Centre for Sustainable Delivery

NHS SCOTLAND

Framework for Effective Cancer Management **Toolkit**

December 2025

Scottish Government
Riaghaltas na h-Alba

Contents

Summary

In 2025 the Framework for Effective Cancer Management (FECM) was refreshed and relaunched. The Framework aims to help achieve the ambitions set out in the Cancer Strategy for Scotland 2023-2033 by providing clear guidance to help NHS Boards achieve the national 62- and 31-day cancer waiting times standards.

The Framework for Effective Cancer Management now incorporates 10 elements that must be considered when planning cancer services and considering user experience. Two new elements have been included in the refreshed framework: Patient Voice and User Experience, and Demand and Capacity. Of the 10 elements, three are overarching principles that cover all aspects of cancer services. The remaining seven elements are more specific, operational principles.

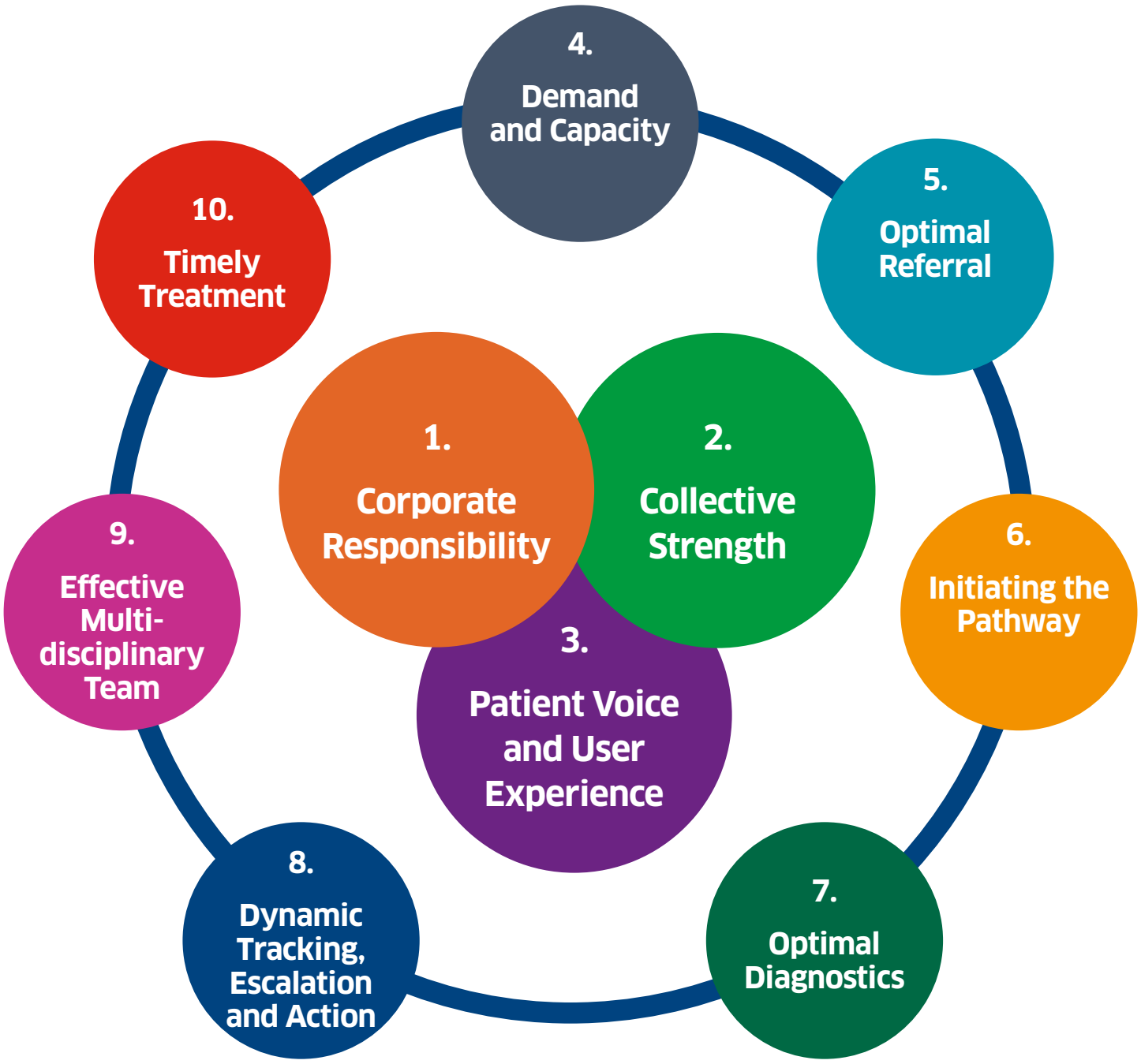
This toolkit aims to support the Framework by sharing key documents and guidance. Furthermore, examples of best practice and case studies have been shared along with the contact link for the people/teams responsible. It is hoped that this sharing of practices and ideas will lead to further improvements.

We would like to thank all colleagues across NHS Scotland who generously provided the case studies included in this toolkit. Their contributions highlight practical solutions and lived experience of improvement, helping to drive learning and progress nationally.

The case studies have been presented in a format that makes it easy to understand the rationale for them and their impact. The format used asks:

1. What was the issue/problem that you identified?
2. What did you do?
3. What was the outcome?

Framework for Effective Cancer Management – 10 key elements



1. Corporate Responsibility

Corporate responsibility for cancer ensures that performance remains a visible priority at the highest level. Clear leadership, governance, and accountability are vital for setting expectations, aligning with national strategy, and ensuring consistent delivery across cancer pathways. This element is about keeping cancer firmly on the strategic agenda of every NHS Board.

Case Study – NHS Lanarkshire – Keeping Cancer a Strategic Priority

1. What was the issue/problem identified?

As part of the leadership commitment within Acute Services, a key responsibility was to set clear objectives and provide vision, direction, and oversight that aligned with the national, regional, and organisational objectives for cancer care. It was identified that cancer performance needed to remain a clear strategic and operational priority across NHS Lanarkshire. There was a risk that, without strong leadership and clear escalation routes, challenges such as delayed responses, inconsistent prioritisation of cancer pathways, and pressure on key performance indicators could impact patient care and outcomes.

