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By Email.

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I previously wrote to you on the 4 June to inform you of the changes to the governance of cancer services in Scotland. Today I want to provide a further update on the work undertaken to maintain cancer performance during and beyond the Coronavirus (COVID-19) pandemic.

It is important to remember that the majority of cancer treatments have continued throughout this pandemic, and I am very proud of our NHS teams for maintaining this and supporting cancer patients.

Our NHS has been working hard to ensure vital and urgent care has and will continue to remain, including the use of private hospitals to treat these NHS patients. By utilising the private sector capacity using our NHS staff we are able to provide a COVID free environment for urgent cancer procedures with 3,954 Outpatient appointments, 2,471 surgical procedures and 2,468 radiology tests being performed to date. NHS Golden Jubilee also continues to support the treatment of urgent cancer patients.

Having said this some cancer patients treatment plans will have changed to minimise their individual risk. Those changes will always be done on a clinical basis and should be in discussion with the patient and clinical team. This is supported by our guidance that has been produced through our cancer oversight groups in collaboration with clinical teams.

*Re-mobilise, Recover, Re-design: The Framework for NHS Scotland*, was published on 31 May. It sets out how Health Boards will follow national and local clinical advice to safely and gradually prioritise the resumption of some paused services, as we move into the next phase of re-mobilisation I wanted to share some cancer specific updates.

To support cancer in the recovery phase, the National Cancer Recovery Group (NCRG) was established to provide national strategic end to end oversight of all cancer services. Below this group sits two sub groups - a new National Cancer Treatment Group and the National Cancer Data Group.

More recently we published the Framework for Recovery of Cancer Surgery and clinical guidance to support the use of qFIT testing in clinical prioritisation of patients with colorectal symptoms.

At the start of the COVID-19 pandemic there were concerns that the public were staying at home with potential serious symptoms of cancer and other serious diseases. The NHS is Open campaign, launched 24 April and concluded on 7 June and urged people to contact their GP or local hospital if they had urgent health worries.

Our most recent management information shows that 'Urgent Suspected Cancer' referrals have increased and, for those patients experiencing symptoms suspicious of cancer, referrals are now around 87% of pre-COVID levels.

We do however have some concerns that referrals for potential lung cancer have remained lower than we would expect. To progress this I have today published clinical guidance on the management of lung cancer referrals through COVID-19. This guidance will help to ensure that NHS Boards have a clear framework to distinguish COVID-19 from patients presenting with potential lung cancer symptoms.

This guidance has been supported by both the SGPC and RCGP and is being shared with Board Chief Executives, NHS 24 and GP practices across NHS Scotland.

Cancer has remained a top priority thought this pandemic and will continue to do so to ensure patients are seen and treated as quickly and as safely as possible.

**JEANE FREEMAN**

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