

# Core brief

## Daily update

(4 February 2025, 11.40am)

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## Reduced Working Week (RWW) - Phase 2

As part of the pay settlement for Agenda for Change staff in 2023-24, it was agreed to conduct a review of the Agenda for Change system in NHS Scotland, this included a reduction of the working week over a 3 year period. Phase 1 involved Agenda for Change full-time staff reducing their hours from 37.5 to 37 hours from 1 April 2024 without loss of earnings (pro rata for part-time staff).

The next phase of RWW will take place on 1st April 2025 it is therefore essential that you are ready to implement a further 30 minute reduction (to 36.5 hours) and that plans have been discussed with staff and partnership and appropriate senior management. There will be no transition period therefore plans must be implemented by 1st April.

We are aware of ongoing discussions nationally and whilst it is not yet clear whether this will require NHS GGC to implement a full hour reduction (to 36 hours) it is recommended that all teams plan for both possibilities.

An online form has been created to allow us to capture where plans are in place and the impact of those plans on service, patients and budgets. A link to the form will be distributed through the senior management teams and must be completed no later than Friday 28th February 2025.

There will be no additional national guidance on the principles of reduced working week or how the further reduction will be implemented therefore please refer to the current principles and FAQs on the [Reduced Working Week Staffnet Page](#). As with the first 30 minutes reduction the change should be implemented in a way that allows staff to improve their work life balance.

## Peer Support Training – upcoming dates

Are you compassionate, empathic, and a good listener? Do you want to foster a culture of support and understanding in your workplace? Join our **full day Peer Supporter training** where you will gain essential skills to support your fellow colleagues through both tough times and triumphs.



By becoming a Peer Supporter, you'll not only help your colleagues navigate daily stresses but also enhance your own personal and professional growth. Hundreds have already joined the NHSGGC peer support network – why not be the next to help?

12/02/2025 – New Victoria ACH, [Book here](#)

27/02/2025 – Stobhill ACH, [Book here](#)

11/03/2025 – New Victoria ACH, [Book here](#)

26/03/2025 – Royal Alexandra Hospital, [Book here](#)

10/04/2025 – Vale of Leven, PG Education Centre, [Book here](#)

22/04/2025 – Stobhill ACH, [Book here](#)

07/05/2025 – New Victoria ACH, [Book here](#)

22/05/2025 – Gartnavel General Hospital, Lecture Theatre, [Book here](#)

You can find more information and training dates under 'Level 2 – Become a Peer Supporter' on our website [Peer Support Network - NHSGGC](#)

Email us at [ggc.peer.support@nhs.scot](mailto:ggc.peer.support@nhs.scot) with any questions.

## Changes to the Colorectal Cancer Pathway from February 2025

From 3 February 2025 NHSGGC is introducing changes to the symptomatic quantitative Faecal Immunochemical Test (qFIT) pathway and launching a new TrakCare process for requesting Colonoscopy.

qFIT has been used successfully in NHSGGC since 2018. These new changes aim to better identify patients at highest risk of cancer and help use available Endoscopy capacity more effectively. By doing this we aim to diagnose more cancers and reduce the number of days from referral to diagnosis.

These changes are evidence based and reflect the forthcoming new guidance from the Scottish Government. All changes were presented at the Grand Round in December 2024.

The main pathway changes are:

1. The USOC priority referral threshold will increase from qFIT>10 to qFIT>20
2. New prioritisation categories for Colonoscopy (Category 1,2,3A and 3B) based on qFIT thresholds to better reflect cancer risk and in order to prioritise those at higher risks
3. No patients should be investigated as 'direct to Colonoscopy' with a negative qFIT
4. Colonoscopy with a negative qFIT should be the exception only. This can only be requested by a consultant after a face-to-face clinical review and following a repeat qFIT
5. New improved communication for GPs and patients to keep them better informed of the next steps following referral.

Alongside these changes we are introducing a new standardised form for requesting Colonoscopy. Clinicians are asked to use this form for all Colonoscopy requests.

Specialties not routinely using qFIT testing kits should refer patients with Iron Deficiency Anaemia to Gastroenterology, or patients with concerning new lower GI symptoms to Colorectal. These referrals should be made using a SCI referral form, this includes patients seen at clinic and inpatients requiring outpatient investigation. Please do not use Order Comms for this.

### **The Realistic Medicine team wants to hear from you**

Realistic Medicine empowers patients to make informed choices and share decision making. The Scottish Government is conducting a national survey to gather your opinions on how Realistic Medicine is progressing. This is your chance to share your thoughts.

Your feedback will shape future steps nationally and help us assess our local progress too. Please take a moment to complete the survey: [Progressing Realistic Medicine](#)

By understanding what matters to patients, we ensure they receive better, personalised care that aligns with their lifestyle. This approach optimises outcomes, uses resources efficiently, minimises environmental impact, and ensures fair and equitable healthcare for all.

For more information, [visit our SharePoint site](#).

## **Scottish Quality and Safety Fellowship: Recruitment now open**

An information session is planned for **Wednesday 12 February 12.30 pm- 1.30pm on MS Teams** to talk about the Scottish Quality and Safety Fellowship.



For anyone who is interested in hearing more we will explain what the fellowship is and how it is run. We will talk through the application process and let you know how this is supported within NHSGGC and the HSCP's. There will be current and previous fellows who will give you a glimpse into their experiences and answer any questions you may have.

If anyone is interested in attending this session, please use the link [here](#). There will also be a recording of the session for those who are interested but unable to attend at that time.

The Scottish Quality and Safety Fellowship Programme (SQS Fellowship) is a lead level quality improvement and clinical leadership course managed by NHS Education for Scotland (NES), working in partnership with Healthcare Improvement Scotland and NHS Scotland. The Fellowship is open to healthcare staff who currently undertake clinical practice and have a direct influence on improving the delivery of safe patient care, as well as staff in clinical professions who do not currently deliver hands-on care but do have a role in improving patient care or safety.

To ensure that each application has the appropriate executive level sign off by the Medical/Nursing/AHP/Pharmacy Director as well as sign off by the Chief Executive or Chief Officer, could all completed applications (which must include line manager sign-off) be submitted to [ggc.qitraining@nhs.scot](mailto:ggc.qitraining@nhs.scot) by **5.00pm on Monday 17 March 2025**.

We will arrange for the above executive sign offs to be concluded, and the applications returned to the applicants for onward submission to NES before the deadline on **Friday 4 April 2025**.

An application pack containing person specification, programme outline, application form and advertisement can now be downloaded from the NES QI Zone [here](#).

Remember, for all your latest news stories, visit the Staffnet Hub:  
[GGC-Staffnet Hub - Home \(sharepoint.com\)](#)



\*\*\*Staff are reminded to make sure their [personal contact details are up to date on eESS](#).\*\*\*

It is important to share Core Brief with colleagues who do not have access to a computer.  
A full archive of printable PDFs are available on [website](#)