New Cancer Strategy Consultation Document

April 2022

Scottish Government
Riaghaltas na h-Alba
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Contents

Ministerial Foreword

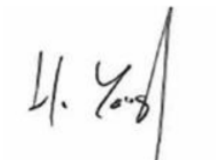
Cancer impacts so many, whether that is directly or indirectly through our friends and family. When looking at all types of cancer together, it is currently the largest burden of disease across Scotland, accounting for over 230,000 disability adjusted life years.[i] We continue to see an increase in the number of cancers in Scotland, with an 11% increase over the last decade to 2019.[ii] This continued increase is in part due to the ageing population of Scotland, but also our success in increasing survival rates from other diseases.

However, despite the increase in cancer, we are seeing reduced death rates, with an 11% reduction over the last 10 years.[iii] This is in no small part due to the exceptional work of our NHS Scotland and the continued support provided to people diagnosed with cancer. We continue to strive for earlier diagnosis as we know this is critical to improving patient outcomes and survival.

Over the pandemic, we saw an initial reduction in urgent suspicion of cancer referrals; however, they have since returned and are exceeding pre-Covid rates. In order to cope with the increased demand for cancer services, we have deployed new ways of working across our health boards with an increasing regional and national approach to services. Access to new technologies has allowed us to see people virtually, at a time when coming into hospital may have increased their risk, particularly for people who were increasingly vulnerable due to a course of treatment. Additionally, we have seen an increase in people with cancer being treated closer to home with new medicines being approved by our national cancer medicines advisory group. Our current plan 'Recovery and Redesign: An Action Plan for Cancer Services' was published during the first year of the pandemic and set out a number of priorities to pave the way for remobilisation and recovery of our cancer services.

We are now two years into the pandemic and with the easing of protective measures, NHS Scotland continues to adapt and is learning to live with COVID-19. We are now in a position in which we need to set out our long-term ambitions and design a new strategy for cancer services. This consultation seeks views on the proposed vision, aims, and key areas of focus for our cancer services. Your responses will be vital to shape not only the final strategy but cancer care in the years ahead.

We look forward to receiving your views, and I want to thank each of you for taking the time to contribute.



Humza Yousaf
Cabinet Secretary for Health and Social Care

Section A: Scottish Government Consultation Process

1. We are inviting responses to this consultation by 7 June 2022.

2. Please respond to this consultation using the Scottish Government's consultation hub, Citizen Space (http://consult.gov.scot). Access and respond to this consultation online at https://consult.gov.scot/health-and-social-care/cancer-strategy. You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date of 7 June 2022.

3. If you are unable to respond using our consultation hub, please complete the Respondent Information Form to:

   Cancer Policy Team
   Scottish Government
   Ground East Rear
   Saint Andrew's House
   Edinburgh, EH1 3DG

Handling your response

4. If you respond using the consultation hub, you will be directed to the About You page before submitting your response. Please indicate how you wish your response to be handled and, in particular, whether you are content for your response to published. If you ask for your response not to be published, we will regard it as confidential, and we will treat it accordingly.

5. All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

6. If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form included in this document.

7. To find out how we handle your personal data, please see our privacy policy: https://www.gov.scot/privacy/

Next steps in the process

8. Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at http://consult.gov.scot . If you use the consultation hub to respond, you will receive a copy of your response via email.

9. Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where

we have been given permission to do so. An analysis report will also be made available.

Comments and complaints

10. If you have any comments about how this consultation exercise has been conducted, please send them to the contact address above or at cancerstrategyconsultation2022@gov.scot.

Scottish Government consultation process

11. Consultation is an essential part of the policymaking process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

12. You can find all our consultations online: http://consult.gov.scot. Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

13. Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:
    - indicate the need for policy development or review
    - inform the development of a particular policy
    - help decisions to be made between alternative policy proposals
    - be used to finalise legislation before it is implemented

14. While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.

15. We understand that individual's personal experiences with cancer can make this a difficult subject to talk about. You and/or family and friends may find support from:

    a. The Scottish Cancer Coalition
    b. Less Survivable Cancers Taskforce
    c. Cruse Home - Cruse Bereavement Support

16. If you would like to, please include any evidence alongside your response.

Section B: Introduction

The Purpose of this Consultation

17. The current National Cancer Plan '*Recovery and redesign: an action plan for cancer services*'[iv] comes to completion in March 2023. This superseded the previous cancer strategy 'Beating Cancer Ambition and Action', and was developed in response to immediate challenges presented by the COVID-19 pandemic. We have started the process of developing a new cancer strategy for Scotland and want to seek wide ranging views on what should be prioritised as we recover from the pandemic and beyond.

