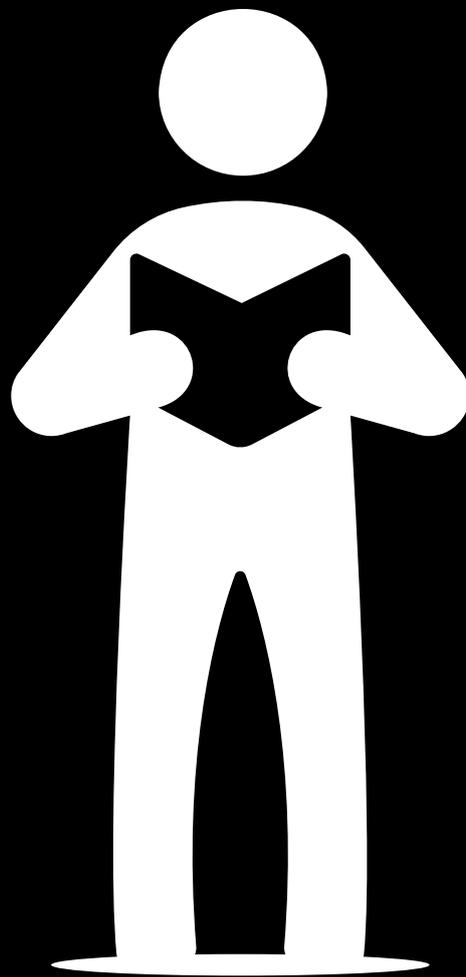


Prostate Cancer UK Manifesto for Scotland:

Scottish Parliament 2026 and beyond



**PROSTATE
CANCER UK**

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Prostate Cancer UK Manifesto for Scotland Scottish Parliament 2026 and beyond

Who we are

We're Prostate Cancer UK. We're striving for a world where no man dies from prostate cancer.

1 in 8 men will get prostate cancer. We work to give every man the power to navigate it, whether that's helping them understand their risk, make the right choice about treatment or get the expertise they need to feel informed and in control.

We also make every pound count. We've invested over £100 million into supporting the best researchers in the world to unravel the complexity of prostate cancer, so we can give men precise and personalised care with the right treatments at the right time, for the best chance of living the full life they want.

Introduction

Too many men in Scotland are being diagnosed late. While we welcome the latest data from 2022, which suggests the start of a stage shift towards earlier diagnosis, Scotland continues to show the highest proportion of late-stage diagnoses across UK nations. **Over 31% of prostate cancers in Scotland are diagnosed too late¹** for curative treatment – the highest rate in the UK.

The Scottish Government published its Cancer Strategy for Scotland 2023–2033 along with an initial three-year Cancer Action Plan for Scotland 2023–2026 in June 2023.

Its' strategic aim over a ten-year period is to improve cancer survival and provide excellent, equitable care. While we welcome this ten-year strategy, we also recognise that **prostate cancer was not included** in the first three-year Cancer Action Plan for Scotland. This is despite prostate cancer's high incidence and the fact that it accounts for around **5,000 diagnoses and 1,000 deaths each year** in Scotland.

We're calling for the Scottish Government to drive down late-stage diagnosis through early detection.

A future where no man dies of prostate cancer

We're giving men the power to navigate this disease, but we can't take it on alone. We need more of us to stand together to make a world where no man dies of prostate cancer.



We're calling on all parties to commit to:

1. Updating NHS Scotland guidelines so GPs can proactively inform men at higher risk of their options - including Black men, those with a family history of prostate cancer or a confirmed BRCA gene variation. Whilst, replacing unclear patient information with our proven Risk Checker and invest in targeted awareness campaigns.
2. Funding research to understand how men in rural areas access healthcare and how to address any health inequalities experienced by these men, e.g. through mobile health outreach clinics.
3. Funding NHS Scotland to implement innovative patient-centred pathways, such as the Filters and Cascades pathway from NHS Greater Glasgow and Clyde, to deliver fast, high-quality prostate cancer diagnostics and continuously scan for evidence-based innovations to implement across all NHS Health Boards.
4. Accelerating data release and improving quality by investing in analysts, training and resources, while strengthening collaboration with cancer charities for coordinated research. Publish prostate cancer-specific data to identify bottlenecks, performance gaps and best practice, enabling targeted interventions.
5. Adopting and implementing the recommendations of the UK National Screening Committee on targeted prostate cancer screening in men with a confirmed BRCA1 or BRCA2 gene variation.
6. Implementing risk-stratified active surveillance for prostate cancers that do not require immediate treatment, through strategic cancer service planning and funding.
7. Addressing health inequalities for those living in the most deprived areas by offering primary care training on prostate cancer risk factors; researching health disparities in rural communities and implementing a reporting and evaluation framework for primary care to understand how they are proactively tackling health inequalities in their communities.
8. Funding prehabilitation/rehabilitation services in all areas including support packs, ensuring integration of psychological support into urology cancer care pathways.