2. What did you do?

Clear objectives were established, and vision, direction, and oversight were provided to ensure alignment with national, regional, and organisational goals for cancer care. Communication across the Divisional Management Team was strengthened, with clear expectations set for prioritising urgent suspicion of cancer (USC) and ensuring timely responses to escalations. Cancer performance and the Framework for Effective Cancer Management were embedded as a standing agenda item on NHS Lanarkshire's Planned Care Programme Board. This created a governance structure that supported collaboration among service leads, including diagnostics, and empowered operational teams to address challenges through informed decision making. A culture of collaboration and accountability was actively promoted, with successes celebrated and achievements recognised to encourage continuous improvement.

3. What was the outcome?

Cancer performance became a central component of strategic and operational focus. Timely action is now being taken on underperforming key performance indicators (KPIs), and proactive service plans are being developed. Operational teams have been empowered to drive improvements, fostering a sense of accountability and encouraging innovation. Recognition of success has enhanced motivation, strengthened engagement, and promoted collaboration across services. This approach has improved the consistency of cancer governance locally and enhanced the overall resilience of services.

Contact: Russell Coulthard, Lanarkshire Director of Acute Services
(now Deputy Chief Operating Officer, NHS Greater Glasgow & Clyde).

Guidance

The Cancer Strategy and the Action plan below define the national expectations for Board-level accountability and collective responsibility in delivering cancer waiting time standards.

- Cancer Strategy for Scotland 2023-2033 – Scottish Government Cancer Strategy
- Cancer Action Plan for Scotland 2023-2026 – Scottish Government Cancer Action Plan

Resource & Key links

The following document support effective governance, accountability, and alignment with national priorities in cancer performance and improvement.

- The Blueprint for Good Governance in NHS Scotland outlines principles for effective leadership, transparency, and accountability across NHS organisations.

  Blueprint for Good Governance in NHS Scotland Scottish Government

2. Collective Strength

Some national documents and guidance provide valuable insight into strengthening collective working across cancer services, supporting consistent standards of care and timely access for patients. These resources outline approaches to collaboration, performance management, and service improvement within the Once for Scotland framework.

When a breach of the cancer waiting time standard occurs, it is essential to carry out a detailed analysis to understand the contributing factors and identify actions to prevent recurrence. Breach analysis should involve all members of the patient's journey, ensuring that learning is shared and improvements are implemented collaboratively.

Case Study: NHS Dumfries and Galloway. Cancer Tracking and Escalation Awareness sessions

1. What was the issue/problem identified?

NHS D&G recognised that awareness of the cancer tracking team's role was limited, and understanding of the 62- and 31-day standards varied widely across staff groups. This created risks in maintaining pathway compliance and timely escalation.

2. What did you do?

To address this, multidisciplinary awareness sessions were introduced, led by the Oncology Nurse and Cancer Services Manager, with support from the Cancer Waiting Times Manager and Cancer Improvement Manager. The sessions explained cancer performance targets and their importance, the purpose and processes of tracking, and the different cancer pathways with their referral challenges. They also included a wider overview of cancer prevalence, survival, and the role of Cancer Services, as well as updates on local improvement projects and QPIs. The programme reached a broad audience, including Patient-Focused Booking and Patient Access staff, medical secretaries, CNS/SPOC teams, Radiology and Pathology staff, and senior managers from the Acute and Diagnostic directorate.

3. What was the outcome?

Feedback was very positive, with participants reporting improved understanding of roles, standards, and timelines. Refresher sessions are planned for 2025, and staff have been encouraged to reflect on the training and share practical ideas for improving cancer tracking and waiting time's performance via their line managers.

Contact: Christine McDowall, Cancer Performance Manager, christine.mcdowall@nhs.scot

Guidance

- This document provides a step-by-step approach to conducting a thorough breach analysis and ensuring appropriate escalation:

  Cancer Waiting Times – Effective Breach Analysis (SOP)

Resource & Key links

- This manual offers detailed definitions, data standards, and reporting guidance to support consistent monitoring and analysis.

  Cancer Waiting Times: Data & Definitions Manual (Public Health Scotland)

3. Patient Voice and user experience

Patient voice and experience are central to effective cancer management. Decisions about services should be informed by lived experience, ensuring they are compassionate, inclusive, and meet real patient needs. Embedding co-production and shared decision making at every level makes services more responsive and patient-centred.

Case Study: NHS Fife. Patient Representation embedded in local Cancer Governance

1. What was the issue/problem identified?

Decisions about cancer services in NHS Fife were being made without direct patient input. While clinical expertise was strong, there was no mechanism to integrate lived experience into governance. This created a risk that services were being planned and improved for patients, but not with them, potentially overlooking practical and emotional realities of care.

2. What did you do?

NHS Fife appointed patient representatives to the Cancer Governance and Strategy Group (CGSG), embedding the patient voice at the highest decision-making level. To support meaningful engagement, preparatory sessions were provided by the Lead Cancer Nurse, giving representatives the knowledge and confidence to contribute effectively. A structured framework for ongoing involvement was established, ensuring representation was sustained and systematic rather than ad hoc. Importantly, the approach was aligned with the Cancer Strategy for Scotland 2023–2033, which highlights the need for meaningful patient involvement in service planning and delivery.

3. What was the outcome?

The inclusion of patient representatives reshaped the group's culture, moving it from a professional-led forum to a co-produced strategy. Governance decisions became more patient-centred, addressing hidden barriers such as communication gaps, emotional support, and access challenges. Professional assumptions were constructively challenged, ensuring services reflected lived realities as well as clinical perspectives. A cultural shift took place: policies are now shaped with patients, not just for them. Patient representatives themselves reported feeling integral and valued, reinforcing that their contributions were essential rather than tokenistic.

Contact: Murdina MacDonald, Lead Cancer Nurse – murdina.macdonald@nhs.scot

Guidance

- The Cancer Strategy highlights the importance of meaningful patient involvement and co-production in the design and delivery of cancer services.

  Cancer strategy 2023 to 2033

Resource & Key links

- The information provided in the Scottish Cancer Patient Experience Survey (SCPES) offers direct evidence from patient feedback to help target improvements and track patient experience over time.

  Scottish Cancer Patient Experience Survey (SCPES)

4. Demand and capacity

Understanding, modelling, and managing demand and capacity is critical for delivering sustainable cancer services and meeting national standards. DCAQ methodology supports teams to balance resources with need, reduce delays, and improve flow through pathways. This element ensures that services are planned around actual demand, not assumptions.

Case Studies: Case Study 1 – NHS Borders (Prostate Pathway)

1. What was the issue/problem that you identified?

Over the past two years, performance against the 62-day cancer standard has declined significantly in NHS Borders. In Q1 2025, the Board reported the lowest performance in Scotland at just 45.6%. The prostate cancer pathway was the main driver, accounting for 80% of all breaches, with pathway performance falling to only 12%. This was linked to rising referral numbers combined with capacity pressures across the wider Urology service.