18. It is important that our vision, aims and principles reflect a long-term ambition and guide where we want to go. We need to decide what aspects of cancer prevention, management and care are the most important. We want to be comprehensive but will also need to focus on the most important areas for action, particularly in the shorter-term.

Cancer in Scotland

19. Over the last decade to 2019, the numbers of cancers in Scotland increased in both sexes, from an overall total of over 30,600 in 2010 to more than 34,100 in 2019 – an increase of 11%.[v] The increase in numbers reflects the increasing size of the older population and our success in increasing survival rates from other diseases. By 2027 this is expected to reach 40,000 a year – 110 people being diagnosed with cancer every day.[vi] To understand the implications of these trends over time, each cancer needs to be considered separately.[vii]

20. With effective population-based screening programmes, earlier detection, better diagnostic methods and advances in treatments, more people in Scotland are surviving cancer than ever before. Cancer mortality rates (age adjusted) in Scotland have reduced by 11% over the last 10 years (13% for males, 7% for females).

21. Lung cancer continues to be the most common cause of death from cancer in Scotland (3,874 deaths in 2020), which is more than double that of colorectal cancer, the next most common cause of death. Meanwhile, liver cancer had the biggest increase in mortality rates in the last decade (38%). Survival from liver cancer is poor in most cases. The main risk factors for liver cancer are obesity, alcohol and infection with hepatitis B and C viruses [viii].

22. Smoking, obesity, alcohol, physical inactivity and diet are among the largest modifiable risk factors for cancer in Scotland. Up to 40% of cancers can be prevented through modifiable risk factors[ix] in line with Scotland's wider public health priorities.[x]

23. We know that health inequalities are the result of fundamental inequity in the distribution of power, money and resources. This has an impact on the opportunities for good quality work, income, education, social inclusion, housing

and access to quality public services. In turn, these determinants shape individual experiences and health throughout life, including cancer.

24. The most deprived areas have incidence rates that are 34% higher than the least deprived areas. Lung cancer is three times more common in the most socio-economically deprived areas compared with the least deprived areas in Scotland. Cervical cancers are also more common in more deprived areas. In contrast, female breast and prostate cancers are more common in less deprived areas[xi].

25. Socio-economic inequalities lead to unequal access to healthier environments and quality health and community resources including screening services. There is convincing evidence that socio-economic deprivation increases the likelihood of being diagnosed with more advanced cancers of the bladder, bowel, cervix, female breast, head and neck, melanoma and prostate. For these cancers, people were more likely to have cancers that had spread to other parts of the body (metastatic disease) in the most deprived groups compared to the least deprived groups[xii.] This situation is not inevitable and can be improved.

26. The earlier a person is diagnosed with cancer, the more likely they are to have a good outcome. From 2000-2019, four out of five breast cancers (79%) were diagnosed at an early stage (I or II). In contrast, almost half of lung cancers (47%) and a fifth of colorectal cancers (20%) were diagnosed at a late stage (Stage IV)[xiii].

27. During the five-year period 2013-17, overall, two thirds of men (67%) and women (71%) diagnosed with cancer survived for at least one year, while 2 in 5 men (43%) and 1 in 2 women (51%) survived for at least five years. However, an individual's chance of survival depends largely on which cancer they have, with 1-year survival ranging from around 20% to almost 100%, for different types of cancer. After taking account of changes in the population age structure over time, survival from all cancers (excluding non-melanoma skin cancers) improved, at both one and five years, by around 2% between 2008-12 and 2013-17, for both men and women[xiv].

28. Although this is good news, this increase in the number of people surviving cancer will result in an increased use of specialist and primary care services and, due to the increasing age-profile, people using these services will most likely be presenting with multiple health conditions and complex health needs.

29. Considering all cancers combined, mortality rates were 78% higher in the most deprived areas compared with the least deprived. This suggests that a combination of higher incidence and poorer survival from cancer in more deprived areas contribute to the excess mortality from the disease[xv].

30. A key challenge will be for health, social care and third sector services to develop sustainable and innovative approaches to cancer care which meet the changing requirements of people with cancer to support them to live healthy lives at home. But we can only rise to this challenge if we are willing to be ambitious in the change that can be realised and consider the whole pathway from prevention

to screening, diagnosis, treatment and care. Tackling inequalities in cancer incidence and care will be complemented by wider place-based action to enable communities, third, public and private sector organisations to work jointly to drive improvements in health locally. We will create the conditions that will support people to have a better quality of life, making sure that there are fair opportunities for everyone to have an active and healthy life.