Andrew Loughran, 58, Fife

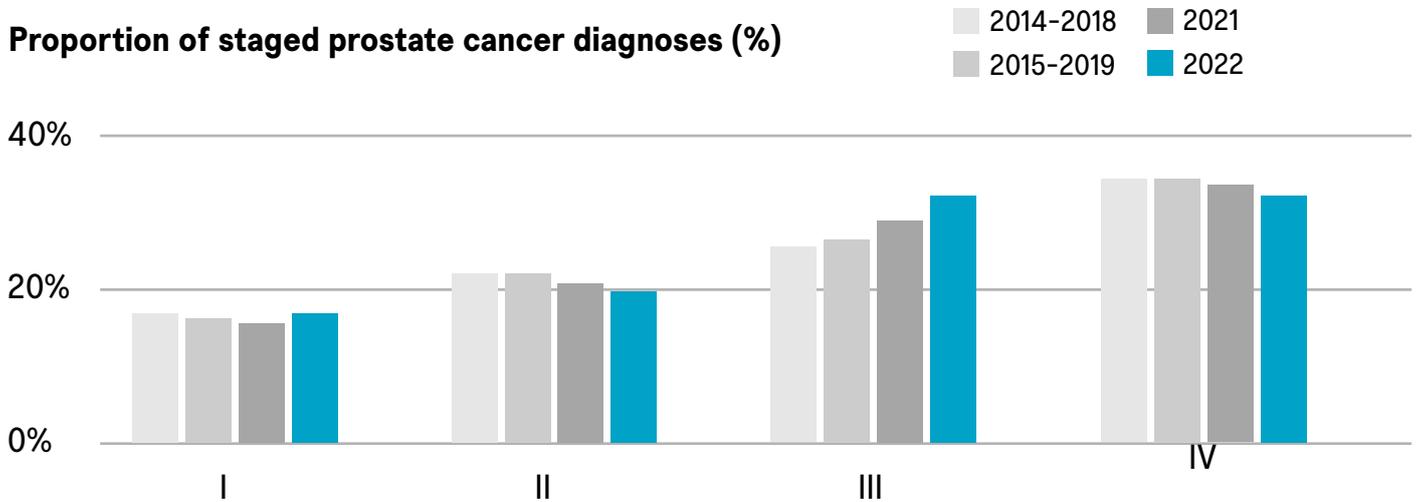


Andrew's dad was diagnosed with prostate cancer in 2017, so he was very aware of the disease and the risks. When Andrew was coming up to his birthday in 2022, he had a 'gut feeling' that he needed to get a PSA blood test and decided to take Prostate Cancer UK's Risk Checker, which concluded that his risk was higher than average. He decided to visit his GP, who was reluctant to do the test at first as Andrew had no symptoms. However the test went ahead and after further examination, Andrew was diagnosed with prostate cancer in June 2022 and had successful brachytherapy treatment.

Risk awareness and early detection

Around a third of prostate cancers (**31%**) in **Scotland are diagnosed too late for curative treatment**.³ This is the highest rate across UK nations.

Latest data from Public Health Scotland (PHS), 2022 could suggest the start of a reduction in the number of men being diagnosed late.⁴



Source: Public Health Scotland: Cancer incidence in Scotland 2014-2022.⁴

While this is promising, it is vital that Scotland continues to drive down late-stage diagnoses and supports early detection. This is of particular importance for prostate cancer, because men with early prostate cancer will often have no symptoms. Improving early diagnosis rates would mean that men are not waiting for symptoms before they seek help, which is often too late and when their cancer has spread.

One way to drive earlier diagnosis is through clear commitments to fund an early detection programme. There are three low-cost, simple and achievable actions that must be taken now to support this.

We're calling for:

1. Updates to NHS Scotland GP guidelines – so GPs can proactively talk to men at high risk about their risk and the pros and cons of the Prostate Specific Antigen (PSA) blood test.
2. Investment in risk awareness campaigns – centralised funding so that men know and understand their prostate cancer risk and what they can do about it.
3. Updated patient information – a replacement of ineffective, confusing NHS patient information with our proven Risk Checker tool, ensuring it is accessible through the NHS Scotland website.