2. What did you do?

We began by reviewing the diagnostic pathway and comparing local practice with that in other areas. This confirmed that the issues were a result of capacity rather than process. We then:

- analysed referral numbers and conversion rates to confirm that the level of demand was appropriate
- carried out detailed breach analysis to identify which steps in the pathway were causing the most significant delays

3. What was the outcome?

Breach analysis showed that patients were breaching during the local diagnostic pathway, independent of delays for treatment at the regional centre. Principally, there were delays in the steps between MRI scan and prostate biopsy. These delays were a result of capacity issues, but capacity to make clinical decisions was also an issue.

To address this, we identified the need for additional administrative support and introduced a Pathway Navigator role. This enabled implementation of an 'intentional' pathway, where dates for next steps can be actively planned. For example, when a patient has a MRI scan, they are given an appointment to discuss results, based on when we know the scan will be reported. Further improvement is still required, including working with the regional team to try and refine the process for MDT decision making, but early results are promising and reported performance increased to 50% in July 2025, and provisionally to 70% in August 2025.

Contact: Steven Litster, Cancer Manager – steve.litster@borders.scot.nhs.uk

Case Study 2 – Improving Prostate Pathway, NHS Highland

1. What was the issue/problem identified?

Performance on the prostate cancer pathway in NHS Highland was among the poorest in Scotland. At times, only 10% of men were meeting the 62-day cancer standard. This reflected longstanding challenges with capacity and pathway organisation.

2. What did you do?

A series of improvement measures was introduced, focusing on both capacity and pathway redesign:

- Nurse-Led Pathway – Two nurses now lead the pathway from referral to decision-to-treat, taking ownership of each patient and proactively managing their progress against pathway milestones.
- DCAQ Review – Following a review additional capacity was created, with two TRUS biopsy lists and one or two prostate assessment clinics each week. Most patients now reach biopsy within 7–10 days.
- CfSD Methodologies – Consultants electronically vet referrals, with suspected prostate patients passed to the nurses within 24 hours.
- Cancer Support Worker – Introduced to provide enhanced, patient-centred care.
- PP+ Tracking System – Implemented to enable daily monitoring, and timely escalation of patients along the pathway.
- MRI Reporting Standard – Established a target of MRI test and report availability within 14 days of referral. Urology CNSs now 'justify' MRI requests, saving two or more days.
- Direct Appointment Booking – Patients are contacted by phone for appointments/biopsies, ensuring cancellations are filled and clinic time is maximised.
- Earlier Biopsy Lists – Moved one biopsy list to the start of the week, so results can be actioned by Friday.
- Decision-to-Treat Clinic – Scheduled immediately after MDT meetings. Patients recommended for hormones or radiotherapy are seen at once, with "all options" patients (including brachytherapy and robotic surgery) also attending to begin informed discussions.

3. What was the outcome?

While there is still progress to be made in achieving full compliance with the 62-day standard, performance has more than doubled since these measures were introduced. The combination of nurse-led pathway management, additional diagnostic capacity, and streamlined processes has created clear improvements and a more responsive service for patients.

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Resource & Key links

- The DCAQ course explains methods and practical tools to match demand, capacity, activity and queues.

  Introduction to Demand, Capacity, Activity and Queue (TURAS)

5. Optimal Referral

Optimal referral is about ensuring patients are placed on the right cancer pathway at the earliest opportunity. Consistent use of the Scottish Referral Guidelines (SRGs) for Suspected Cancer and decision-support tools improves equity of access, speeds up diagnosis, and avoids unnecessary delays. This element underpins the principle of "right patient, right pathway, and right time".

Case Study: NHS Tayside. Virtual Vetting of Bowel Screening Colonoscopy Referrals.

1. What was the issue/problem identified?

Following COVID-19, NHS Tayside experienced a staffing crisis within the Bowel Screening Team. The existing system of telephone pre-assessment for every patient with a positive screening test became unsustainable, leading to delays in access to colonoscopy. A new model was required to ensure patients could move quickly and safely to diagnostic testing.

2. What did you do?

To address this, NHS Tayside introduced a virtual vetting model, adapted from the symptomatic colonoscopy service. Under this approach, clinicians reviewed each patient's electronic records, including comorbidities, medications, and mobility, before deciding on the appropriate pathway. The majority of patients were sent directly to colonoscopy, while only those with identified risks required further pre-assessment. To embed the new process, the team also developed a visual one-page summary to support staff training and provide an accessible reference for the pathway changes.

3. What was the outcome?

The introduction of virtual vetting reduced waiting times for colonoscopy following a positive bowel screening test and made more efficient use of clinical time by reserving pre-assessment for those patients who genuinely required it. Patient flow improved significantly, and the quicker access to testing helped to reduce anxiety associated with delays. The visual summary reinforced consistency of practice and gave staff greater confidence in applying the new model.

Virtual vetting of bowel screening colonoscopy referrals does not reduce colonoscopy uptake in the Bowel Screening programme

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[1]Colorectal Nursing Team, NHS Tayside. [2]Population Health & Genomics, School of Medicine, University of Dundee, [3]Department of Blood Sciences, NHS Tayside, [4]Adult Screening Lead, Department of Public Health, NHS Tayside [5]Department of Gastroenterology, NHS Tayside

Background & aim:

Pre-assessment for colonoscopy in the Scottish Bowel Screening Programme (SBSP) is recommended to:

- assess fitness for the procedure
- provide information to allow participants to make an informed choice[1]

Initially assessment was done face-to-face, then moved to telephone.[2]

In symptomatic referral pathways, virtual vetting is well-established:[3,4]

- The referral and electronic patient record (EPR) are used to assess fitness for colonoscopy, allowing patients to go 'straight to test' (STT)
- Information on the preparation, procedure, and risks and benefits is provided by booklets enclosed with the appointment letter.

To date, this approach has not been used in the SBSP due to concerns about lack of information in the auto-generated referral, and because the impact on acceptance and bowel preparation quality was unknown.

We aimed to assess the impact of virtual vetting for bowel screening colonoscopy on both patients and staff.