Policy Context

31. In 2016, '*Beating Cancer Ambition and Action'*, was published with a 5-year horizon. The strategy set out a number of key ambitions for cancer services. In order to ensure services continue to improve, the former Cabinet Secretary for Health and Sport commissioned an update to the 2016 strategy. The '*Beating Cancer: Ambition and Action (2016) update: achievements, new action and testing change'*, was subsequently published in April 2020. The strategy update was published just after the first national lockdown and was written with a pre-pandemic lens.

Coronavirus (COVID-19) impact and response

32. Health protection measures, as well as wider pandemic impacts, including workforce isolation, impacted on cancer pathways including, for example, scope-based diagnostic tests. We recognise the significant pressure that the NHS continues to experience and cannot underestimate the risks from COVID-19 and its knock-on effects, which are likely to remain with us for some time to come.

33. To account for the new ways of working and the impact of the pandemic, a short-term action plan was developed by a multi-disciplinary group. The current National Cancer Plan, '*Recovery and Redesign: an action plan for cancer services'* was published in December 2020[xvi]. The plan detailed 68 actions that were designed to both redesign cancer services to benefit people diagnosed with cancer, and to increase our services' overall resilience to future rises in COVID-19 prevalence.

34. The National Cancer Recovery Group was established[xvii] to provide national oversight of cancer services during the recovery phase and to drive forward the actions set out in the National Cancer Plan, alongside other governance groups for, amongst others, different types of cancer treatment.

35. Limiting the impact of COVID-19 on people diagnosed with cancer has remained a top priority throughout the pandemic. NHS Scotland continues to prioritise new people being referred with a suspicion of cancer, and this is closely monitored through weekly performance meetings with officials and reflected in Boards' Remobilisation Plans.

36. The majority of cancer treatments have continued throughout the pandemic. The framework for the maintenance of cancer surgery[xviii] and national Systemic Anti-Cancer Therapy (SACT) prioritisation framework[xix] provide guidance ensuring

people diagnosed with cancer are treated in order of clinical priority consistently across NHS Scotland.

37. The Scottish Government published the NHS Recovery Plan on 25 August[xx]. This set out plans for health and social care over the next 5 years. This restated our commitment to recovering and renewing cancer services.

38. The Scottish Cancer Registry[xxi] has been collecting information on cancer since 1958. Data collected by the Registry are published by PHS. This information is used for a wide variety of purposes including: public health surveillance; health needs assessment, planning and commissioning of cancer services; evaluation of the impact of interventions on incidence and survival; clinical audit and health services research; epidemiological studies; and providing information to support genetic counselling and health promotion. New developments in the Scottish Cancer Registration and Intelligence Service will make cancer data more readily available and will make data on waiting times, screening, diagnosis and treatment more easily linked to the Registry.

Where we are now – successes and remaining challenges

39. The National Cancer Plan actions continue to progress well. To date, the plan is on track. The current status of the 68 actions are as follows:
    - 14 actions are completed
    - 35 actions are unchanged and progressing
    - 17 actions have changed in scope or timeline but are progressing
    - 2 actions have been superseded by new emerging work

40. The National Cancer Plan consists of 4 flagship actions, which are large, novel and new innovations being implemented across cancer services in Scotland. An overview of each flagship action and their progress can be found below.

    i. A Single Point of Contact (SPoC) supports people diagnosed with cancer to:
        - Have a single point of contact for discussing questions or anxieties related to their clinical care from the point of diagnosis
        - Receive timely and accurate advice on their appointments, test and results
        - Have the chance to discuss what non-clinical support may be available for them and their family following a cancer diagnosis
        - Understand their treatment plan and expected timelines for treatment delivery
        - Self-manage (aspects of) their condition and access available services as appropriate following discharge

    ii. Early Cancer Diagnostic Centres (ECDCs) provide primary care with access to a new fast-track diagnostic pathway for people with non-specific symptoms that can be suspicious of cancer, such as weight loss and fatigue.

iii. Cancer prehabilitation can support people to better cope with cancer treatment whilst also improving clinical and service outcomes. The Scottish Government has committed to invest in prehabilitation and to test and evaluate the concept for delivery across Scotland.

iv. NHS National Services Scotland is hosting the Scottish Cancer Network. This is a dedicated national resource to support and facilitate a 'Once for Scotland' approach to cancer services, which will assist in enabling equitable access to care and treatment across Scotland. Its main aims are to:
   - Develop and operate a system for the production, review, and hosting of National Clinical Management Guidelines.
   - Oversee and drive improvement of existing National Managed Clinical Networks and adopt similar national network approaches for other areas, for example areas with low volume activity that may benefit.

