

Citizen Participation and Public Petitions Committee
Wednesday 11 March 2026
6th Meeting, 2026 (Session 6)

PE2062: Introduce a National Screening Programme for Prostate Cancer

Introduction

Petitioner Bill Alexander

Petition summary Calling on the Scottish Parliament to urge the Scottish Government to introduce a national screening programme for prostate cancer.

Webpage <https://petitions.parliament.scot/petitions/PE2062>

1. [The Committee last considered this petition at its meeting on 28 January 2026](#). At that meeting, the Committee agreed to write to the First Minister.
2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.
3. The Committee has received new written submissions from the First Minister and the Petitioner which are set out in **Annexe C**.
4. [Written submissions received prior to the Committee's last consideration can be found on the petition's webpage](#).
5. [Further background information about this petition can be found in the SPICe briefing](#) for this petition.
6. [The Scottish Government gave its initial response to the petition on 29 November 2023](#).
7. Every petition collects signatures while it remains under consideration. At the time of writing, 565 signatures have been received on this petition.

Action

8. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
March 2026

Annexe A: Summary of petition

PE2062: Introduce a National Screening Programme for Prostate Cancer

Petitioner

Bill Alexander

Date Lodged

2 November 2023

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to introduce a national screening programme for prostate cancer.

Previous action

I have written to the Scottish Government but they have no plans to introduce a screening programme.

Background information

One in eight men will get prostate cancer. Scottish men are historically reluctant to go to the doctors. Prostate cancer symptoms may not be known about and regarded as just being part of getting older, or drinking too much tea or coffee. Meanwhile, a very serious illness can go undetected until it is too late. It is all very well to say that there can be risks associated with tests for prostate cancer, and it can be a process that causes alarm or anxiety, but should this not be a decision for the patient to make after having been given the options following an initial diagnosis?

Annexe B: Extract from Official Report of last consideration of PE2062 on 28 January 2026

The Convener: PE2062, which was lodged by Bill Alexander, calls on the Scottish Parliament to urge the Scottish Government to introduce a national screening programme for prostate cancer. We last considered the petition on 27 November 2024, when we agreed to write to the Cabinet Secretary for Health and Social Care and the United Kingdom National Screening Committee, which has opened a consultation on prostate cancer screening that closes on 26 February.

The consultation seeks feedback on a 2025 modelling study and on a draft recommendation for action. The modelling study considered whole-population screening and found that screening all men in the UK, regardless of their risk profile, might lead to a small reduction in the number of deaths from prostate cancer but would result in substantial overdiagnosis. That means that many men would undergo treatment that they did not need, due to screening identifying a cancer that would not have caused symptoms of death. The study set out that whole-population screening would be likely to do more harm than good.

The UK National Screening Committee's draft recommendation is that population screening should not be recommended as a course of action. The cabinet secretary's response to the committee highlights the detect cancer early campaign, which aims to reduce fear of cancer and to empower those with possible symptoms to act early. In parallel with the campaign, a roadshow has visited communities in Scotland to reinforce key messages with the target audience.

Douglas Ross was recently able to ask the First Minister a question about the Government's decision on prostate cancer screening. As we know, a very high-profile campaign has been led by figures such as Sir Chris Hoy and the former Prime Minister David Cameron, among others, about the potential benefits of screening. The First Minister said that he was open to further considering the issue.

Following the exchange that the First Minister had with Douglas Ross in the chamber, I wonder whether the committee would be content to write to the First Minister to say that we would be interested to hear what further consideration has been given to all that, given the high-profile campaign that has been led by many significant people in Scotland, and given the on-going concern that prostate cancer is one of the key men's health issues that remains unresolved, despite the potential ability for early diagnosis to save lives. In that light, we might consider adding PE2062 to the list of petitions to keep open. Do colleagues have any thoughts?

Davy Russell: Bearing in mind that prostate cancer is one of the biggest killers of men, the petition deserves further consideration.

The Convener: I propose that we write to the First Minister following his exchange with Douglas Ross and potentially add PE2062 to the list of petitions that we might consider, because there is a small list of around half a dozen petitions to be bequeathed to our successor committee. Do members agree?

CPPP/S6/26/6/3

Members *indicated agreement.*

Annexe C: Written submissions

First Minister written submission, 16 February 2026

PE2062/G: Introduce a National Screening Programme for Prostate Cancer

Thank you for your correspondence, dated 2 February on behalf of the Citizen Participation and Public Petitions Committee.