Methods:

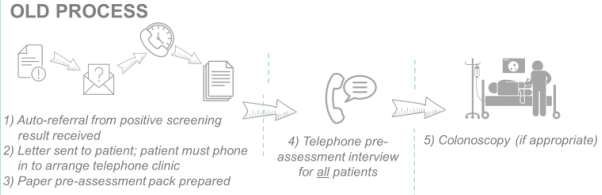
- Positive screening results were identified from the six months following the vetting process changes (January-July 2023)
- Patients vetted STT were compared to those who had telephone pre-assessment (TEL)

We measured: 1) colonoscopy attendance, 2) patient waiting times, 3) quality of bowel preparation, 4) patient satisfaction, and 5) staff time.

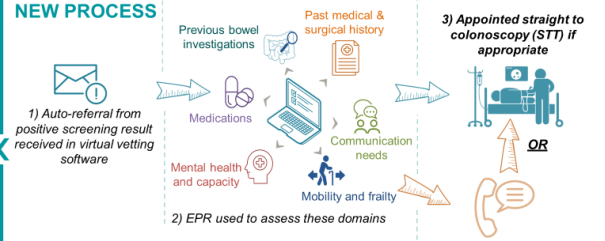
Process change:

- Post-COVID staffing issues meant change was essential
- A full-time Bowel Screening Nurse was appointed in January 2023
- New IT processes were implemented allowing SBSP auto-referrals to undergo virtual vetting in the same way as symptomatic referrals

OLD PROCESS



NEW PROCESS



Patients can phone the Bowel Screening Nurse if they wish to discuss their colonoscopy, even if vetted STT. Face-to-face assessment can be provided where necessary or at patient request.

Results:

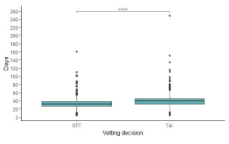
770 patients were included in the study; 401 (52.1%) were referred STT and 369 were assessed by telephone. The STT group were younger than the TEL group (median age 62 v 67 years, p<0.001).

1 COLONOSCOPY UPTAKE AND ATTENDANCE

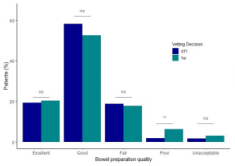
By definition, all patients in the STT group were suitable for colonoscopy. In the TEL group, 315/369 were suitable for colonoscopy. Attendance was higher in the STT group than TEL group (92.8% v 85.7%, p=0.0014).

2 PATIENT WAITING TIMES

- 80% of auto-referrals were vetted the same day and 98% within 3 days (due to weekends and public holidays)
- On average, waiting time from positive screening to colonoscopy was one week shorter for those vetted STT than those who were pre-assessed by telephone (p<0.001)



3 QUALITY OF BOWEL PREPARATION



- Bowel preparation was broadly similar between groups
- Fewer patients had 'poor' or 'unacceptable' preparation in the STT group (3.5% v. 9.3%, p=0.0039)

4 PATIENT SATISFACTION

58 patients returned a service evaluation questionnaire:

- Patients were equally highly satisfied regardless of whether they were in the STT or TEL groups (p=0.695)

STT: 4.65/5

TEL: 4.73/5

5 STAFF TIME

Staff time was averaged over a two-week period:

- Mean time for virtual vetting was 3 mins 26 secs per patient
- Mean time for phone assessment was 20 minutes, maximum time was 48 minutes, and up to 8 failed phone calls occurred per day

Conclusions:

- Virtual vetting is now standard practice, allowing over half of patients to go STT without telephone pre-assessment
- STT vetting did ***not*** negatively impact colonoscopy uptake, attendance or bowel preparation quality
- Patients referred STT underwent colonoscopy one week sooner than those assessed by telephone
- Virtual vetting is five times quicker for staff than assessment by telephone
- Patients were equally satisfied with their pre-colonoscopy experience regardless of whether they received a phone call prior to the procedure

Virtual vetting for bowel screening colonoscopy is safe, efficient and acceptable, with no negative impact on uptake

1) Healthcare Improvement Scotland. *Bowel Screening Standards*. Edinburgh 2023. **2)** Rodger J and Steele RJ. Telephone assessment increases uptake of colonoscopy in a FOBT colorectal cancer-screening programme. J Med Screen 2008; 15: 105-107. **3)** Sagar A, Mai DVC, Divya GS, et al. A colorectal straight-to-test cancer pathway with general-practitioner-guided triage improves attainment of the 28-day diagnosis target and increases outpatient clinic capacity. *Colorectal Dis* 2021; 23: 664-671. **4)** Christopher J, Flint TR, Ahmed H, et al. Straight-to-test for the two-week-wait colorectal cancer pathway under the updated NICE guidelines reduces time to cancer diagnosis and treatment. *Ann R Coll Surg Engl* 2019; 101: 333-339.

Contact email: c.mowat@dundee.ac.uk

Contact: NHS Tayside Cancer Services – enquiries.tayside@nhs.scot

Guidance

A comprehensive review of the Scottish Referral Guidelines (SRGs) for Suspected Cancer has now been completed, with the updated guidance published on 6 August 2025. The SRGs are a key resource for healthcare professionals, helping to ensure patients with symptoms suspicious of cancer are identified and referred quickly, while supporting clinicians to recognise when alternative care pathways may be more appropriate. This update reflects over a year of extensive engagement, drawing on more than 120 pieces of evidence and 230 contributions from clinicians, networks, and stakeholders across NHS Scotland. To support implementation, a suite of educational and awareness resources has also been developed.

- The updated SRGs provide clear, evidence-based recommendations to guide clinical decision-making. They are the foundation for consistent, safe, and equitable cancer referral practices across Scotland.
  Scottish Referral Guidelines for Suspected Cancer (SRGs)
- This concise summary highlights what's new in the 2025 update – perfect for busy clinicians who want a quick overview of the main changes and their practical implications.
  Scottish Referral Guidelines for Suspected Cancer (SRGs)
- The *Vetting of Urgent Suspicion of Cancer Referrals by Secondary Care* document offers a national approach to referral regrading. It ensures transparency and consistency in how urgent referrals are managed, helping secondary care teams prioritise patients efficiently and safely.
  Vetting of Urgent Suspicion of Cancer Referrals by Secondary Care: National Referral Regrading Guidance
- The *qFIT Consensus 2024* sets out the national position on the use of quantitative faecal immunochemical testing in assessing patients with possible colorectal cancer symptoms. It provides clear guidance to support confident, evidence-based use of qFIT across primary and secondary care.
  Quantitative Faecal Immunohistochemical Testing (qFIT) 2024

Resources & Key Links

The resources below support primary care professionals in recognising potential cancer symptoms and making timely, confident referrals. *GatewayC* is an NHS education platform used across the UK, providing free, evidence-based online learning to support earlier cancer detection and improved care for people affected by cancer. It offers interactive courses, webinars, and videos aligned with the Scottish Referral Guidelines, helping referrers apply best practice in everyday consultations.