Why this is important

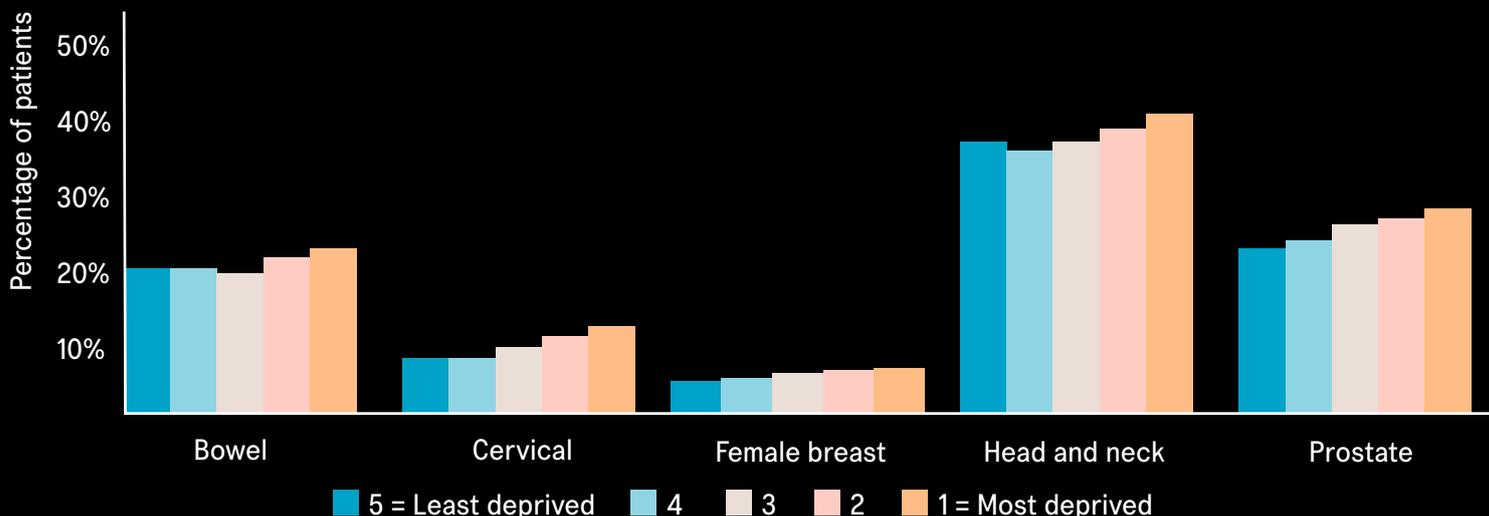
Insights analysed by Prostate Cancer UK show that many men don't understand their risk of prostate cancer, or that the first test is the PSA blood test and that they can request one from their GP.

Primary care plays an integral role in risk awareness, and it is vital that it is incentivised to deliver on this goal, as seen in England.⁵ Healthcare professionals within primary care are typically the first port of call for many men entering the healthcare system. Proactive conversations with men at risk will ensure that they are equipped with the right information to make informed decisions about their health. This is of utmost importance in the absence of a screening programme and will ultimately save men's lives.

Tackle inequalities: targeting those living in deprivation

In Scotland, men living in deprived areas are more likely to be diagnosed late and have poorer health outcomes. Research conducted by Public Health Scotland (PHS) in 2020 found a **clear link between socioeconomic status and cancer survival**, particularly in prostate and head and neck cancers.⁶

Proportion of cancer with metastatic disease (stage IV) within each deprivation quintile, Scotland, 2014–2018⁶



Source: *Cancer Incidence in Scotland: Stage and deprivation*

Data from the 2021 Scottish Cancer Strategy revealed that a person living in the most deprived areas of Scotland is 30% more likely to develop cancer than one living in the least deprived areas, with variation according to cancer type.⁷

In 2024, NHS Scotland published 'Cancer Inequalities in Scotland: A practical guide for GP Practices' on how to address health inequalities.⁸ Due to the removal of incentivisation within primary care and no apparent reporting system, it is unclear how recommendations in the guide can be effectively driven forward. In 2025, the Population Health Framework⁹ was published to tackle the root causes of ill health, adopting a preventative approach to health inequalities. It is hoped that, alongside the Service Renewal Framework 2025, this will strengthen health and care services.¹⁰

These frameworks do not specifically mention prostate cancer, but they do specify that “services are designed and delivered in ways that are inclusive, equitable, and responsive to the needs of all communities”. This includes “**targeted support for those who face the greatest barriers to accessing care, whether due to geography, socio-economic status, disability, ethnicity, or other factors**”.

