Scottish Parliament’s Health and Sport Committee
Inquiry into the Scottish Government’s Detect Cancer Early Programme

Response from RCGP Scotland

The Royal College of General Practitioners (RCGP) is the professional membership body for family doctors in the UK and overseas. We are committed to improving patient care, clinical standards and GP training. Its objectives, in concern for care for patients, are to shape the future of general practice, ensure GP education meets the changing needs of primary care throughout the UK, grow and support a strong, engaged membership and to be the voice of the GP.

The College in Scotland came into existence in 1953 (one year after the UK College), when a Scottish Council was created to take forward the College’s interests within the Scottish Health Service. We currently represent around 5,000 GP members and Associates in Training throughout Scotland. In addition to a base in Edinburgh, the College in Scotland is represented through five regional faculty offices in Edinburgh, Aberdeen, Inverness, Dundee and Glasgow.

1. To what extent do you believe the Scottish Government’s Detect Cancer Early Programme and the approach by Integration Authorities and NHS Boards is preventative?

RCGP Scotland has been hugely supportive of the preventative health agenda as an efficient and cost-effective means of improving population health and reducing health inequalities. Implementing preventative measures against cancer does, however, begin far earlier than at the point of screening. For instance, weight management, smoking cessation programmes and public health campaigns around the dangers of excessive alcohol consumption are effective, preventative measures to tackle the key risk factors of cancer before the disease is able to develop.

Cancer is one of RCGP’s five-year enduring priorities. Identifying signs and symptoms of possible cancer as early in the presentation by patients as possible is a fundamental role of GPs. The latest data shows that over 75% of all cancer cases are referred by GPs after just one or two consultations. The College has been clear that better access to diagnostic tools in the community is needed for GPs to continue to be able to identify cancers in a timely fashion and RCGP have worked with Cancer Research UK to help develop resources to support GPs in the timely identification and diagnosis of cancer.

Of course, in order to be able to effectively diagnose cancer at the earliest stage, patients must be able to access their GP service and GPs must be able to spend appropriate time with their patients to diagnose and support them. The RCGP have been clear that standard 10 minute consultations are unfit for purpose in many cases.
2. Is the approach adequate or is more action needed and is the policy being delivered on the ground?

Every day in their professional lives, GPs need to ensure that they are neither over nor under-diagnosing for their patients. Much of this judgement and the work of GPs follows the Realistic Medicine agenda, as set out by the Chief Medical Officer, Dr Catherine Calderwood, in 2014.

RCGP Scotland has been supportive of the Realistic Medicine agenda and the College has been clear that it is keen to see a reduction in the burden and harm that patients can experience from over-investigation and overtreatment. GPs are uniquely placed to deliver holistic, comprehensive, co-ordinated care for people as patients, especially for those with complexities and multi-morbidities. GPs deal with the medical, psychological and social position of people. In this regard, their skillset is unequalled in its ability to influence reduction in these potential harms. However, as skilled clinicians GPs must ensure that those who require treatment for cancer are diagnosed at the earliest possible stage.

A screening programme operating in isolation, even if focussed on early detection, will never be enough to ensure cancer and other preventable diseases are stopped from developing. In terms of public health campaigns, more could be done to focus on minimising risk factors for cancer, rather than raising awareness of possible symptoms of the disease. Placing greater focus on reducing the risk factors of cancer rather than raising awareness of the symptoms may help those who would be less likely to present to their GPs in any circumstance and therefore assist with tackling health inequalities.

Fundamentally, it is extremely difficult to communicate to all sectors of the public the importance of catching cancer early and in many cases, there are very few, if any, symptoms in the early stages. To ensure that the Detect Cancer Early programme is effectively delivered on the ground, both primary and secondary care services must be adequately financed and staffed to ensure that once diagnosed those who require secondary care treatment are able to be referred and treated as quickly as possible.

3. Are the services and Detect Cancer Early Programme being measured and evaluated in terms of cost and benefit?

It is difficult to ascertain, from an RCGP perspective, whether the specific services included within the Detect Cancer Early Programme are being measured and evaluated in terms of cost and benefit.

There has been some concern expressed over the risk in judging the success of the Programme on the 5-year survival rate, given the existence of lead time bias. If success is measured by more stage one diagnoses, this does not in itself prove that the programme is effective, as over diagnosis bias must be taken into account.