

# Health News

SPECIAL EDITION

MARCH 2015



**Your life in your hands... find out how you can increase your chances of avoiding cancer**

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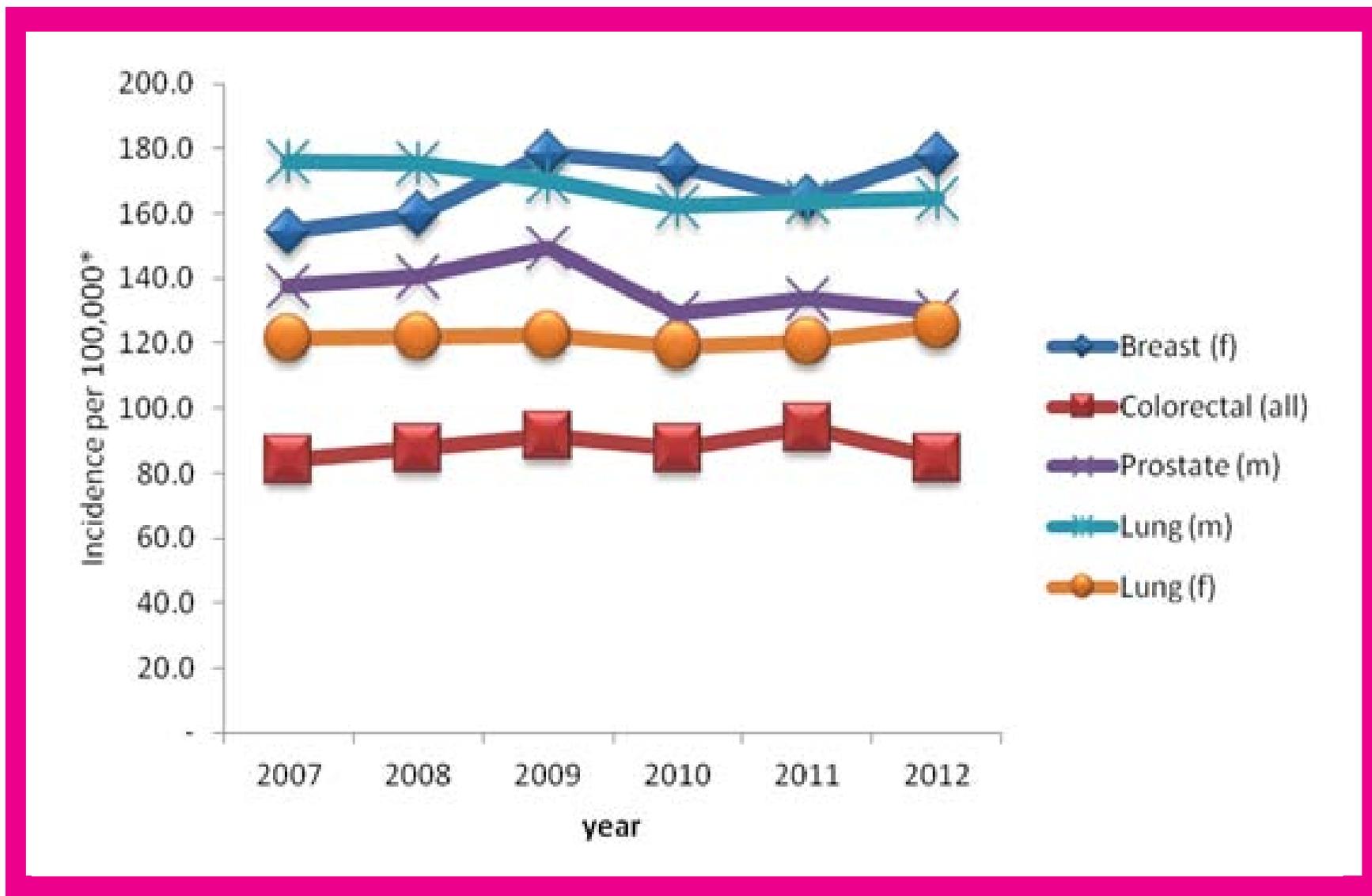
# Twin targets: reducing risks and better care

By David Morrison,  
Director, West of  
Scotland Cancer  
Surveillance Unit

THE number of people being diagnosed with cancer in NHS GGC keeps increasing.

For some cancers, this is because the size of our older population is getting bigger - and older people are most likely to be diagnosed with cancer. For some cancers, the risk of developing them is changing. And for some cancers, it's a mixture of the two.

For most cancers, survival has also been increasing, although not as quickly as in many other countries. This leaves us with two big questions. Can we reduce the number of new cancers occurring? And, how can we make further improvements in survival?



**LUNG cancer remains the most common cancer diagnosed in NHS Greater Glasgow and Clyde. It's been going down in men for many years but increasing in women.**

These patterns exactly follow smoking patterns in men and women in the past and show just how directly smoking affects lung cancer. Unfortunately, we expect lung cancer risks in women to keep going up.

Breast cancer is the most common cancer in women and has been increasing for many years. Some of the risk factors – such as starting a family at a later age or having fewer children – are not ones that we would want to change. But others – such as being overweight, taking little exercise and drinking alcohol – could be improved and help to bring breast cancer risks down.

In men, the most common cancer is prostate cancer. The number of prostate cancers being diagnosed in the NHSGGC area has more than doubled in the past 25 years. Although there has been a small decrease in rates over the past five years, we expect numbers to continue to increase in the future.

We still don't know enough about prostate cancer. It's not clear whether the increase in occurrence is because we're getting better at detecting it, whether it's because more men are living to older ages, or whether the risk is actually increasing. Once prostate cancer is diagnosed, it is difficult to tell which men will have cancers that will progress and need treatment and which will cause no further problems if left alone.