This can be achieved via collaboration within the NHS, government and local government, with recognition of the role of wider stakeholders. Prostate Cancer UK regularly works with NHS stakeholders, including primary care, on the delivery of health inequalities campaigns that target men at risk of prostate cancer – particularly in England – and are keen to replicate this activity in Scotland. We are a recognised partner, providing expertise and insights, ensuring that projects are targeted so that men are aware of their risk of prostate cancer and feel informed and empowered to act.

A person living in the most deprived areas of Scotland is 30% more likely to develop cancer

We're calling for:

1. Implementation of a reporting and evaluation framework for primary care, to understand how they are proactively tackling health inequalities in their communities.
2. Targeted funding and risk awareness campaigns in collaboration with Prostate Cancer UK in areas of high deprivation.
3. Funding for research to understand how men in rural areas access healthcare and how to address any health inequalities experienced by these men, e.g. mobile health clinics.

Ensure equitable access to diagnostics and treatments

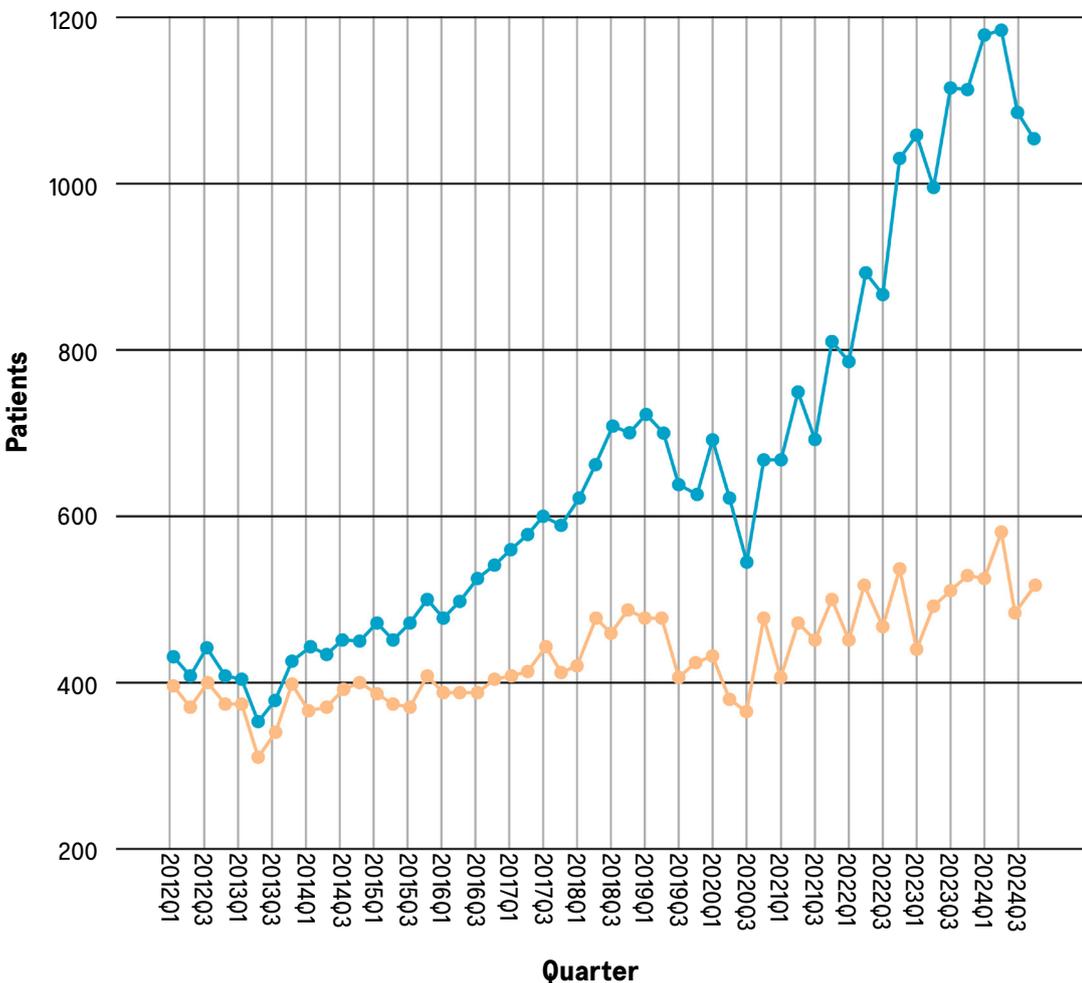
Improve diagnosis and treatment times

PHS data from 2024 highlights the significant delays men experience when navigating prostate cancer diagnosis and treatment, and that there are long waits from referral to starting treatment.