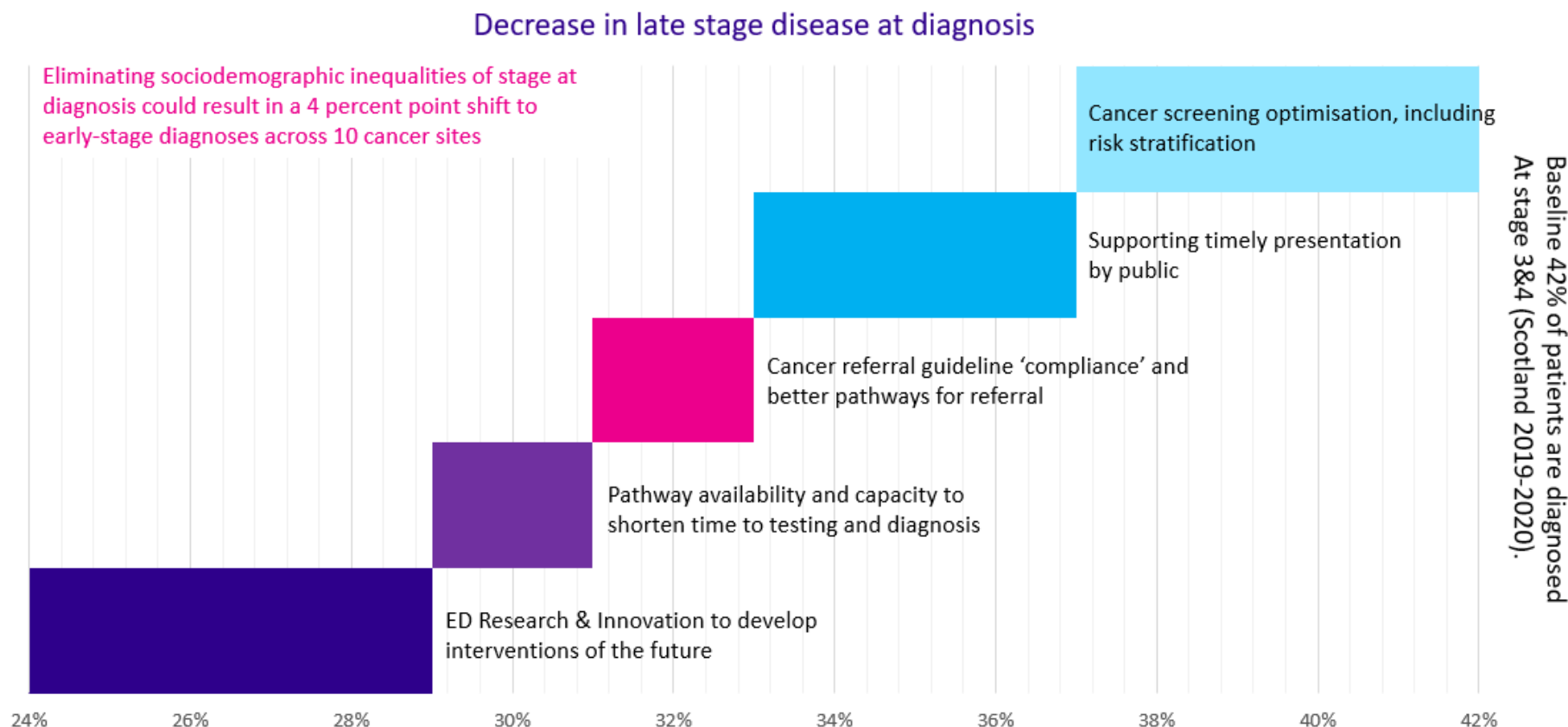
Our Earlier Diagnosis Vision



Later stage disease (stages III and IV) has reduced by 18 percentage points. A focus will remain on reducing the health inequality gap, particularly those from areas of deprivation.