Cancers of the large bowel – colon and

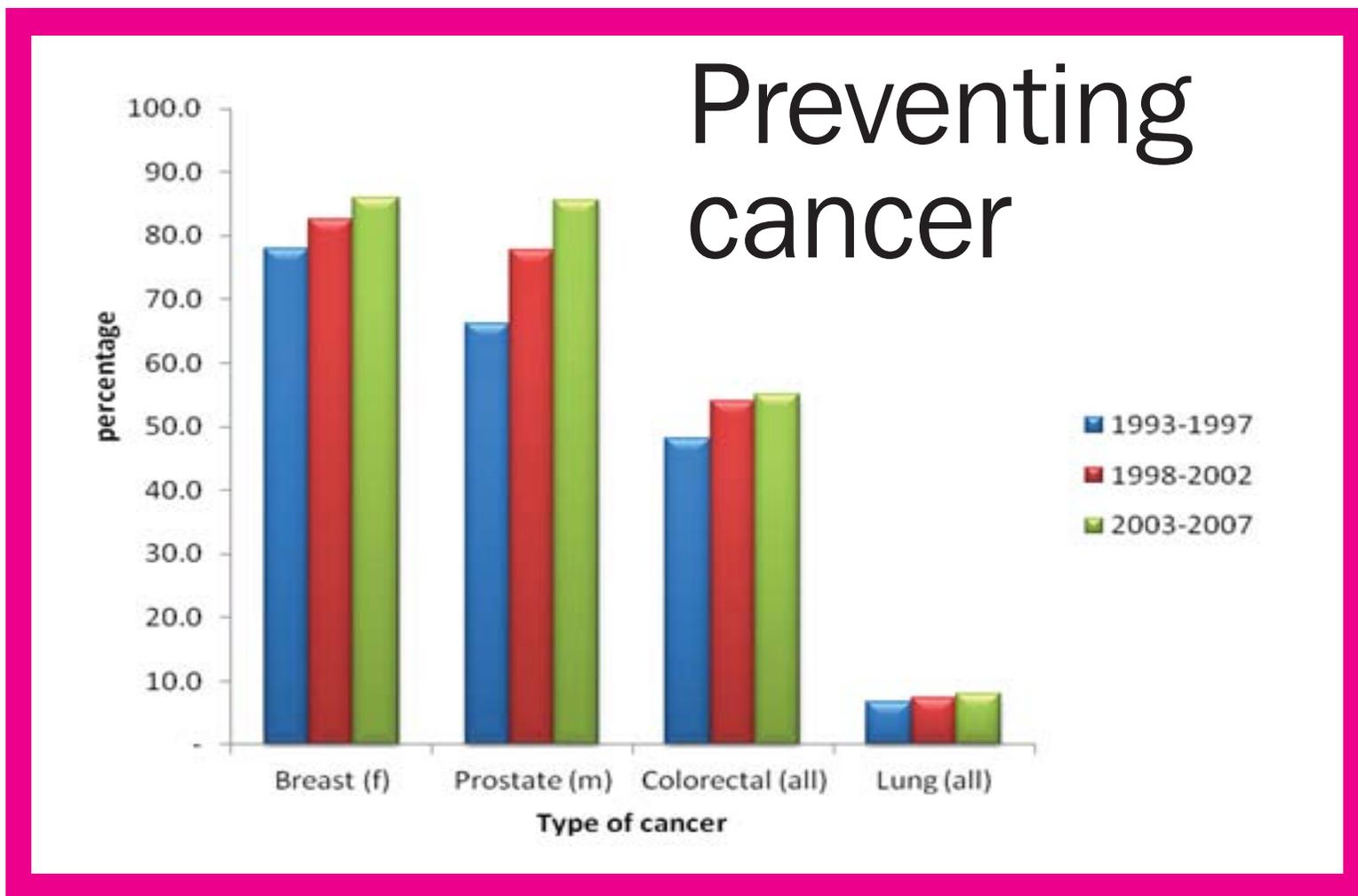
rectal cancers – are the third commonest cancers in men and women. There hasn't been much of a change in rates of bowel cancers in recent years although as the new bowel cancer screening programmes detect more early cancers there will be an apparent increase for a few years. There is strong evidence that the risk of developing bowel cancer can be reduced by being more

physically active, eating more fibre, eating less red and processed meat (such as burgers), reducing alcohol consumption and not being overweight.

So how much cancer can we prevent? It's estimated that two out of five of the most common cancers could be prevented by lifestyle changes. By not smoking, not being

overweight, eating more fruit and vegetables, drinking less alcohol, being more physically active, and avoiding sunburn your risk can substantially reduce.

HPV vaccination also prevents cervical cancers. These changes can cut the numbers of new cancers being diagnosed by a very large number.





# Improving cancer survival

**TAKE IT EASY: A reduction in alcohol consumption can lead to a reduced risk of bowel cancer.**

## **MORE people are surviving after a cancer diagnosis than ever before.**

Twenty years ago, fewer than seven out of 10 men with prostate cancer would survive five years. Now it is nearly nine out of 10.

Just under eight out of 10 women with breast cancer would survive five years. Now it is also nearly nine out of 10.

However, for the commonest cancer – lung cancer – survival was poor and has only improved a little in the past 20 years. Fewer than one in 10 lung cancer patients diagnosed

between 2003 and 2007 survived five years after their diagnosis. So for lung cancer, prevention remains very clearly much better than cure.

Despite improvements in survival from cancer in Scotland the EURO CARE studies (EURO CARE is the widest collaborative research project on cancer survival in Europe) have shown that cancer patients survive longer in many other European countries. There are several reasons why this might be.

Firstly, the information that different countries provide may not be comparable or accurate.

Secondly, patients may first attend health services when their cancer is at a more advanced stage in Scotland compared to patients in other countries.

Thirdly, the general health of Scottish patients may be poorer so that they cope less well with treatment.

And fourthly, the treatment itself may be different in the UK compared with other European countries.

Activity is going on to better understand and tackle each of these issues. There are continuous improvements in the quality of

cancer data collection. National campaigns like **Detect Cancer Early**, along with new and existing cancer screening programmes, are helping to pick up more cancers at an earlier stage.

Public health work to improve general health in the population continues to evolve so that the most effective approaches can be found. And clinical audit and more sophisticated analyses of survival in different hospitals is being carried out to improve the quality of care that patients receive.

## WoSCSU research is helping to plan our new services

**THE West of Scotland Cancer Surveillance Unit (WoSCSU) was established over 40 years ago to help understand the causes of cancer and how health and other services should be best organised to treat it.**

There are two main branches of work – those that directly inform NHS care and those that provide research to help build our understanding of cancer.

Recently, the WoSCSU has worked with clinicians and managers to provide information to help plan new radical prostatectomy services for the West of Scotland region as well as carrying out detailed analyses of survival from lung cancer, prostate cancer and oesophago-gastric cancer, amongst others.

These help to answer questions about how services should best be organised, for example, whether larger, specialist units are better than smaller general hospitals.

Recent research includes analysing MIDSPAN data to understand possible causes of prostate cancer (MIDSPAN is a long term population health survey over the last 50 years of people living in Paisley and Renfrewshire); Cancer Research UK funded research on cancer patients who develop critical illnesses and need Intensive Care Unit treatment; and the Catalyst study, which followed up patients to see if their health behaviours changed after investigations for bowel cancer.

The most recent publication this month, in the British Journal of Cancer, reports on health behaviours in cancer survivors across Scotland and found that for most health behaviours apart from exercise, they do better than the general population.

The WoSCSU produces research on a wide range of cancer issues and has published more than 30 research papers in the past two years alone.