In addition, the *Cancer Research UK Scottish Cancer Referral Guidelines Infographic* provides a clear and visual summary of key symptoms and referral pathways, offering an accessible, quick-reference tool to support decision-making.

- GatewayC - NHS Scotland's earlier cancer diagnosis education resource for primary care clinicians.
- Scottish Cancer Referral Guidelines Infographic – Cancer Research UK visual summary of key symptoms and referral pathways.

6. Initiating the Pathway

The first steps of a cancer pathway are crucial. Rapid triage and timely clinical decision making ensure that Urgent Suspicion of Cancer (USC) referrals are reviewed promptly and that patients move into the right care stream without delay. Clear processes for vetting, regrading, and communication between referrers, patients, and clinical teams help to maintain flow, reduce variation, and support safe, effective management from the outset.

Case Study: NHS Dumfries and Galloway. Reducing delays to first clinic

1. What was the issue/problem that you identified?

NHS Dumfries & Galloway (D&G) identified delays in patients being seen at their first clinic appointment. As Urgent Suspicion of Cancer (USC) pathways have become more complex, the Board recognised that focusing on the very front end of the cancer pathway could significantly shorten overall pathway length. This would not only improve efficiency but also reduce patient anxiety by speeding up access to care.

While NHS D&G had long maintained a robust escalation policy with a target of first clinic within 14 days, the cancer team wanted to go further. Their ambition was to reduce this wait to seven days for most or all specialities. Achieving this required close collaboration with the Patient Focused Booking team and service management to align capacity and implement new ways of working.

2. What did you do?

To begin with, a 14-day escalation report was created and shared twice a week (Tuesdays and Thursdays) with the Patient Focused Booking team and its team leader. The cancer team worked closely with Patient Focused Booking at Dumfries & Galloway Royal Infirmary (DGRI) to ensure all patients were booked into appointments within 14 days. From there, specific cancer sites where waits could be reduced more easily were identified, and these patients began to be booked within 10 days, while the 14-day report continued to be monitored.

The Patient Focused Booking team reviewed the structure of all clinics, highlighted any issues, and escalated structural or timetable changes to senior management where needed. At the same time, the Cancer Tracking Team delivered education sessions for Patient-Focused Booking staff to reinforce the importance of prioritising cancer patients and ensuring they were placed into the first available clinics.

Within four to five months, this collaborative work meant that the Board was in a position to aim for first clinic within 10 days for all cancer patients. The escalation report continued to be issued twice weekly, and after just one month of managing this new standard, the team felt confident they could go further and move towards a seven-day target.

NHS D&G then implemented a seven-day escalation report. While not all patients could be booked within seven days, the majority were, and if a seven-day appointment could not be secured, a maximum of 10 days was always achieved.

3. What was the outcome?

NHS D&G is now able to work closely with its Patient Focused Booking team at DGRI to monitor and respond quickly to any patients falling outside of the seven-day standard. Although the system still requires active micro-management by the cancer team, the improvements achieved—and the positive impact on patients' journeys—make it a valuable use of resources.

The Cancer Tracking Team is continuing to work hard to maintain the seven-day target, though challenges remain at times of reduced capacity such as public holidays or the festive period. Looking ahead, NHS D&G is developing a five-day waiters report, which will provide Patient Focused Booking with earlier warning and allow time to reschedule patients at risk of breaching the seven-day target.

Contact: Christine McDowall, Cancer Performance Manager- christine.mcdowall@nhs.scot

Guidance

These key documents set out best practice for consistent triage, vetting, and regrading of referrals. They help ensure that patients are placed on the correct pathway at the earliest opportunity, supporting safe and equitable access to care across NHS Scotland.

- A practical framework designed to support clinicians in actively managing referrals, enabling quicker decision-making and improved communication between primary and secondary care.

  Active Clinical Referral Triage (ACRT) – NES / Modernising Patient Pathways Programme

- This guidance standardises how secondary care teams review and, when appropriate, regrade USC referrals. It promotes fairness, transparency, and consistency in how referrals are handled across Boards.

  National Referral Regrading Guidance

Resources & Key Links

These resources support referrers and clinicians in applying the guidance effectively and communicating clearly with patients throughout the referral process.

- The SRGs provide the clinical foundation for early triage and prioritisation, helping teams verify that each USC referral meets the right criteria before it enters the system. The SRGs are a fundamental part of initiating the cancer pathway. They provide the clinical foundation for early triage and prioritisation, ensuring that Urgent Suspicion of Cancer (USC) referrals are appropriate and move swiftly into the correct path.

  Scottish Referral Guidelines for Suspected Cancer (SRGs) 2025

- A clear and accessible leaflet designed to help patients understand what an urgent referral means and what happens next. Using this resource supports open communication, reduces anxiety, and encourages patients to attend their first appointments promptly.

  Cancer Research UK leaflet 'Your urgent suspected cancer referral'

7. Optimal Diagnostics

Diagnostics are often the longest stage of a cancer pathway, and timely, well-coordinated access is essential. This element focuses on prompt requesting, clear prioritisation, and effective alignment of radiology, endoscopy, and pathology services to minimise duplication and delay. Monitoring turnaround times and introducing supportive roles, such as patient navigators, can significantly enhance the overall patient experience.

Case Study. NHS Fife. Rapid Cancer Diagnostics Service (RCDS).

1. What was the issue/problem that you identified?

For many patients, the first signs of cancer are vague and non-specific. Symptoms such as fatigue, mild discomfort, or general ill health often did not meet the criteria for an urgent suspicion of cancer (USC) referral, until recently when the clinically reviewed SRGs incorporated NSS guidance. This left patients in a difficult position: uncertain about their health, anxious while waiting for clarity, and sometimes navigating fragmented referral pathways that created inefficiencies and delayed access to investigations.

The impact of this was significant. Patients experienced prolonged anxiety while waiting for answers. Referral routes were inconsistent, often involving multiple appointments before a clear plan could be reached. In some cases, patients from deprived communities faced additional barriers, exacerbating health inequalities. NHS Fife recognised that without a more responsive pathway, too many patients would continue to face delays, distress, and missed opportunities for early diagnosis.