Whole systems approach:

- Improve public education and empowerment
- Support Primary Care
- Optimise Screening
- Enhance Diagnostics
- Harness Data
- Invest in Innovation



Waterfall Chart developed and shared by CRUK Strategic Evidence Team

Public Education and Empowerment



‘Be The Early Bird’ campaign launched in March 2023 with a second burst in Sept/Oct 2023.

- Developed to tackle the fear of cancer as a barrier to individuals acting on possible cancer symptoms
- Media Campaign targeted to those over 40 from more deprived areas across Scotland (C2DE)
- Included TV, OOH, Digital, Content press and radio partnerships, field and PR activity.

<https://getcheckedearly.org/>



Be The Early Bird - Evaluation – Sept / Oct 23



Target	Target	Achieved	Achieved	Campaign recognisers
Maintain strong agreement that you can improve the chance of living well after cancer by getting possible cancer symptoms checked as early as possible	58% (-)	51%	Target not met	55%
Increase the proportion who identify all three benefits of taking action to detect cancer earlier mentioned in the campaign	55% (+3pp)	58%	Target exceeded	60%
Maintain the proportion who say they are very likely to contact their GP practice with suspected cancer symptoms	61% (-)	64%	Target exceeded	66%
Campaign awareness (prompted recognition)	65%	77%	Target exceeded	
Proportion of recognisers taking action as a result of the campaign	70%	71%	Target exceeded	



Be The Early Bird – Field and PR

11 locations across Scotland – most deprived areas – high footfall shopping centres



“You’re going to think I’m making this up and I don’t want to discuss it but I want to tell you that your advert last year made me go to the doctors. I kept seeing it at night so one night I sat and checked my breasts and found a lump. I’m still being treated and feel quite raw about it but I’m getting there. Please thank whoever made that advert!” - *Member of the public*



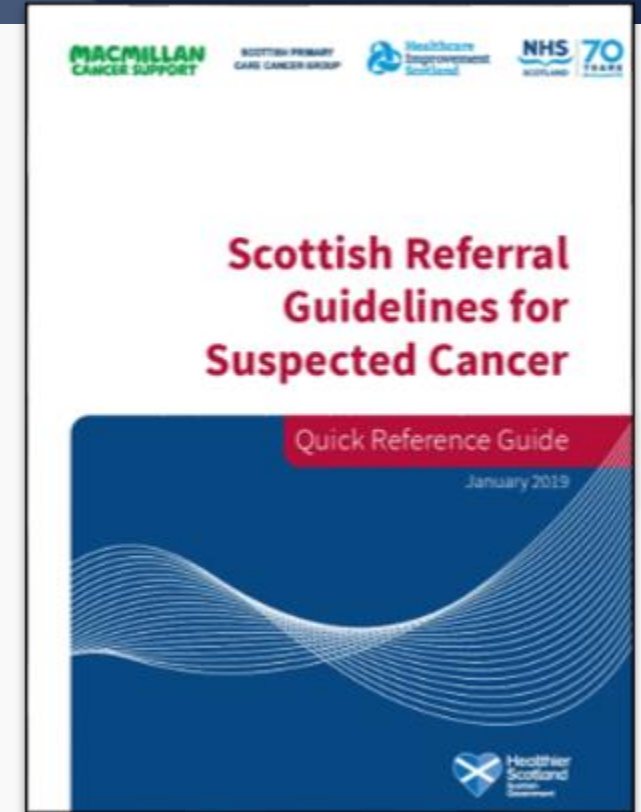
[Diane contacted her GP practice after finding a lump \(youtube.com\)](https://www.youtube.com)

Primary Care – USC Referral Guideline Review 2024 (SRG)

- Scottish Referral Guidelines for Suspected Cancer (SRGs) reviewed in 2014 and 8 out of 13 refreshed in 2018. This project will review all 13 SRGs and introduce a 14th Guideline for non-specific symptoms.
- USC referrals around 40% higher than pre-pandemic, regrading framework developed to support right patient, right pathway, right time.
- Partnership with SG, CfSD, SPCCG, HIS, and CRUK.