**EAT BETTER FEEL BETTER:** A healthy diet can contribute greatly to the prevention of a number of cancers.

IT is recognised by experts that giving up smoking is the single biggest step anyone can take to improve their health.

Our graphic shows just how many cancers can be caused by smoking and how many cases could be avoided every year by being smokefree.

This month sees the launch of a major campaign to highlight that all NHS grounds in Scotland are totally smokefree and to appeal to smokers not to smoke on NHS grounds.

The NHS in Scotland has a duty of care to protect the health of, and promote health behaviours amongst, people who use or work in our services. This campaign is not asking smokers to quit but instead to wait until they are off NHS grounds before lighting up (see pages 9 to 12).

For those who are considering quitting, our health improvement staff work with a range of partners to support people who want to kick the tobacco habit.

And because the most effective support that can be given is to stop someone starting smoking, we have a range of supports in place to encourage young people to stay smokefree.

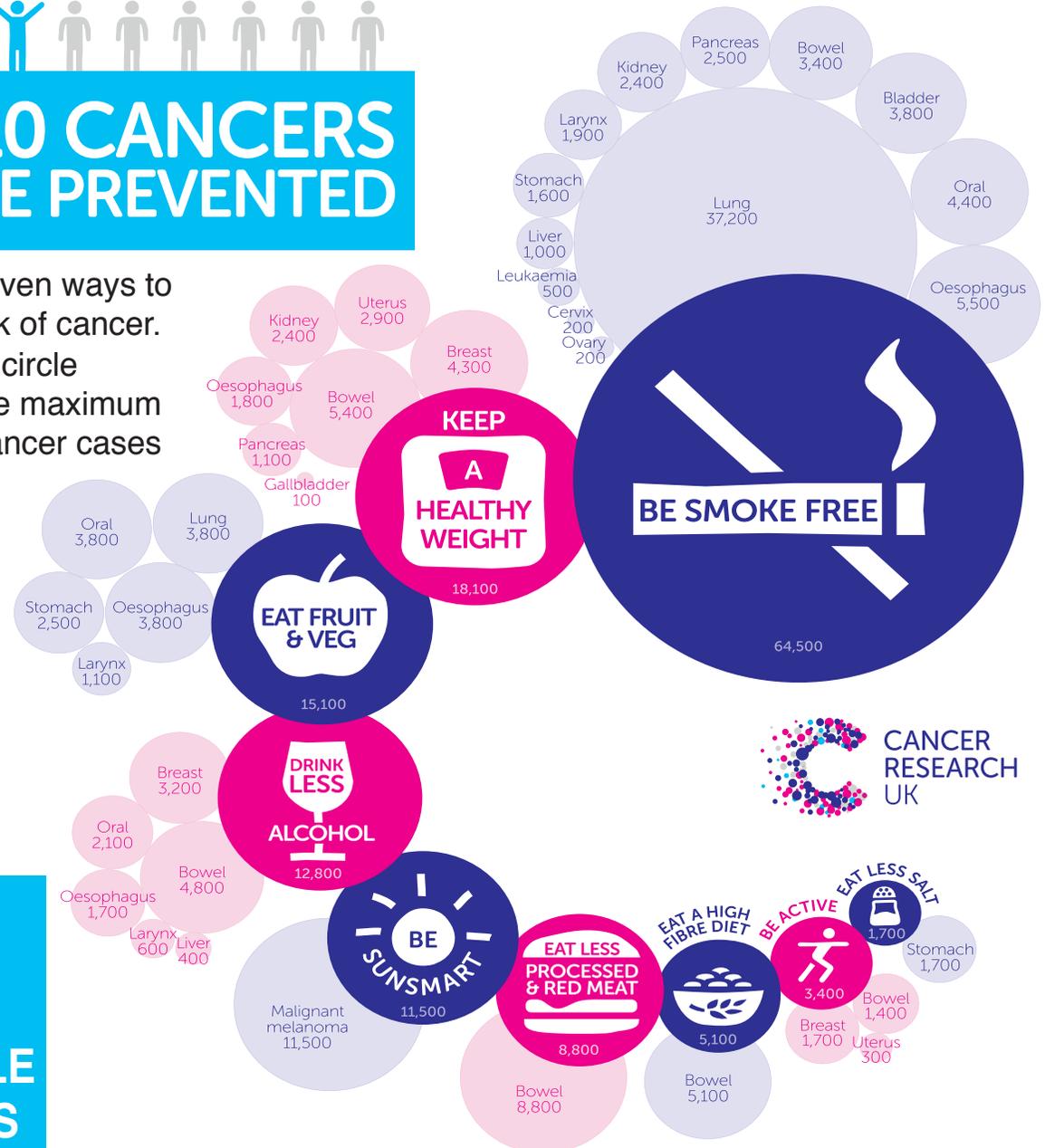
Over the following six pages, we highlight just a few of the approaches we are taking to encourage people to reduce their risk of cancer by remaining, or becoming, smokefree.



## 4 IN 10 CANCERS CAN BE PREVENTED

These are proven ways to reduce the risk of cancer. Numbers and circle sizes show the maximum numbers of cancer cases that could be prevented each year in the UK... simply by making these simple lifestyle changes.

## JUST BY MAKING A FEW LIFESTYLE CHANGES





# Financial incentives can help pregnant women quit smoking

**PREGNANT women are more likely to quit smoking if financial rewards are offered as part of a treatment plan, according to new research co-authored by Dr Linda de Caestecker, NHS Greater Glasgow and Clyde's (NHSGGC) Director of Public Health.**



**DOCTOR LINDA DE CAESTECKER**

The “Financial incentives for smoking cessation in pregnancy: randomised control study” was carried out by David Tappin at the University of Glasgow, Linda Bauld at the University of Stirling and others, involving Dr de Caestecker and supported by staff at NHS Greater Glasgow and Clyde.

Half of the women were assigned to a group offered up to £400 of financial incentives if they engaged with ‘usual care’ in smoking cessation services and/or quit smoking during pregnancy.

The others were offered usual care smoking cessation services that included a face to face appointment with a smoking cessation adviser, four follow-up support calls and free nicotine replacement therapy for ten weeks.

Dr de Caestecker said: “Smoking in pregnancy is a leading preventable cause of maternal and neonatal illness and death in developed countries.

“In the UK alone, around 5000 fetuses and babies

die from smoking during pregnancy each year. Current interventions are not particularly effective.

“Smoking in pregnancy can cost the NHS up to £64 million for problems in mothers and up to £23.5 million for infants.”

Women who were offered shopping vouchers were significantly more likely to quit smoking than those in the control group.

Overall, 69 women quit from the test group, and 26 from the control group—23% and 9% respectively. This was confirmed by cotinine (a nicotine

breakdown product) in urine or saliva.