2. What did you do?

To address these gaps, NHS Fife launched the award-winning Rapid Cancer Diagnostic Service (RCDS) in June 2021. The service was designed to provide a clear, structured, and compassionate pathway for patients with non-specific but concerning symptoms. The approach was built around three central aims: to deliver earlier diagnosis, to make the system more efficient, and to improve patient experience.

The RCDS introduced direct access to diagnostics for GPs, supported by a centralised, patient-centred service. Patients were referred into RCDS when their symptoms did not fit a standard USC pathway but still warranted urgent investigation. Once referred, patients received a coordinated package of support, including proactive safety netting to ensure no one was lost in the system.

Crucially, patient voice was embedded into the service design. A dedicated volunteer supported patients to share their experiences via Care Opinion, creating a real-time feedback loop. This not only captured patient perspectives but also allowed the service to identify issues quickly and adapt. Patients consistently reported that they felt listened to, reassured, and supported.

3. What was the outcome?

A comprehensive evaluation by the University of Strathclyde (2021–2023) showed the clear impact of the service. Around 12% of patients referred into the RCDS were diagnosed with cancer, confirming the pathway's role in supporting earlier detection. A further 7% were diagnosed with pre-cancer conditions, enabling closer monitoring and timely intervention. Nearly half of all patients were diagnosed with another health condition, while 34% were given the all-clear, reducing unnecessary worry and providing reassurance.

Beyond these clinical outcomes, the patient experience was strongly positive. Of 197 patient stories shared through Care Opinion, 96% expressed highly positive feedback. Patients valued the professionalism and dedication of staff, the speed of access to investigations, and the quality of communication. Many reported relief at being given clarity quickly, while others emphasised the confidence they gained from feeling supported throughout the process.

Themes from feedback highlighted how timely diagnostics reduced anxiety, how virtual appointments improved accessibility, and how robust safety netting gave patients confidence that their care was continuous and reliable. Some areas for improvement were also raised, including communication, parking, and pain management, and these are now being used to shape further refinements.

The RCDS has therefore delivered benefits on multiple levels: improving efficiency, reducing inequalities, embedding patient voice, and quickly providing reassurance for those who do not have cancer. The initiative proved highly valuable, and its learning continues to influence local practice and future planning within the service.

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Documents & Guidance

These key documents outline how Scotland is improving diagnostic pathways to deliver faster, more consistent, and patient-centred cancer care. They provide clear frameworks to help Boards streamline diagnostics, improve coordination between services, and reduce waiting times.

- The Optimal Cancer Diagnostic Pathways set out Scotland's standard model for diagnostic services. They define timed steps, clear responsibilities, and best practice processes that ensure every patient progresses through investigations as efficiently and safely as possible. Developed by CfSD with national clinical input, these pathways give Boards a practical guidance for improving flow, reducing variation, and meeting national cancer waiting time standards.

  Optimal Cancer Diagnostic Pathways | CfSD

- Rapid Cancer Diagnostic Services provide a new fast-track route for patients with non-specific but concerning symptoms, such as unexplained weight loss, fatigue, or appetite loss, who do not meet site-specific referral criteria. Developed and led by CfSD, RCDSs offer a structured pathway that reduces uncertainty for patients and speeds up access to essential tests. An independent evaluation by the University of Strathclyde (2021–2024) found that RCDSs achieved a median time of 14 days from referral to outcome and identified cancer in almost 12% of referrals. The RCDS Implementation Guide provides practical tools, pathway examples, and key learning from early adopter Boards to support successful local delivery.

  NHS Scotland Rapid Cancer Diagnostic Services (RCDS)

Resources & Key Links

- This report provides national performance data to benchmark endoscopy capacity, activity, and turnaround times, supporting improvement and demand–capacity planning.

  Endoscopy and Cancer Waiting Times – Public Health Scotland Reports

8. Dynamic Tracking, Escalation and Action

Dynamic tracking ensures patients are actively monitored as they move through their pathway. This allows issues to be identified early, escalated quickly, and resolved before they impact waiting time standards. Consistent escalation routes, clear ownership, and real-time monitoring help services move from reactive to proactive management.

Case Study: NHS Lanarkshire. Real Time Tracking

1. What was the issue/problem that you identified?

Weekly reports were being used to monitor key performance indicators and metrics to identify challenges linked to cancer tracking and pathway compliance. This helped highlight barriers to effective Dynamic Tracking and Escalation processes.

NHS Lanarkshire was experiencing an increased number of patients within the diagnostic backlog, alongside a rising volume of patients across multiple tumour groups. This placed pressure on the ability to track patients effectively and escalate in a timely way. A review of diagnostic escalations also highlighted challenges in how escalations were responded to, and in the processes used to manage them.

Recognised challenges and barriers:

- Tracking backlog, leading to delayed escalations, lack of real-time tracking, and subsequent missed opportunities.
- Diagnostic capacity constraints and issues with stratification of patient booking.
- Lack of understanding of breach analysis among service teams outside of Cancer Services who could influence change and support mitigations.

2. What did you do?

To address these issues, NHS Lanarkshire focused first on reducing the diagnostic backlog. Following a Tracker review, it was identified that a reorganisation of the team was required. This allowed for renewed focus on patient pathways from day of referral, and improved collaboration with the clinical & operational teams. Dedicated resources were allocated to identify cases that were purely tracking delays, which allowed the team to reduce the backlog by 72% and create space to review the escalation process itself.

The ladder of escalation was revised, supported by the introduction of a weekly PTL (Patient Tracking List) oversight group chaired by the Service Manager/ Assistant Service Manager to progress unresolved escalations at a service level or beyond. A single point of contact model was implemented in diagnostics, with Patient Pathway Coordinators in Radiology, ensuring clear ownership of escalations. Standardised pathways were developed for each tumour group and verified by clinical and management teams. These described the full clinical