As you recognise in your correspondence, the Scottish Government takes advice from the UK National Screening Committee (UK NSC), the independent expert advisory group that informs screening policy across the UK, regarding national screening programmes.

The UK NSC's consultation is a welcome step forward, though I acknowledge it does not go as far as to consider a recommendation for prostate cancer screening at a population level. I am sympathetic to the calls from campaigners to see national screening explored seriously in Scotland. It is, however, essential that we are driven by the evidence on this matter. In this context, Cancer Research UK have written to the Cabinet Secretary for Health and Social Care confirming that they are in agreement with the judgement made by the UK NSC and stressing that further evidence is required to make positive recommendations.

Should the UK NSC recommend the introduction of targeted prostate screening following its consultation, the organisations that oversee screening will advise us on how to take that recommendation forward. In Scotland, as in all nations of the UK, screening policy is underpinned by the UK NSC's recommendations. The Scottish Government will monitor the on-going consultation process carefully.

As you state in your letter, on 8 August 2025 the Cabinet Secretary for Health and Social Care and I held roundtable on Prostate Cancer. Sir Chris Hoy was a guest of honour at this event. Other attendees included leading experts, charities and those with lived experience of prostate cancer. The aim of the event was to discuss how to better raise awareness and understanding of prostate cancer.

The following were taken as actions for this event:

- The Scottish Government will encourage Health Boards to sign up to the TRANSFORM trial.
- The Scottish Government will continue to consider recommendations from the UK National Screening Committee and take appropriate action should recommendations change.
- The Scottish Government will continue to consider how to reach those at a higher risk of developing prostate cancer and continue to take actions to improve diagnosis and care pathways in Scotland.

Following the roundtable, The Cabinet Secretary and I commissioned the Chief Medical Officer to establish an expert led Short Life Working Group (SLWG) on prostate cancer. The group has the following remit:

1. Living well with prostate cancer
2. Health professional awareness of prostate cancer guidelines
3. Preparedness for future NSC advice on prostate cancer

This SLWG met for the first time in December and will meet again March 2026. The Chief Medical Officer will advise the Cabinet Secretary and I of the group's output and findings following the group's final meeting later this year.

You also reference the publication of our revised Scottish Referral Guidelines for Suspicion of Cancer. This took place in August 2025. For this first time, these guidelines identify key groups who should consider speaking to their GP about PSA testing from age 45. These are:

- Men with a family history of prostate cancer,
- Black men, who are around three times more likely to develop prostate cancer than white men, and may develop it up to five years earlier,
- and those with a genetic predisposition, such as BRCA1 or BRCA2 mutations.

The guidelines now also explicitly reference the prostate cancer risk management pathway, noting that GPs should have an informed conversation with anyone - regardless of age- who expresses concern about prostate cancer.

It may also interest the Committee to note that The Scottish Cancer Network published a [clinical management pathway on prostate cancer](#) in July 2025.

JOHN SWINNEY MSP

Petitioner written submission, 26 February 2026

PE2062/H: Introduce a National Screening Programme for Prostate Cancer

The response from the First Minister is predicated on the recommendations of the UK National Screening Committee "UK NSC". Within his response, he states that it is essential that this matter is driven by the evidence.

The evidence gathered by the UK NSC was from an economic modelling study carried out by Sheffield University, who, in turn, gathered its information from the Department of Health in England.

An FOI response from the Department of Health and Social Care revealed that:

- the economic modelling generated a measure of the benefits, harms and costs of offering prostate cancer screening in the UK.
- The economic evaluation data was generated by Sheffield Centre for Health and Related Research
- UK NSC makes screening recommendations that cover all four UK countries and there was no assessment of rates of advanced prostate cancer between the countries

The recommendation by UK NSC is primarily about cost. The value for money figure in the economic modelling study appears to be £20,000. Does the Cabinet

Secretary for Health and Social Care accept this is an appropriate amount for men in Scotland?

No evidence was considered from Scotland, despite the fact that men in Scotland, according to Prostate Cancer UK, are three times more likely to have advanced prostate cancer than the rest of the UK. No recommendations or considerations were made by the UK NSC to address this aspect, possibly because the information used by Sheffield University came from England alone, and no other part of the UK.

How can the screening recommendation cover “all four UK countries” if the data is only from England?

Health is a devolved matter under the Scotland Act. What is the point of devolution if we cannot make decisions that address the healthcare needs of the people of Scotland?