After 12 months, 15% of women who were offered financial incentives remained off cigarettes compared to only 4% in the control group.

No harmful effects were reported from the test group and there was no suggestion of “gaming”.

Dr de Caestecker summed up: “This study provides substantial evidence of a very promising and potentially cost-effective new intervention to add to present health service support.

“The findings can also serve as the basis for future research to include other UK centres and other health care systems.”

She added: “Stopping mothers from smoking has a ripple effect on the health of their children, and providing income to poor families can help to reduce inequalities.”

**STAYING SMOKEFREE: Pregnant mums are one of the priority groups targeted.**

# Helping youngsters stay smokefree

**TEN secondary schools in Glasgow are taking part in a three year pilot to cut smoking amongst teenagers.**

As part of their latest tobacco control strategy, “**Creating a Tobacco-free Generation: A Tobacco Control Strategy for Scotland**”, the Scottish Government chose the city as one of the pilots for the national **A Stop Smoking in School Trial (ASSIST) Programme**.

NHS Greater Glasgow and Clyde, Glasgow City Community Health Partnership and Glasgow City Council are working together to deliver the initiative which has a proven smoking reduction rate of ten per cent in the target age group.

ASSIST, developed by Bristol and Cardiff Universities, is a peer-led, school-based smoking prevention scheme, and involves training influential S2 pupils as “Peer Supporters”.

Their role is to have informal chats with other pupils in their year about the risks of smoking and the benefits of remaining smoke-free.

Melanie Owens, Tobacco and Young People/ASSIST Co-ordinator, explained: “The study in Bristol and Wales found that it is possible to recruit a range of influential students within a school to promote healthy behaviour amongst their peers

“Within the schools involved in the trial, rates of smoking were lower amongst young people when compared to other schools providing the usual smoking education.

“The study concluded that if implemented on a UK-wide basis the approach could prevent more than 43,000 14-15 year olds taking up smoking.”

The programme has already begun with Hillpark Secondary, and Shawlands and Springburn Academies, with the remaining seven schools beginning in February and June this year.

For more information about the ASSIST pilot, contact Melanie at [melanie.owens@ggc.scot.nhs.uk](mailto:melanie.owens@ggc.scot.nhs.uk)

The full list of schools taking part is –

## **NORTH EAST GLASGOW**

Lochend Community High School  
Springburn Acadmey  
St Mungo’s Academy

## **NORTH WEST GLASGOW**

John Paul Academy  
Cleveden Secondary School  
Knightswood Secondary School

## **SOUTH GLASGOW**

Hillpark Secondary School  
Shawlands Academy  
Govan High School  
St Paul’s High School



**STAYING SMOKEFREE:** Young people are one of the priority groups targeted.

# It's time to stub it out... on health grounds

**ALL NHS grounds across Scotland are to become smokefree by 31 March 2015.**

From this date, patients, visitors and staff will be asked to wait until they are off NHS grounds before lighting up.

This ambitious move to achieve smokefree status in the grounds of every hospital, health centre and NHS building across the country is part of a national drive to create a tobacco-free generation within Scotland by 2034.

And this month, a new national TV and radio campaign is being launched asking smokers for their help to make this vision a reality.

Dr Linda de Caestecker, NHSGGC's Director of Public Health, said: "Scotland is a world leader in legislating and implementing effective tobacco control policies. The drive to make our NHS grounds smokefree is a vital step in helping us achieve a smokefree generation within the next 20 years.

"We recognise how much effort is required from smokers to refrain from smoking on NHS grounds at what can often be a particularly stressful time for them.

"This campaign is not asking smokers to quit but instead to wait

## Smoking on NHS property is drawing to a close

until they are off NHS grounds before lighting up."

The message of the month-long TV and radio campaign is simple – the time for smoking on NHS grounds has drawn to a close.

A green curtain is seen being pulled by a nurse from a patient's bedside, out of the ward, through the hospital, past parked cars and eventually around the entire perimeter of the hospital's grounds.

Dr de Caestecker continued: "The NHS Scotland smokefree commitment extends to all our premises, hospitals, health centres and other community facilities, together with NHS offices and other non-patient buildings.

"The NHS in Scotland has a duty of care to protect the health of, and promote health behaviours amongst, people who use or work in our services. This is why the time for smoking on hospital grounds has drawn to a close."



## Q&A YOUR QUESTIONS ANSWERED

### Why totally smokefree NHS sites?

We are a health promoting organisation and are committed to protecting and improving the health and wellbeing of all employees, patients, visitors and contractors. Allowing smoking anywhere on site is not consistent with this commitment.

### Can you smoke in your car within NHS grounds?

All grounds will be smokefree from 31 March and smoking in cars within the grounds will not be allowed.

### What do we mean by smokefree?

Smokefree means not smoking anywhere on the premises, be that inside the buildings or in the grounds.

### When do NHS grounds become smokefree?

Many NHS services are already smokefree but by 31 March 2015 all NHS buildings and grounds across Scotland will be smokefree. This includes all hospitals, health centres and other community services, together with non-patient buildings, including offices and training facilities.

### Do staff and patients have a right to smoke?

There is no given right to smoke. However, we do have the right to look after the health

of our patients and create the best possible environment to protect people and help them get better. There is no safe exposure to the toxins in second-hand smoke.

### What about patients who need to smoke?

There is no obligation to permit people to smoke. Nothing harmful will happen to someone if they do not smoke. They may experience symptoms of nicotine withdrawal, but this can be managed with nicotine replacement therapy that will be supplied during their stay.

### What about the grounds of mental health premises/sites?

People with mental health problems are more likely to smoke; to be more nicotine-dependent; to have smoked for longer; and to smoke more heavily than the general population. As a result, they frequently have poorer physical health but should not be treated in a different way to other members of the public in terms of looking after their physical health. Continuing to permit smoking in mental health institutions and grounds perpetuates inequalities in the treatment of people with mental health problems. While mental health grounds are exempt from meeting the 31 March 2015 deadline a number of Boards, particularly those who share their sites with acute hospitals are pushing ahead with smoke-free mental health grounds as well.



HELP ON HAND: A range of Nicotene Replacement Therapy products are available when you come in to hospital.

# Can patients, staff or visitors use e-cigarettes in NHS buildings?

**E-CIGARETTES** are relatively new but increasingly popular devices in the toolbox available to help smokers quit.

And because they are quite new on the market there is still more to learn about their effects and so none are currently available on the NHS.

While e-cigarettes are not permitted anywhere in NHS Greater Glasgow and Clyde's buildings and grounds, our range of Smokefree Community Services have become an "e-cigarette friendly service" offering support to people using e-cigarettes.

Although we cannot supply e-cigarettes, we understand that many smokers are using them to cut down or stub out the habit altogether.