These guidelines are currently undergoing an evidence-based, clinical review and update;

- 14 Peer Review Sessions (PRS) covering each SRG, with representation from primary care, secondary care, charity sector, and public partners
- PRS's will run April – October
- 6 PRS hosted (as per 10 June 2024)
- Decision logs kept to capture reasoning for changes
- Consultation period towards the end of 2024
- Publish updated SRGs beginning of 2025



<https://www.cancerreferral.scot.nhs.uk/>

Primary Care - Education



Gateway C online education resource:

- GatewayC provides free, evidence-based information, guidance, and support for primary care professionals in detecting cancer earlier.
- 22 online courses launched 30 April 2024, with additional educational resources released throughout the year.

Pharmacy:

- The NCA (North Cancer Alliance) Community Pharmacy Pathways project explored the emerging role of pharmacy to help identify and expedite those identified as higher risk of cancer.
- 2 year project final evaluation report and its' recommendations are now being considered by the Earlier Cancer Diagnosis Programme Board.

Enhance Diagnostics - Rapid Cancer Diagnostic Service (RCDS)

- RCDSs provide primary care with a new fast-track diagnostic pathway for patients with **non-specific symptoms** (e.g. weight loss and fatigue).
- The CI&ED Team is working towards establishing **population coverage** to RCDS across NHS Scotland by Spring 2026 (in line with the Cancer Strategy Action Plan commitment).
- An [evaluation of the Rapid Cancer Diagnostic Services](#) was conducted by the University of Strathclyde to better understand the role of RCDS's in detecting cancer and to ensure optimal components are embedded in future models. Over the 2 year evaluation period:

3,616 RCDS referrals were received and 2,489 (~69%) accepted

The overall mean time from RCDS referral to outcome was 16.3 days

The conversion rate from RCDS referral to cancer was 11.9%

A range of cancer types were diagnosed - Lung and HPB were the two most commonly found

RCDS – patient feedback



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“The pathway experience was in sharp contrast to everything else...to have that little diamond in the middle, where you really felt held and cared for, you know, that somebody was on it”.

“The word I would use to describe this service is perfect across the board. It was a quick and efficient”.

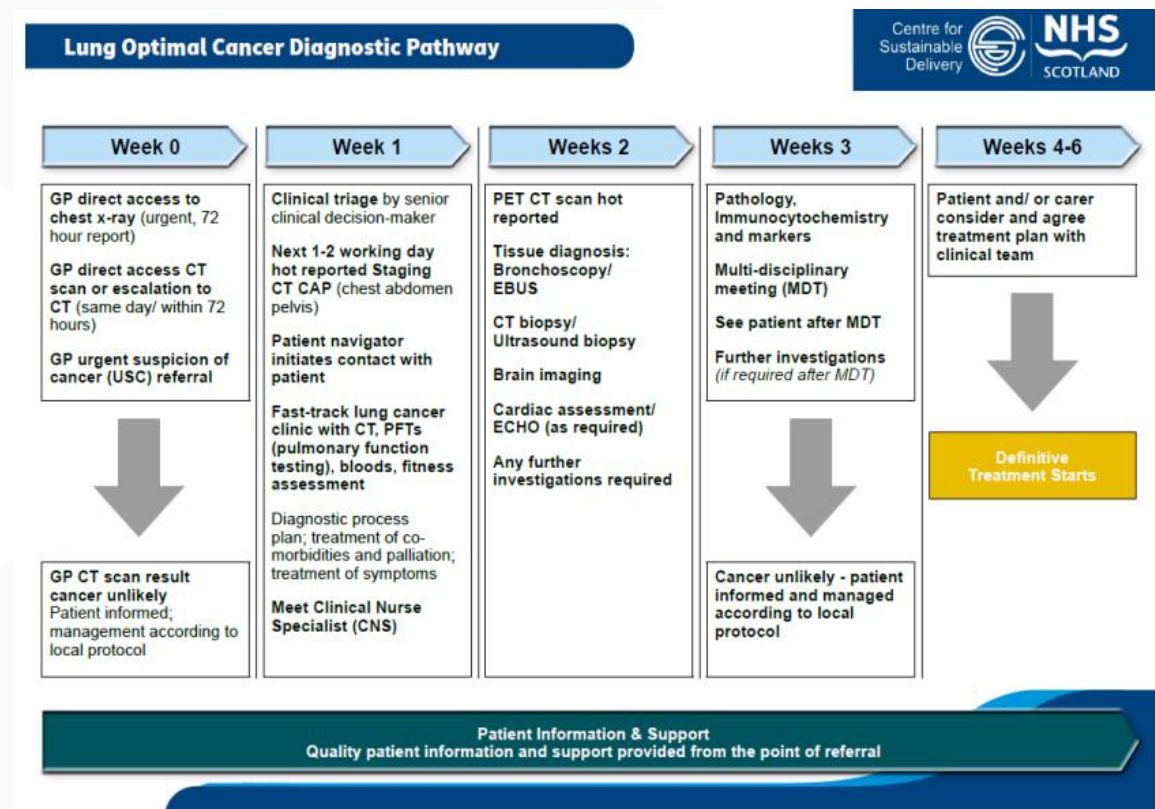
“I have only admiration for the speed of this service. It all happened so quickly and with care and attention I can only be impressed”.