Action	Progress to Date
Single Point of Contact	12 x pilots have been funded, equally distributed across the regions, with a skeleton framework agreed to inform pilots. Forum has convened with associated Teams site to aid delivery and shared learning from pilots. Suggested question set to capture patient experience has also been agreed.
Early Cancer Diagnostic Centres	3 early adopter Boards all now live for referrals: NHS Fife, NHS Ayrshire & Arran, NHS Dumfries & Galloway. An evaluation is being undertaken by the University of Strathclyde with an interim report due in September 2022.
Prehabilitation	Delivery of all prehabilitation actions recommenced as of 1st March following pause of meetings and limited clinical input due to service pressures. • Action 24: 4 weekly meetings of the Implementation Steering Group (CPISG) recommencing on 6-weekly basis. Test of Change/ Pilot was launched with Maggie's in November 2021. Eighth and final site due to launch in April 2022. Implementation standards developed by the CPISG finalised. • Action 25: Digital resource is under development with a full launch anticipated by Summer 2022. • Action 26: Structure of nutrition framework agreed with draft being progressed. Final draft now expected early summer 2022. • Action 27: Psychological therapies and support framework finalised and expected publication in April.
Scottish Cancer Network	Progressing well. National networks are integrating well under the SCN. Development work on clinical management pathways (CMPs) has commenced, with an initial focus on the lung CMPs.

41. While the NHS remains under pressure as a result of COVID-19, we've treated more people diagnosed with cancer within the 62 day standard in the quarter Q4 2021 compared to pre-COVID (3,273 in Q4 2021 compared to 3,115 in Q4 2019). However, the latest published figures have demonstrated that no boards have met the 95% target.

42. The number of monthly SACT patients continues to increase over time across all three cancer regions, with the latest figures showing 11,781 in January 2022, an increase of 12% since January 2020. This increased demand on services in conjunction with the increasingly complex treatment options is having an impact on overall capacity within the existing workforce[xxii].

43. The Scottish Government have been working to ensure the voices and experiences of people affected by cancer are at the heart of policy. By utilising stories published on Care Opinion, and listening to stories told during engagement activities, it is evident that experience is positively associated with timely, compassionate and proactive care and communication. Whilst previous versions of the Scottish Cancer Patient Experience Survey (2015 and 2018) and Care Opinion tell us that the majority of experiences of cancer services in Scotland are positive (95%), we know that when things could be better, communication is often at the heart of those experiences.

<u>Development of a new cancer strategy</u>

44. A core design group has been established within the Scottish Government to take forward the development of a new cancer strategy and plan, consisting of officials from several departments. The group has initiated thinking on the aims and scope of a new strategy or plan and the engagement process for its development.

45. These early proposals have been discussed with the National Cancer Recovery Group and, through its membership of the NCRG, representatives of the Third Sector and clinical staff.

Section C: Consultation Questions - Overall

46. We will continue to build on the success and use learning from our previous plans, however we would also like to hear about new ambitions you think we should prioritise.

Question 1a	What are the most important aspects of the cancer journey you would like to see included in a long-term strategy?
Description	Think about, for example, prevention, screening, diagnosis, treatment, support for people with or affected by cancer, other care.
Answer	
Question 1b	Are there particular groups of cancers which should be focused on over the next 3 or 10-years?
Description	Examples of groups may include secondary cancers or less survivable cancers.
Answer	
Question 1c	What do you think we should prioritise over the short-term?
Description	Consider what needs addressed within the first 3 years.
Answer	

Section D: Consultation Questions - Type of document

47. The current national cancer plan is an interim plan designed specifically to help cancer services recover from the effects of COVID-19 over a period of just over 2 years. The previous strategy had a timeline of 5 years.

48. The options considered for this new strategy are:
    i. Extending or renewing the current recovery plan taking into account the ongoing impacts of the COVID-19 pandemic.
    ii. A 5-year strategic plan to indicate that the short-term recovery plan was interim and that we are shifting back to a more normal approach.
    iii. A longer-term strategy with short-term action plans which will evolve with changing landscape but remain consistent with the overarching ambitions.