We want to help those who are relying on them to benefit from the additional support our services can offer to finally quit.

E-cigarettes allow the user to inhale a vapour containing a mixture of propylene

glycol/glycerine and may or may not contain also nicotine or flavourings.

Since the liquid is heated and not burned, and contains no tobacco, the nicotine is delivered without many of the thousands of chemicals which cause the significant harm and damage to the body.

Nicotine is the addictive component of tobacco, but not what causes much of the harm, so e-cigarettes may be a harm reduction option for those trying to quit smoking.

Smokers unsure about what they would like to use to stop smoking and would like to speak to someone about the options available can contact their local Smokefree Community Service by logging on to [www.nhsggcsmokefree.org.uk](http://www.nhsggcsmokefree.org.uk)

## WHERE TO TURN TO IF YOU WANT HELP TO QUIT Call Smokeline 0800 84 84 84

### IT'S never been easier to get help to stop smoking if you want to quit.

NHSGGC's Smokefree Services include a number of tailored programmes to help people stop, including services in all pharmacies, community groups and drop in services, services for mums to be and their partners, for young people and those in hospital. All the services are free and combine specialist support with products which can make quitting easier.

Karen Mather, one of the co-ordinators of Smokefree Services, explained how the Smokefree service provides "one single, easy to use source of help for smokers" who want to give up.

She said: "It's obviously not easy to give up cigarettes and knowing where to get help is half the battle.

"It's absolutely vital, therefore, that we make it as easy as possible for people to give up. Smokefree Services is all about making sure that, whoever you are, whatever your age or gender or where you live, you can get all the help you need."

Which service is right for you?



THESE services run across Glasgow and Clyde and offer free, intensive group support. The weekly sessions meet in local venues and are relaxed, friendly and informal. Groups are the most effective way to stop smoking with 50% of people being stopped at four weeks.



GOING into hospital is a great opportunity to stop smoking, but if you are not ready to quit you can ask ward staff for Nicotine Replacement Therapy (NRT) to help with any withdrawal discomfort. A Stop Smoking Advisor can visit your bedside to guide and support you through your attempt to quit.



ALL our community pharmacies offer one-to-one support to smokers who want to stop. They offer NRT without prescription, practical advice and support. Pharmacies also offer support to patients prescribed Champix® by their GP. You'll visit your pharmacy for 5-10 minutes, once a week for up to 12 weeks.



DESPITE knowing of the risk, many young people assume they will be able to stop smoking whenever they choose, but smoking is highly addictive. Through Butt Out, NHSGGC's youth stop smoking service, you can meet an advisor who has been specially trained in helping smokers to stop.



PREGNANT mums visiting their antenatal clinic are tested by the midwife for carbon monoxide (CO). If you are a smoker or your CO level is above four, you will be automatically referred to Smokefree Pregnancy Services. One of our advisors will call you to have a chat and explain what the service offers.



CHILDREN are at particular risk of the damaging effects of secondhand smoke because their lungs are still developing, they breathe faster and have immature immune systems. Each day in the UK 50 children under five are admitted to hospital because of the effects of secondhand smoke in the home.

# More than 5% of cancers linked to being obese

**IT'S thought that more than one in 20 cancers in the UK are linked to being overweight or obese.**

Research has shown that many types of cancer are more common in people who are overweight or obese, including: breast cancer in women after the menopause; bowel cancer; womb cancer; colon and kidney cancer

Three of the hardest cancers to treat – pancreatic, oesophageal and gallbladder cancers – are also linked to obesity.

Being overweight can affect the risk of cancer because fat tissues in the body produce hormones and growth factors that can affect the way our cells work.

In Scotland 64 per cent of adults aged 16 years and over are overweight, including 27 per cent who are obese.

The number of overweight and obese people is increasing. A study published in the Lancet in 2011 showed that if current trends continue, by 2030 around four in 10 people will be obese.

The good news is that small changes to your lifestyle can lead to a reduction in body weight. The day-to-day choices we make about our lifestyle have the greatest effect on our weight.

Here we spotlight just a few ways in which the NHS is working with you to help you make these small changes and so reduce your risk of cancer.



# Nationwide campaign to help us all to eat better and feel better

**THERE is strong scientific evidence that a healthy diet combined with physical activity can reduce rates of some cancers, heart disease and diabetes.**

Now, a new Scotland-wide campaign has been launched to encourage everyone to eat healthier and protect ourselves against many of the country's leading chronic diseases.

The **"Eat Better, Feel Better"** initiative has lots of ideas about eating well on a budget.

And to help our budgets to go that little bit further, the campaign is also working with supermarkets to give shoppers money-saving offers on healthier ingredients

Anna Baxendale, Head of Health Improvement, NHSGGGC, explains: "Changes to eating habits can be challenging, from dealing with fussy eaters, to organising food budgets, planning meals and finding time to cook.

"This new national campaign offers practical tips and advice on how to eat healthily, family friendly recipes, cookery classes in your area, cook-a-long videos, and other advice.

"Healthy eating doesn't have to be expensive. Cooking tasty, healthy meals for your family can be simpler and more affordable than you might think. There are many quick and cheap changes you can make to how you shop, cook and eat."

Eating well and exercising regularly can not only make everyone feel better, but also more confident, happier, cut stress levels, sleep better and be more energised. Getting kids to eat healthier from a young age can help them avoid major illnesses later in life."

**EatBetterFeelBetter.co.uk** has plenty of family friendly recipes and tips to get kids eating healthier food.

By making simple changes to how you shop, cook and eat, you and your family can eat better AND feel better. Give it a try and see how easy it can be. You can do it!

So if you're looking for tips on feeding your family healthy choices, log onto **. EatBetterFeelBetter.co.uk** to get started.

You could even 'like' us on Facebook at **facebook.com/eatbetterscotland** to be kept up to date with the latest exclusive offers at your local supermarket.

The graphic features a central blue banner with the text "EAT BETTER FEEL BETTER". Below it are three recipe cards: "Harvest Vegetable Soup" (with the tagline "Get the kids to eat veg"), "Spaghetti Bolognese" (with the tagline "Feeds a family of 4 for around £5"), and "Chicken Curry" (with the tagline "Cooks in 35 mins"). Each card includes a photograph of the respective dish.

Great tips, easy meal ideas and offers that make eating healthier a whole lot easier.