¹¹ We note that the 62-day standard was met by only one of the 14 NHS boards, namely, NHS Lanarkshire (95.4%). NHS England conducted a deep dive into understanding NHS Trusts' wait times, with a view to sharing good practice and to provide support to outliers. We would recommend a similar deep dive by NHS Scotland into areas that are high achievers to understand their processes and to disseminate findings for shared best practice.

While data for the last quarter in 2024 showed that over 1,000 men were referred, less than half (49%) started treatment within 62 days.¹¹

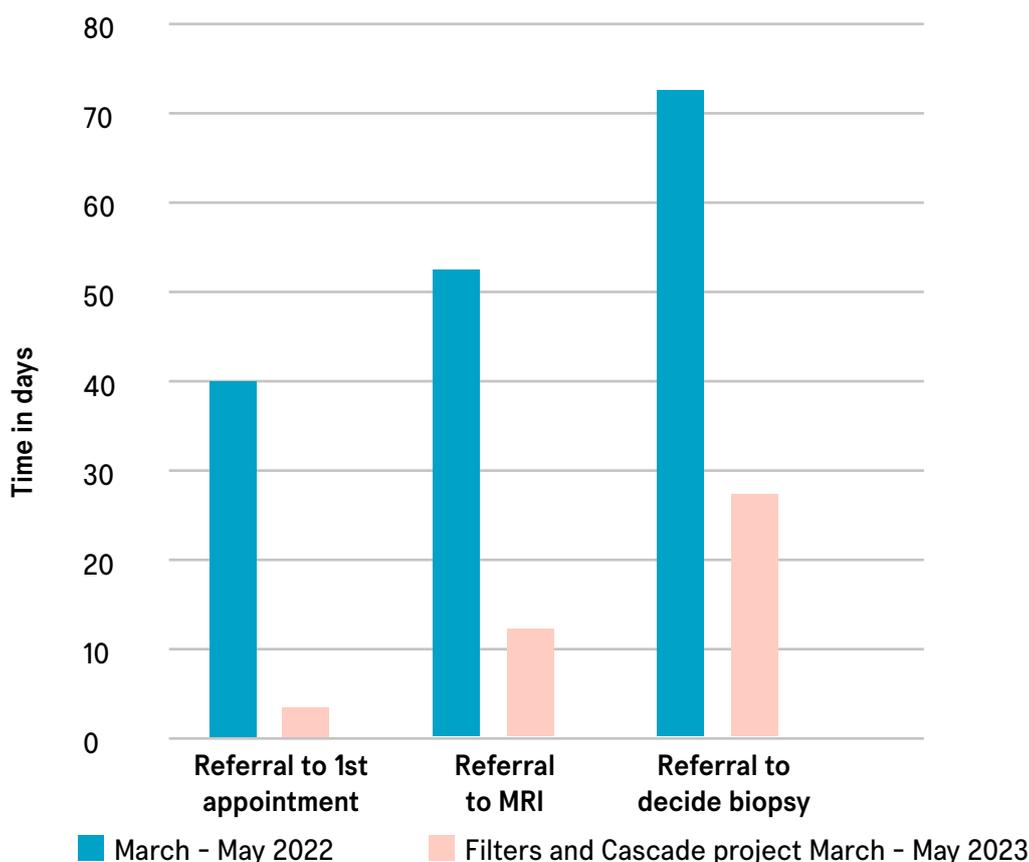
Urological 62 Day Wait Times 2024

■ Eligible Referrals ■ Treated within 62 days



These delays for men are of concern, as they occur right across the diagnostic pathway and we highlight that this could be leading to worse outcomes, more late-stage diagnoses and greater strain and anxiety on families. Action needs to be taken to support secondary care now.

Prostate Cancer UK's Clinical Champion programme supported a consultant urological surgeon in NHS Greater Glasgow and Clyde to develop a new pathway, called Filters and Cascades.¹² This patient-centric pathway's pilot resulted in wait times being reduced significantly compared with a historic cohort from one year ago. This personalised pathway triages patients according to their PSA score and ensures that patients with the highest PSA scores are prioritised for tests and treatments. This personalised approach also resulted in the reduction of wait times for treatment for metastatic patients. We would recommend that this proven patient-centric pathway, which has minimal cost to implement, is supported through appropriate funding and introduced within all urology departments throughout Scotland.