49. We are proposing to take forward a 10-year high-level ambitious strategy underpinned by three shorter-term action plans (option 3). This would help set out a longer-term vision and goals while addressing the different stages of recovery and rebuilding that will be necessary, alongside the continuing advances in cancer services.

50. Initial conversations regarding the proposed options indicated that extending the current plan (option 1) would result in fewer opportunities for innovation and new responses. Moreover, a 5 year strategic plan (option 2) risks omitting the ongoing challenges and changing circumstances.

Question 2a	Do you agree with this proposal?
Description	Do you agree with a 10-year high-level strategy which will be underpinned by three shorter-term action plans. Please respond yes or no.
Answer	
Question 2b	Please explain your answer and provide any additional suggestions.
Description	Please explain your answer to Question 2a.
Answer	

Section E: Consultation Questions - Vision, aims and principles

Vision

51. Our proposed Vision is:

"*A compassionate and consistent cancer service, that provides improved support, outcomes and survival for people at risk of, and affected by, cancer in Scotland*"

Question 3a	Do you agree with this vision?
Description	Do you agree with the proposed vision (51.), please respond yes or no.
Answer	
Question 3b	Please explain your answer and provide any additional suggestions.
Description	Please explain your answer to Question 3a.
Answer	

Aims

52. The Aims of the strategy set out more-specific goals that we will prioritise and that we can measure. Our proposed aims are:
    a) Slowing down the increasing incidence of cancer
    b) Earlier stage at diagnosis
    c) Shorter time to treatment
    d) Lower recurrent rates
    e) Higher survival rates
    f) High quality, consistent experience of the health service for people affected by cancer
    g) An enabling environment for research and innovation in diagnosis and treatment
    h) Reduced inequalities in all these areas

Question 4a	Do you agree with these goals?
Description	Do you agree with the proposed goals (52. a - h), please respond yes or no.
Answer	
Question 4b	Please explain your answer and provide any additional suggestions.
Description	Please explain your answer for Question 4a.
Answer	

Principles

53. It is important to agree Principles that will underpin a future cancer strategy and guide our planning for and conducting future cancer services. These should reflect the values that we think are important in ensuring the best outcomes. Our proposed principles are:
    - putting patients at the centre of our approach
    - actively involve communities and users of services
    - be inclusive
    - provide high quality, compassionate care
    - ensure services are sustainable
    - collaborate across all sectors
    - use an evidence-based approach and make the best use of emerging data/research/technology
    - strive for consistency through a ‘Once for Scotland’ approach

Question 5a	Do you agree with these principles?
Description	Do you agree with the proposed principles (53.), please respond yes or no.
Answer	
Question 5b	Please explain your answer and provide any additional suggestions.
Description	Please explain your answer for Question 5a.
Answer	

Section F: Consultation Questions - Scope and Framing

54. We want to hear your views on how broad the strategy and actions plans should be, in addition to what the main areas of focus should be. We are proposing that themes are used consistently in the overarching strategy and 3 year action plans, these currently include:
    - Person-centred care
    - Prevention
    - Timely access to care
    - High quality care
    - Safe, effective treatments
    - Improving quality of life and wellbeing
    - Data, technology and measurement
    - Outcomes

Question 6a	Do you agree with these themes?
Description	Do you agree with the proposed themes (54.), please respond yes or no.
Answer	
Question 6b	Please explain your answer and provide any additional suggestions.
Description	Please explain your answer for Question 6a.
Answer	

49. Person-centred care means 'mutually beneficial partnerships between people diagnosed with cancer, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making'[xxiii]. Care focuses on the individual and their particular health and care needs, ensuring people's preferences and values are taken into account.

50. Under Person-centred care we are considering:
- Individual experience (by responding to Scotland Cancer Patient Experience Survey 2022 (SCPES[xxiv]); and by working with Third Sector and key partners on projects such as Care Opinion[xxv])
- Co-production of some actions with people affected by cancer
- Wider support for people living with and beyond cancer and their supporters (for example Single Point of Contact, Transforming Cancer Care, Prehabilitation)

Question 7a	Do you agree with these areas of focus?
Description	Do you agree with the proposed areas of focus for person-centred care, please respond yes or no.
Answer	
Question 7b	In your experience, what aims or actions would you like to see under any of these areas?
Description	Please focus your response on the person-centred care.
Answer	
Question 7c	Please explain your answer and provide any additional suggestions.
Description	Please explain your answers for Question 7a and 7b.
Answer	

51. We propose to look at Prevention in relation to risk factors for cancer that can be modified at the population level and at the individual level. We are considering, for example:

- alcohol minimum unit pricing,
- smoke-free zones,
- restricting promotion and advertising of foods high in fats, sugar and salt,
- mandatory calorie labelling,
- raising awareness of weight management services,
- healthy eating advice,
- smoke cessation services.