[EatBetterFeelBetter.co.uk](http://EatBetterFeelBetter.co.uk)

 [facebook.com/eatbetterscotland](https://facebook.com/eatbetterscotland)

 **healthier  
scotland**  
SCOTTISH GOVERNMENT

**EAT BETTER, FEEL BETTER: there's a strong link between healthy diet and a reduced risk of cancer.**

# Getting physical in the fight against cancer

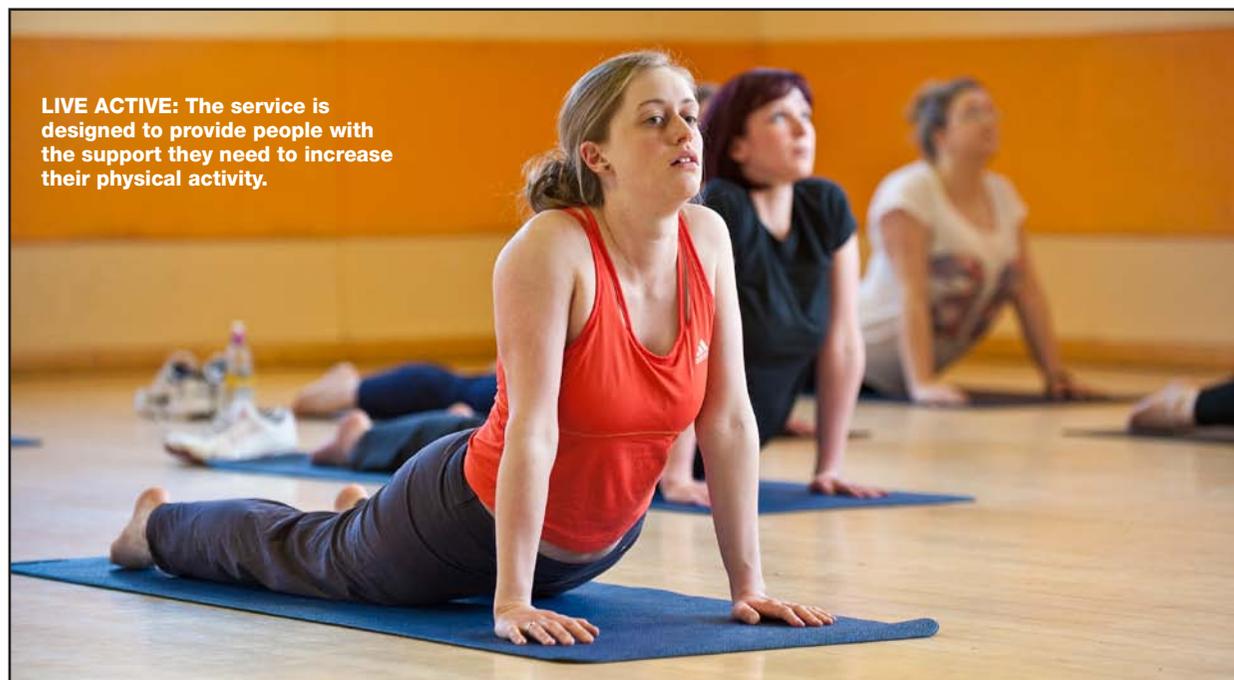
**PHYSICAL exercise keeps our weight at a healthy level and can help reduce stress, but not many people will be aware that it can cut down the risk of developing or dying from cancer.**

It's a common belief that a cancer diagnosis is down to our genes or just bad luck, and while this is a very complex disease, the proportion of cancers caused by a faulty gene in our DNA is very small.

Research evidence shows that the risk of developing and or dying from the most common cancers can be prevented by almost a third (32 per cent) by physical activity, as well as following a good diet and maintaining a healthy body weight.

## How much activity should I do?

How much and what you choose to do will depend on your personal preferences, but it's never too late to start becoming more active. Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least five days a week.



**LIVE ACTIVE:** The service is designed to provide people with the support they need to increase their physical activity.

Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous intensity activity.

Adults should also undertake physical activity to improve muscle strength on at least two days a week.

All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

Not all physical activity gets you

really hot and sweaty or takes place in a gym or sports venue. Everyday activities can be active too, such as walking the dog, playing with the children or even doing the housework.

If you are currently doing no activity or not regularly active try the following steps to achieve your 150 minutes of moderate physical activity per week:

**Step 1** - On every other day add 10-15 minutes of physical activity to your daily routine.

**Step 2** - On most days, try to build up your activity to 15-20 minutes.

**Step 3** - On at least 5 days of the week gradually build up to 30 minutes

If you're still not sure of how to get started and need some motivation and support... then **Live Active** is for you.

## What is Live Active?

**Live Active** is an NHS Greater Glasgow and Clyde service run in

conjunction with local authority leisure providers and is designed to provide support to help you increase your physical activity. **Live Active** includes one-to-one consultations and supervised gym sessions. Your **Live Active** Advisor will help you increase your activity levels by choosing the right types of activity at a pace that's tailored for you.

## How do I join Live Active?

Ask your GP or healthcare professional to refer you via **Live Active** to your local leisure centre.

## What do I get?

- An initial one-to-one session with a **Live Active** advisor to discuss your activity likes and dislikes
- Motivational support and advice to get you started
- Discounted gym membership
- Supported activity sessions and follow ups

Information and support to help with other behaviours if required e.g. healthy eating and weight management are also available.

## How do I find out more?

For more information on the **Live Active** programme visit [www.nhsggc.org.uk/infodir](http://www.nhsggc.org.uk/infodir) or call 0141 287 9873

## Healthy food on menu in our cafes and canteens

### A NEW policy which insists on the availability and promotion of a wide range of healthy food and drink choices in all of the health board's food retail outlets is being rolled out across NHSGGC.

The policy is the first of its kind in the NHS in Scotland as it covers all aspects of food sales across all types of food outlets operating on NHSGGC sites - both those delivered by the health board and those externally managed by other retailers and voluntary groups.

It ensures an increased availability and much better access to healthier choices for staff, visitors and patients.

Highlights include:

- All ward trolley services to offer 50 per cent healthy choices
- All drink vending to contain only sugar free items
- All snack vending to offer 50 per cent healthy choice
- All NHS cafes to adopt a pricing structure that favours healthier options
- All retail outlets to only

promote healthy items at point of sale

- All retail outlets and shops to ensure a minimum 70 per cent of drinks are sugar free
- All cafes and dining facilities to achieve the national Healthy Living Award criteria.

Dr Linda de Caestecker, NHSGGC Director of Public Health, said: "A healthy diet is crucial for good health. It is incumbent on us as a health service to set a good example and ensure that we make it as easy as possible for staff, patients and visitors to make healthy choices in our cafes and shops. Our retail policy sets out clear and achievable standards for both our in-house food sales outlets and those run by commercial partners.

"We want to support and encourage staff, visitors and outpatients to make healthy choices and we feel that the measures, such as setting a pricing structure that favours healthier choices, will help us to achieve this."

### What do we offer?

- 100% Sugar Free Drinks, ranging from still and sparkling water to fruit juice.