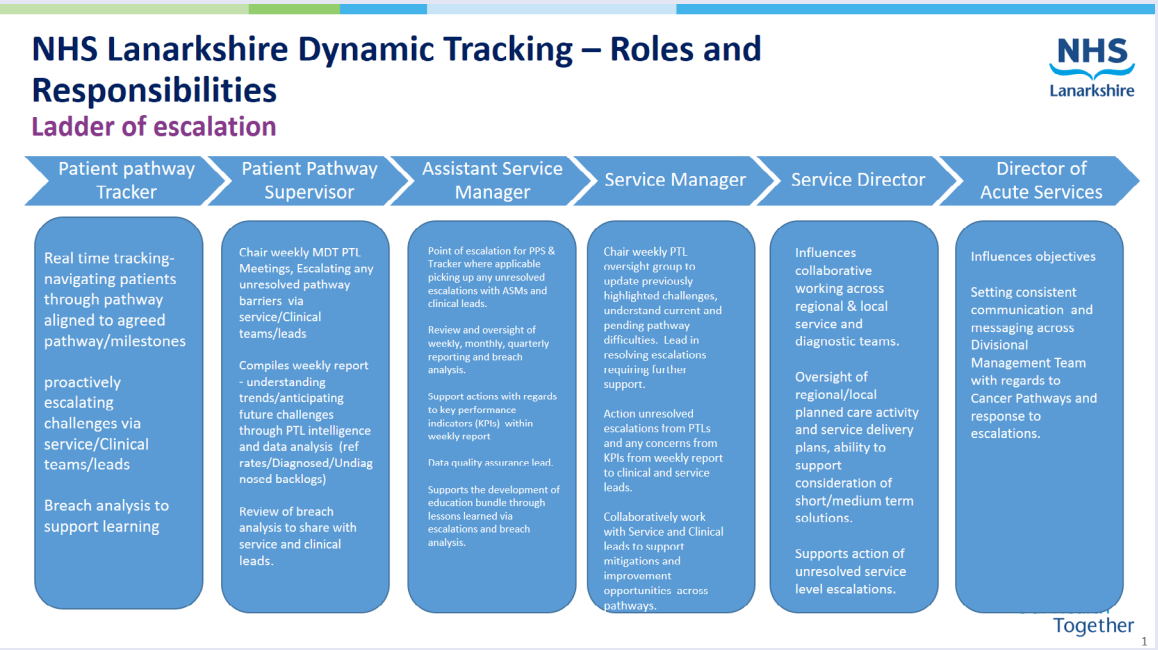
and operational steps in the pathway, alongside daily, weekly, and monthly responsibilities for the tracking team. This is an evolving process requiring regular review and update according to pathway development.

Weekly MDT PTL meetings were introduced to strengthen joint working, with diagnostic, theatre capacity and treatment pathways actively prioritised. Barriers to cancer waiting times were also escalated through the Board's Planned Care groups, helping create collective ownership and enabling future service planning. Finally, the use of timely breach analysis at both individual and tumour-group level was embedded, with practices aligned closely to the Scottish Government's Framework for Effective Cancer Management.

3. What was the outcome?

These actions delivered improvement. Real-time tracking enabled meaningful escalation, helping to reduce delays, shifting practice from reactive to proactive. Data quality improved through consistent use of the National Cancer Waiting Times Data & Definitions Manual, and there was a sustained reduction in the backlog of patients, including those waiting more than 100 days. Escalation processes became clearer and more reliable, improving communication and collaboration between clinical and service teams. Diagnostic booking was standardised and aligned to dynamic tracking principles, ensuring USC scans were prioritised appropriately, enabling a 48-hour turnaround target for radiological diagnostic bookings. Breach analysis also became more collaborative, with timely information-sharing and shared accountability for pathway optimisation through revised governance reporting structure.

Overall, NHS Lanarkshire achieved a sustained improvement in cancer performance, with stronger processes, clearer ownership, and more effective escalation across the patients' pathway.



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Guidance

Robust data standards and structured escalation processes are essential for effective pathway management. The following documents provide national guidance to ensure patient tracking, escalation, and breach analysis are carried out consistently, transparently, and in line with national expectations.

- This manual defines the national standards for recording, monitoring, and reporting cancer waiting times. It ensures consistent interpretation of data across all NHS Boards, supporting accurate performance tracking, and effective escalation when delays arise.

  Cancer Waiting Times (CWT) Data & Definitions Manual

- The Standard Operating Procedure (SOP) provides a step-by-step framework for investigating, categorising, and learning from breaches. It helps Boards to identify root causes, develop targeted improvement actions, and share learning across services.

  Cancer waiting times - effective breach analysis 2023: standard operating procedure

9. Effective Multidisciplinary Team

Multidisciplinary Teams (MDTs) bring together clinical expertise to agree the best treatment plan for each patient. Effective MDTs depend on strong governance, robust terms of reference, and timely access to accurate diagnostic and clinical information. The MDT meeting marks a critical point in the cancer pathway, bringing together results, investigations, and patient discussions to ensure timely, safe, and coordinated decisions about care.

Case Study: West of Scotland Cancer Network (WOSCAN). MDT Peer Reviews.

1. What was the issue/problem that you identified?

During a scoping workshop in 2019, it was identified that support and improvement for cancer MDTs was required to enable service and clinical teams to identify efficiencies and new ways of working to adapt to pressures and changes. Increasing numbers of cases were coming through MDTs requiring clinical review, and in 2019 the pandemic forced these groups to work remotely and meet online, most via MS Teams, which had a huge impact on the ways in which they worked.

There are upwards of 65 MDTs based across the four West of Scotland NHS Health Boards, which range in size from small site-specific MDTs which meet fortnightly or monthly, to large, regional MDTs which meet for four hours every week. Any model for supporting these teams needed to be adaptable to the varying size, needs and culture of each individual MDT.

2. What did you do?

A tool was identified by a clinical member of the Regional Cancer Advisory Board. This tool undertakes a 360° review of an MDT via anonymous survey and observation by an independent external reviewer, the findings of which are both compiled into a report, and are then discussed with the aid of an independent facilitator. The aim of the discussion is to agree actions for addressing any challenges the MDT faces, as well as to note areas in which the MDT is succeeding.

The tool was developed by the University of Surrey, which worked with over 100 MDTs to design the process, and which then went through psychometric testing. In the West of Scotland, it was recognised that due to differences in operation between NHS England and NHS Scotland, a pilot should be undertaken to better understand the process and be sure it would work for all MDTs in place in the West of Scotland region. The tool was successfully piloted in four MDTs, and then went on to be rolled out across all cancer MDTs in the four Health Boards (NHS Greater Glasgow & Clyde, NHS Lanarkshire, NHS Ayrshire & Arran and NHS Forth Valley).

The rollout was undertaken, with involvement and oversight from the West of Scotland Cancer Network (WoSCAN). This way, actions were able to be owned and taken forward by the Boards who could support with Board-specific issues, and

WoSCAN meanwhile were able to maintain an overview of key themes and trends to support planning and take forward any further learning and developments at the regional level.

MDTs were engaged via the regional cancer MCNs, and a rollout plan was designed which allowed time for MDTs to undertake the programme (roughly six to eight weeks from start to the development of actions), with consideration given to those clinicians who sit on multiple MDTs to reduce burden and confusion.