“This is an amazing service which takes away all the worry and stress of waiting for results”.

“To say I was impressed is an understatement. I could not believe the speed all this happened. Everyone complains about the service level at the NHS but the RCDS is a service that works and works well”.

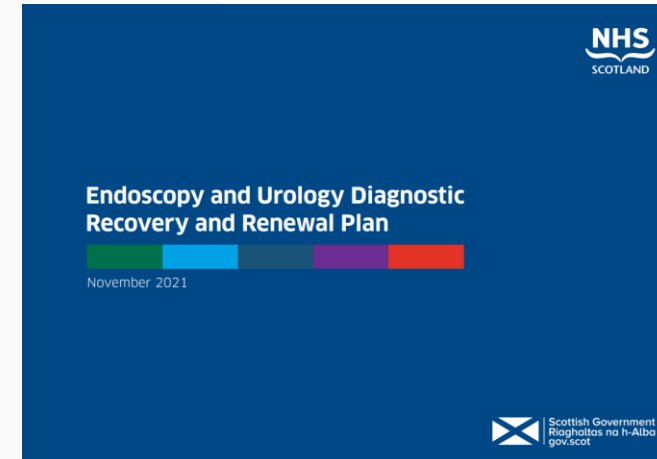
Enhance Diagnostics - Optimal Cancer Diagnostic Pathways

- Optimal diagnostic pathways improve the timeliness and efficiency of the diagnostic pathway, enabling accelerated access to treatment for those with a cancer diagnosis, while reducing anxiety for those who do not.
- The [Optimal diagnostic pathway for lung cancer](#) and the [Optimal diagnostic pathway for head & neck cancer](#) published and being implemented across NHS Scotland.
- Scoping underway for development of colorectal cancer optimal diagnostic pathway.



Enhance Diagnostics - National Endoscopy Programme

- Endoscopy & Urology Diagnostics Recovery and Renewal Plan (2026)
- Transitioned to CfSD from SG June 2023
- Endoscopy Reporting System (ERS) programme board set up to support implementation across NHS Scotland
- Supported nurse endoscopy training and non-medical cystoscopy training (NES/Academy)
- Endoscopy backlog clearance plan developed
- Clinical consensus event on use of qFIT in symptomatic patients March 2024



Cancer Innovation – CXR AI and TET



Chest X-ray AI:

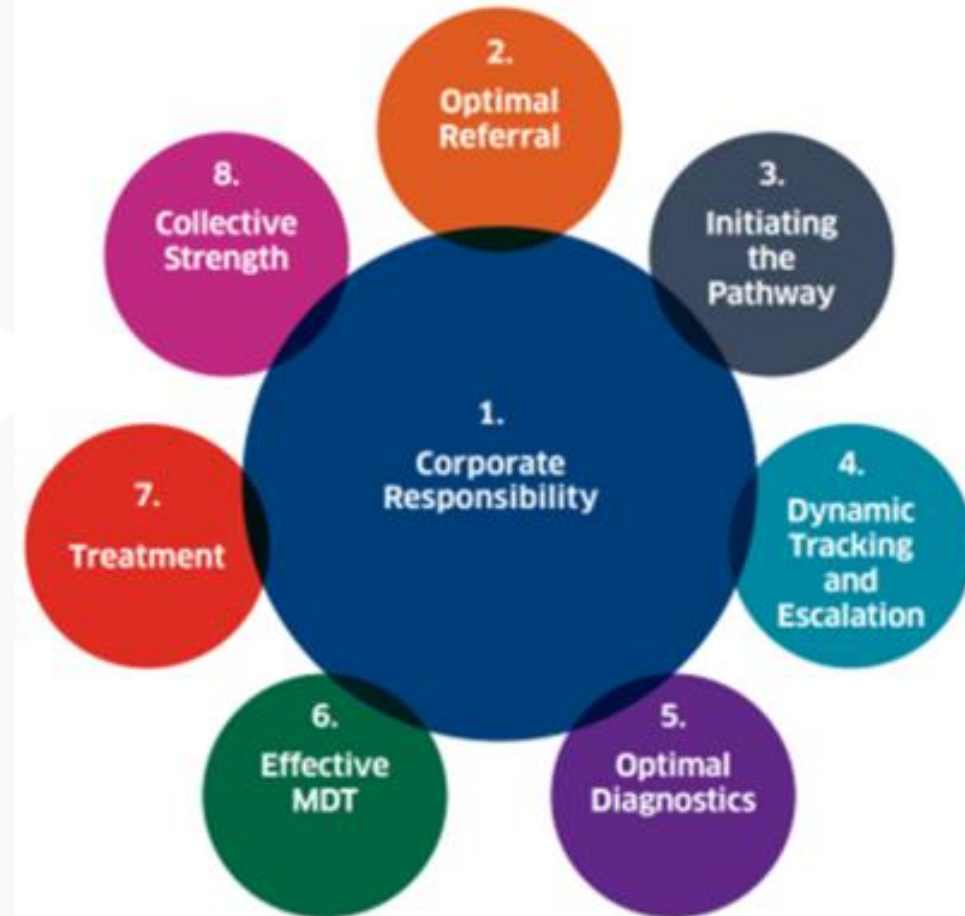
- AI software to analyse chest X-rays in near real-time, flagging abnormalities to enable prioritisation of patient case reporting for clinicians.
- This could greatly speed up the diagnostic process and is hoped to improve the earlier detection of lung cancer.
- Two sites with projects and data collection ongoing; NHS Grampian and NHS Glasgow and Greater Clyde.
- Value case in development to be shared with Innovation Design Authority (IDA) late 2024.

CRUK Test, Evidence, Transition (TET) programme:

- CRUK funded projects; NHS Forth Valley (direct access to for breast lumps to specialist clinic) and NHS Fife (nurse led prostate pathway).
- These projects help to free up GP capacity, improve patient experience, and prevent delays in diagnosis.
- Further TET projects focusing on colorectal cancer are now in the planning phase.
- Upon completion, learning from the projects will be considered by the Earlier Cancer Diagnosis Programme Board for wider adoption.

Framework for Effective Cancer Management (FECM)

- The [Framework for Effective Cancer Management](#) was refreshed and published in December 2021 and is due for a further update in 2024.
- The Framework is a guidance tool for Cancer Teams across NHS Scotland to help diagnose cancer earlier and faster.
- It provides Boards with the tools to improve patient experience and cancer waiting times, across 8 key elements (right).
- A toolkit has been developed alongside the guidance for NHS teams to share best practice examples. NHS Scotland staff can access the [Cancer Good Practice Repository on Turas Learn](#)



Contact



- cfcdcancerandedteam@nhs.scot