- Fresh fruit available daily.
- Our sandwich range is 80% healthy.
- Our hot food offering is 50% healthy.
- We offer additional Healthy Snacks such as baked potatoes with various healthy fillings. Even the range of snacks and pies that we have available are sourced with reduced fats, salts and sugars.
- We offer low fat spreads rather than butter.
- We offer wholemeal bread and brown rolls.
- We also promote our healthy options through Meal Deal – for instance a fresh soup and sandwich deal for £1.99.

The policy covers food sales only and does not extend to the inpatient catering service which is managed through a separate policy. The menus for our inpatients have all been specifically developed by an expert group including caterers, dieticians, nurses and service users to ensure that the nutritional needs of our patients as defined by national nutritional standards can be met.



# Coming to a big screen near you...

**ANTICIPATORY CARE** is one of the most effective tools in the NHS toolbox.

Probably the most important health “tool” is a lifestyle involving good diet, regular exercise, no smoking, avoiding excessive alcohol and a liberal helping of self-esteem and happiness.

Second to a healthy lifestyle is anticipating a poor health condition before it gets a chance to become more serious.

The NHS spends millions on screening programmes because they are known to work.

The next three pages cover some of the key screening programmes that can be used in the fight against cancer.

There are a couple of key things to keep at the front of your mind as you read through the various articles on screening.

The first is that screening is not a one-off “all clear” for whatever condition it is looking for.

Screening is effective if it is regular so it’s vital that you take up the offer of screening **EVERY TIME** you are offered it – whether it be bowel, breast, cervical or any other from a long list.

The second thing to keep at the front of your mind is that although a screening test may give you the all clear for a condition, it doesn’t mean that you should ignore any symptoms between screenings or stop checking yourself for signs of something untoward.

Screening saves lives. Early intervention makes a massive difference to outcomes. Awareness of signs and symptoms between screening and going to your GP in the first instance is just as vital.



**ON THE ROAD:** The Scottish Breast Screening Programme’s mobile unit is a life saver.

**Screening is effective if it is regular so it’s vital that you take up the offer of screening EVERY TIME you are offered it.**

# Add a smear test to your 'to do' list

**IN the name of vanity women are prepared to undergo a variety of painful beauty procedures, yet some will avoid the small discomfort of a smear test – an appointment that could save their lives.**

Regular screening prevents eight out of 10 cancers developing and saves around 5000 lives in Scotland every year by spotting abnormalities at an early stage.

More than 350,000 women aged between 20-60 years across Scotland are invited to have this free, quick, cervical screening test every three years, but around 63,663 (18%) do not take up the invitation because they fear it will be painful or embarrassing.

That is why NHS Greater Glasgow and Clyde's latest smear campaign is urging women to add a smear test to their 'to do' list.

The aim of the cervical screening programme is to prevent cancer of the cervix (neck of the womb) by detecting and treating abnormal changes in cells, which left untreated, may develop into invasive cervical cancer.

Dr Emilia Crighton, NHSGGC's Consultant in Public Health Medicine, said: "Cervical cancer is a largely preventable disease.

"I would urge all women invited for cervical screening to make an appointment when they receive their letters.

"Ignoring these invites leaves women

unprotected from the early signs of cervical cancer. If women have concerns, questions or are apprehensive they can speak to a practice nurse or GP."

The test is over in minutes and is carried out by a professional who will make women feel relaxed and comfortable. Screening tests for any early changes in cells caused by a strain of an extremely common virus called human papillomavirus (HPV).

The HPV infection seems to cause changes to the cells which over the years can develop into cancer.

Dr Crighton emphasised that while the infection is common, it is rare that it goes on to become cervical cancer.

She went on: "There are usually no symptoms with an HPV infection and sometimes no symptoms with early stage cervical cancer, so the only way to really check and make sure everything is ok is to attend your cervical screening test.

"With early detection and treatment up to 75 per cent of cervical cancers can be stopped from developing.

"Cervical screening helps save lives, it's as simple as that."

More information on cervical screening is available from the NHS inform website at <http://www.nhsinform.co.uk/screening/cervical/> or call the free NHS helpline number on 111.



**EXPERT ADVICE:** Dr Emilia Crighton urges women not to ignore the letter inviting them to be screened.

## LATEST NEWS... Detect Cancer Early campaign celebrates three successful years

# New bowel cancer home screening test

**A NEW bowel cancer test which simplifies the sample collection process is to be introduced in a bid to increase participation in Scotland's national bowel screening programme and save even more lives.**

The announcement was made as Health Secretary Shona Robison joined cancer clinicians, charities and patients to mark the three year anniversary of the Scottish Government's £30million **Detect Cancer Early (DCE)** programme, which has received an additional £9million commitment for 2015/16.

The new FIT home screening test (faecal immunochemical test), that will see participants returning just one bowel motion sample instead of the three samples required for the current test, will be introduced over the next two years to help boost uptake in the Scottish Bowel

Screening Programme from its current level of 56.1 per cent.

The existing test has proved hugely valuable in detecting cancer early and remains the most effective way of detecting bowel cancer in its earliest stages. It is therefore essential that Scots aged 50-74 continue to complete and return the test they receive through their door during the transition period.

This latest commitment was announced as the Health Secretary reflected on the achievements of the ground-breaking DCE programme, which aims to increase the proportion of people who are diagnosed in the early stages of breast, bowel and lung cancer by 25 per cent by the end of 2015.

Launched in February 2012, DCE has worked with leading clinicians and charities to develop innovative projects, increase diagnostic capacity and support clinical posts, as well as driving improvements in screening and training.

High profile marketing campaigns – featuring Elaine C Smith and Sir Alex Ferguson – have also helped raise awareness of early signs and symptoms and reassure Scots that cancer can be beaten, and often cured, if detected early.

Elaine, who fronted the breast cancer campaign, and attended the event, said: "I've been moved to tears many times over these past three years by the response of so many women writing to me, approaching me after shows, or just in the street telling me what this campaign did for them - on many occasions saying that it had literally saved their life. I'm immensely proud to be a part of such a forward thinking, bold campaign and want all that great work to continue."

With DCE contributing to 24.3 per cent of all breast, bowel and lung cancers in 2012 and 2013 being diagnosed at the earliest stages, further achievements from the last three years include:

CONTINUED ON NEXT PAGE



**BIRTHDAY TIME:** Health Secretary Shona Robison is joined by Elaine C. Smith at the celebration of three years of the Detect Cancer Early programme.

CONTINUED FROM PREVIOUS PAGE

## Bowel

- 80.6 per cent increase in the average number of replacement bowel screening kits requested each month since launch.
- On average, 4,300 more kits are returned each month compared to pre-campaign activity.

## Breast

- 50 per cent more women visited their GP with concerns about breast cancer following the ‘lumps aren’t the only sign’ breast symptoms campaign in September 2012.
- Spontaneous awareness of breast cancer symptoms included in the campaign, other than lumps, doubled during the campaign period.