3. What was the outcome?

There is an ongoing programme of development and support to MDTs, informed by outputs and findings from the MDT review process. This highlights numerous themes, including:

- the impact of changes introduced to how teams work and meet, as a result of the COVID-19 pandemic
    - This included how team working was affected by remote working, and as such a "Guide to Teams Etiquette" was created as an appendix to the existing MDT Constitution and Operational Policy.
- the importance of regular business meetings to address the effective running of the MDT, as well as a team building opportunity
- changes to referral process and outcomes reporting to ensure availability of information and reduce time spent in the meeting finding information or deferring cases
- opportunities for training and development, including:
    - how to improve skills for complex meeting management
    - sharing the latest research and evidence
    - how to involve trainees more effectively
- job planning and clinical provision for increasingly complex cases, across specialties
- equipment and technology for smoother meeting functionality

The following positive feedback came from a clinician who took part both as an MDT participant and as an observer during the peer review:

> *"Straightforward, non-intrusive process either being observed or being the observer, in the MDT-FIT programme.*
>
> *Balanced feedback to encourage improvement and team discussions.*
>
> *I am fully supportive of this development as it provides a clear pathway to enhance efficiency, streamline workflows and allow us all to work together in providing the best possible patient-centred care."*
>
> Breast MDT member, February 2025

A number of lessons and reflections have been made from the programme. This varied from appropriate administrative support through to opportunities for training the MDT members.

The programme benefited from having dedicated project management resource, which was necessary to cover the number of MDTs, including providing the necessary facilitation support, and to reduce any administrative burden on MDT Chairs.

It was frequently noted that many MDTs do not have the time and opportunity during the MDT meeting to discuss the needs and requirements of the MDT, which often led to frustrations, and therefore the opportunity to reflect with dedicated time and support was well received.

Across such a large spectrum of MDTs, even where similar problems were recorded, the actions and resolutions often varied due to differences in how MDTs work.

Additionally, for those members who took part as an Observer, the ability to review other MDTs was a learning opportunity and many appreciated the opportunity to see how things are done elsewhere.

Moreover, the external peer review, or "Observation", also allowed for clinical assurance from a governance perspective that MDTs are operating in a safe and supportive way. Whilst one review is a snapshot of the MDTs' practice, there is also the confidential feedback mechanism via the survey which allows any concerns to be raised.

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Documents & Guidance

These documents set quality expectations, provide an evidence-based peer-review approach, and clarify local governance for MDTs.

- National Cancer Quality Performance Indicators (QPIs) – Public Health Scotland
- Peer Review of MDTs – NHS Scotland Cancer Peer Review Programme
  Encourages Boards to review MDT processes, identify learning, and share improvements across tumour groups and regions.
- Terms of Reference (ToR) – Local Board Governance Documents
  Each Board is expected to develop clear ToRs for MDTs, covering membership, processes, accountability, and action follow-up.

Resources & Key Links

Multidisciplinary Teams (MDTs) are central to every stage of the cancer pathway – from diagnosis through to treatment planning and follow-up. Their effectiveness depends on timely access to diagnostic information, clear communication, and decision-making.

Although the Optimal Cancer Diagnostic Pathways are referenced several time in this toolkit, they are especially relevant for MDT members. They demonstrate how each stage of the pathway connects within a coordinated system of care and highlight what good practice looks like in preparing for and running MDT meetings, including the timely availability of imaging, pathology, and genomic results to support informed, consensus-based decisions.

- The Right Decision Service (RDS) provides easy accessible digital platform to national guidance, pathway tools, and reference materials, including the Optimal Cancer Diagnostic Pathways.

  Right Decisions – Optimal Cancer Pathways

10.Timely Treatment

Once a decision to treat has been made, patients should receive treatment without unnecessary delay. Equitable access to surgery, systemic therapy, and radiotherapy requires proactive planning and strong collaboration across clinical services. This element is about reducing anxiety, improving outcomes, and making sure the 31-day standard is consistently achieved.

Case Study – NHS Lothian (Urology / Robotic Prostatectomy)

1. What was the issue/problem identified?

NHS Lothian had the longest waits for 62-day urology pathways in Scotland. Robotic prostatectomy patients were waiting six to nine months from Decision to Treat. High demand as the regional centre for South East Scotland, alongside phased retirements and vacancies, reduced available specialist surgical capacity.

2. What did you do?

To create short-term capacity, NHS Lothian funded additional sessions delivered by Glasgow consultants in Lothian theatres. At the same time, they developed a long-term plan that included recruiting new consultants and training nurses to deliver TRUS and TP biopsies, tasks previously carried out by consultants, thereby freeing consultant time for surgery.

3. What was the outcome?

Within the first six months of 2025, 62-day patients with a pathway length over 100 days fell from 45 to 14. This was also a significant factor in improving Lothian's 31-day performance, with June 2025 recording the Board's best results since February 2022.

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Guidance

The Cancer Strategy for Scotland 2023–2033 is the foundation of the cancer pathway, setting the national direction for earlier diagnosis, faster access, and person-centred care. Together with the Clinical Management Pathways, it guides Boards to plan capacity, coordinate services, and deliver equitable, evidence-based treatment across Scotland.

- Cancer Strategy is Scotland's long-term vision for cancer services: improving outcomes, reducing inequalities, and ensuring timely, safe, and accessible treatment for all. It provides the foundation for continuous improvement from prevention through to survivorship.

  Cancer Strategy for Scotland 2023–2033

- The CMPs provide tumour-site–specific, evidence-based guidance developed by national multidisciplinary teams. They promote consistency in treatment decisions, optimise coordination between clinical services, and support alignment with the ambitions set out in the Cancer Strategy.

  Scottish Cancer Network, Clinical Management Pathway

Resources & Key Links

These resources provide practical tools and frameworks to help Boards embed prehabilitation, value-based care, and continuous improvement in treatment delivery.

- This document sets out the national approach to helping patients prepare physically and psychologically for treatment. Prehabilitation reduces complications, shortens recovery times, and empowers patients to take an active role in their care.

  Prehabilitation in Scotland: Key Principles for Implementation (2022)

- Part of the wider transformation programme supporting the Cancer Strategy, this portfolio helps Boards measure and improve value in treatment delivery. It focuses on achieving the best possible outcomes with available resources while maintaining patient-centred, sustainable care.

  Value-Based Health & Care Portfolio (NHS Scotland)

Centre for Sustainable Delivery

NHS SCOTLAND

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