Graph depicting referral wait times for 1st appointment, MRIs and biopsies.¹²

PHS have reviewed and changed the way that wait time data is collected, with an expectation that these changes will take approximately two years to take effect. Trusts will now be able to adjust for missed appointments or cases where patients are unable to attend appointments due to ill health.¹³ Despite this change, it's important to acknowledge that some NHS trusts have said that problems with scanners, workforce issues and increased referrals were causes for the delays.¹⁴

The Royal College of Radiologists (RCR) 2024 report found that in Scotland, there is a 25% shortage of radiologists and a 19% shortage of oncologists, with these shortfalls expected to rise by 2029.^{15,16} This is of further concern as the RCR have flagged that nearly 1 in 4 (22%) clinical oncologists in Scotland are forecast to retire by 2034. Urgent action is needed to supplement the workforce.

The next Scottish Government and NHS Scotland can make positive change.

Investment and opportunities to innovate are key for other areas.¹⁷

We're calling for:

- A deep dive into NHS Lanarkshire and NHS Highland to share insights/practice regarding their standard times data.
- Funding for the Centre for Sustainable Delivery to roll out innovative pathways, starting with Filters and Cascades pathway in all urology departments.¹⁸
- The recruitment of additional administrators, urologists, radiologists and cancer nurses* over 5 years, especially in rural health boards.¹⁹
- Funding for uro-oncology cancer pathway navigator roles for each NHS board, having demonstrated the halving of wait times in England.²⁰
- Investment in scanners and artificial intelligence (AI) tools (e.g. gallium PET scanners, LINAC upgrades) to support faster diagnosis.
- Commitment to achieving **90% of patients starting their treatment within 62 days** by mid-2027.

**We estimate that an additional 59 cancer nurses should be recruited. This number is based on our population projections of the number of men who will be living with prostate cancer in 2028 in the UK and the CNSs needed to support them. Figures are estimated using the caseload assumptions described in the Department of Health commissioned Frontier Economic Report.¹⁹

Post diagnosis

Support holistic patient care

Scotland has a government strategy that explicitly mentions aiming to integrate physical activity into clinical pathways for those with long-term conditions including cancer.²¹ The Scottish Government continues to have cancer prehabilitation as one of its priorities.²²

Many men with prostate cancer feel under-supported emotionally, especially after surgery or during hormone therapy. Continence and sexual health can both be impacted for men post treatment and so a holistic person-centred approach would help to address men's recovery and impact upon their mental health. Prostate Scotland have launched initiatives like '**PROSPACKS**' and peer-support programmes to fill this gap, but say NHS services remain patchy.²³

We're calling for:

- Funding to scale up **pre/rehabilitation services** in all NHS Boards ensuring equitable services are available for men on the prostate cancer pathway.
- Integration of psychological support into cancer care pathways.
- Improved access to support packs across all health boards for men.
- The use of data to guide resource allocation and public accountability.

We welcome the Scottish Cancer Clinical Management Pathway for Prostate Cancer.²⁴ Specifically, its references to the use of the Cambridge Prognostic Tool for men on active surveillance. This is vital in helping to categorise men and make sure they are receiving the appropriate treatment based on their prostate cancer grade.

We are also pleased to see Prostate Cancer UK's active surveillance toolkit referenced within it,

which was developed to help NHS systems improve their current active surveillance protocols.²⁵ Increased awareness of active surveillance as a first-choice option will ensure optimal use of NHS resources for those who most need radical treatment.

We are calling for:

- Wider promotion of our active surveillance toolkit to increase awareness of active surveillance among patients and healthcare professionals.

Research and data gaps

Scotland lacks **granular, region-specific data** on prostate cancer diagnosis and treatment timelines. Researchers and charities are calling for better use of cancer registries and open data to inform policy. Better data can support better health outcomes for men living with prostate cancer.

We're calling for:

- Annual health board reporting on age-standardised rates by cancer diagnosis stage, grade and deprivation, as well as survival rates, treatment choices and treatment waiting times by socioeconomic status.
- Data publication to be in the same format and consistent with other UK nations. This would be in line with the National Disease Registration Service's requirements.
- Funding for robust data collection/reporting via PHS.
- Annual public dashboards on cancer outcomes by type and region.



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