## Lung

- 50 per cent increase in the proportion of 55+ year olds from areas of deprivation who disagreed strongly that they would ‘feel silly’ going to the doctor with any changes they thought could be lung cancer.
- Almost a sixth more men aged over 40 disagree that you can’t survive lung cancer.

Health Secretary Shona Robison said: “It is fantastic to reach this important milestone, particularly as we announce a new bowel cancer screening test that will enhance our ability to save lives through the earlier detection of bowel cancer.

“Over the last three years, DCE has adopted bold approaches to make people aware of the signs and symptoms of cancer, invested in innovative projects and delivered

advancements in screening. It will be a while before we can see the full impact of the programme but we’re starting to see positive results emerge.

“We’ve also seen an important shift change in the attitudes Scots have towards the disease, with more people recognising the benefits of early detection and value of screening. Continuing to drive this awareness of the benefits of early detection is key to getting people to act sooner rather than later and increasing survival rates.

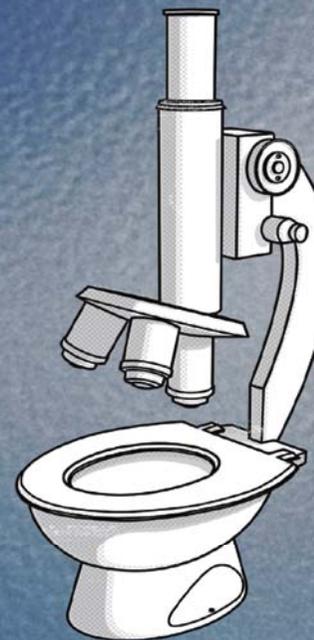
“As we look towards the future of DCE, I want to express my gratitude to those who have supported the programme so far.”

The Health Minister was joined by Dr Hilary Dobson, a leading clinician who has been instrumental in driving improvements in the early detection of breast cancer.

Dr Dobson, Regional Cancer Lead Clinician, West of Scotland Cancer Network and Consultant Radiologist and Clinical Director at NHS Greater Glasgow and Clyde said: “Showing real women’s breasts in mainstream channels - that’s not on page 3 - was a brave step in raising awareness of key symptoms other than lumps. It prompted women with concerns to visit their GP and clearly increased symptom awareness – an effect that is maintained even now.”

Professor Robert Steele, Director of the Scottish Bowel Screening Programme, added: “The bold approach of DCE has helped break down barriers people face when it comes to talking about ‘down there’ and resulted in even more bowel screening kits being requested.”

# THE EARLY SIGNS OF BOWEL CANCER ARE OFTEN HIDDEN.





If you notice any changes at all, see your GP.

We know that some women feel uncomfortable about seeing their doctor for this kind of thing. But your doctor is there to help you. And wants to see you. You're not wasting anyone's time.

**DON'T GET SCARED, GET CHECKED.**  
[nhsinform.co.uk](http://nhsinform.co.uk)



**0800 22 44 88**  
Lines open 8am-10pm, 7 days a week.

## Nationwide life saver

**BREAST** cancer is the most common cancer in women in Scotland. Since 1987, a nationwide programme of breast cancer screening has been in place, offering women over the age of 50 a regular mammogram test.

The principle benefit of breast screening is earlier detection, which facilitates less aggressive treatment, improves prognosis and ultimately, it is hoped, saves lives. Despite this, many women are still not taking up the opportunity to be screened.

Detecting breast cancer early improves the chances of successful treatment so it's important to look out for any changes in between breast screening appointments.

This simply means knowing what your breasts look and feel like normally, being on the lookout for any lumps or unusual changes and getting them checked out by your doctor.

## PUBLIC NOTICE NHSGGC Clinical Services Strategy

**In April 2012, as part of the Scottish Government's 2020 Vision, we launched a Clinical Services Review to consider how best to deliver services to meet the changing needs of patients beyond 2015 to 2020.**

The review was led by NHS clinicians with significant detailed involvement from patient groups, special interest groups, the third sector and the public and has led to the Clinical Services Strategy.

Together they analysed the changing population needs, the modernisation of approaches to care and technological developments and how best to deliver sustainable, safe and effective services going forward.

Now the review has been approved and the final clinical strategy document is being prepared for publication. It will be shared widely with all stakeholders during April 2015.

The clinical strategy will provide the

opportunity to engage with the six new Integration Joint Boards (local authority social care and NHS community care integrated boards) across Greater Glasgow and Clyde to adopt this as a shared clinical strategy to work together on planning services changes as we go forward from 2015 to 2020.

It will provide a platform for the review of clinical services across NHSGGC. It is the blueprint to develop innovative and redesigned services to meet future demands of the population we serve.

In addition, the innovative new approaches being trialled in Renfrewshire to integrate community health services, social care and the acute hospital teams will influence a new approach for our entire board area.

The work that has gone into this intense and crucial review is the bedrock of how we will plan to deliver and plan clinical services to meet all of our hospital and community health needs.

The clinical Review Report sets out

high quality models of care from better prevention and self management right through to highly specialised hospital care and is evidence based with learning on what works across the UK and beyond.

On behalf of NHSGGC I would like to thank everyone who has been involved in leading and shaping this work. The input from staff in hospitals and in the community along with patients and public representatives, special interest groups and charities has been invaluable.

I look forward to sharing with you the formal Clinical Services Review conclusion paper in April and to an ongoing dialogue with all interested parties as we go forward and build on the strategy and develop implementation plans.

**Dr Jennifer L. Armstrong,**  
Medical Director,  
NHS Greater Glasgow and Clyde

Health News concept and production: NHSGGC Communications Directorate. Editors: Ally McLaws, director of communications and Sandra Bustillo, associate director of communications. Health News is published four times a year. It is inserted in The Herald and the Evening Times newspapers and also distributed throughout hospitals and health centres. It is also available to read online or in audio format for the visually impaired at [www.nhsggc.org.uk](http://www.nhsggc.org.uk). Health News was the 2010 winner of Best Newspaper – CIPR Scotland PRide Awards and Best Stakeholder Newspaper – Institute of Internal Communication Scotland.

Written, edited and published by NHS Greater Glasgow and Clyde Communications, JB Russell House, Gartnavel Royal Hospital Campus, 1055 Great Western Road, Glasgow G12 0XH.

Tel 0141 201 4443. [www.nhsggc.org.uk](http://www.nhsggc.org.uk)

Design: Alistair Nicol PR & Design, Ayr. Tel 07810673994

Website: [www.nicolmedia.co.uk](http://www.nicolmedia.co.uk). Health News is produced using recycled paper. When you have finished reading, please recycle it.