Question 8a	In your experience, what actions do you think would be most effective for helping to stop people getting cancer and reducing inequalities in cancer incidence?
Description	Please focus your response on the prevention of cancer and inequalities in cancer incidence.
Answer	

Question 8b	Please explain your answer and provide any additional suggestions.
Description	Please explain your answer for Question 8a.
Answer	

52. Timely access to care means trying to identify cancer as early as possible. Actions include, for example, education for the public and health professionals, screening programmes (general and targeted), getting the right tests quickly, and being referred and seen at the right time by the right people.

53. Under Timely access to care, we are considering:

- Screening (such as national programmes and genetics)
- Early detection and diagnosis (looking at genetic tests/molecular pathology; diagnostic tests (haematology, pathology, radiology, endoscopy); Detecting Cancer Early programmes; and Early Cancer Diagnostic Centres)
- Primary Care (including direct access to investigations, referrals and opinions; and education and engagement with communities)

Question 9a	Do you agree with these areas of focus?
Description	Do you agree with the proposed areas of focus for timely access to care, please respond yes or no.
Answer	
Question 9b	In your experience, what aims or actions would you like to see under any of these areas?
Description	Please focus your response on timely access to care.
Answer	
Question 9c	Please explain your answer and provide any additional suggestions.
Description	Please explain your answers for Question 9a and 9b.
Answer	

54. Under High quality care, we want to think about actions outside of direct treatment that affect the care given to those affected by cancer. We are considering:

- Workforce (thinking, for example, about requirements and modelling for oncology and other workforce, including specialist nurses; leadership)
- Service delivery (thinking about national, regional and local services; flexible use of workforce; role of cancer network; strategic alliances and working across health boards, for example)
- Inequalities (thinking about how to make sure everyone is included, and targeting those who may be at a disadvantage)
- Accessibility (breaking down barriers such as geographical, cultural or language)
- Integrated support services between NHS and Third Sector

Question 10a	Do you agree with these areas of focus?
Description	Do you agree with the proposed areas of focus for high quality care, please respond yes or no.
Answer	
Question 10b	In your experience, what aims or actions would you like to see under any of these areas?
Description	Please focus your response on quality of care.
Answer	
Question 10c	Please explain your answer and provide any additional suggestions.
Description	Please explain your answers for Question 10a and 10b.
Answer	

55. Safe, effective treatments are the cornerstone of managing cancer. The majority of cancer treatments have continued throughout the pandemic but there are noted variations around the country. Treatment may come with side effects – or even a negative outcome: realistic medicine means encouraging people using healthcare services and their families to discuss their treatment fully with healthcare professionals, understanding the potential benefits and risks.

56. Under Safe, effective treatments, we are considering:

- Surgery
- Radiotherapy
- Systemic anti-cancer treatment
- Acute oncology
- Realistic medicine
- Consent

Question 11a	Do you agree with these areas of focus?
Description	Do you agree with the proposed areas of focus for safe and effective treatments, please respond yes or no.
Answer	
Question 11b	In your experience, what aims or actions would you like to see under any of these areas?
Description	Please focus your response on treatment.
Answer	
Question 11c	Please explain your answer and provide any additional suggestions.
Description	Please explain your answers for Question 11a and 11b.
Answer	

57. Treatment may not be the solution and, alone, is not sufficient. We also need to consider the overall Quality of life and wellbeing of people living with and affected by cancer. This can be influenced by where a person lives and other social factors. Wellbeing and quality of life can be improved by strategies such as prehabilitation (helping people prepare for cancer treatment), psychological support and support for families and carers. Patients' experience of cancer is affected by how quickly and smoothly they move through the 'patient pathway' from symptoms to diagnosis to treatment and care. And care beyond surgery, radiotherapy and chemotherapy is important too, including palliative and end-of-life care.

58. Under Improving quality of life and wellbeing, we are considering:

- Prehabilitation and rehabilitation
- Psychological support

- Patient pathways (including quality of care, waiting times, less survivable cancers)
- Palliative medicine, Best Supportive Care and End of Life care
- Support to family/carers

Question 12a	Do you agree with these areas of focus?
Description	Do you agree with the proposed areas of focus for quality of life and wellbeing, please respond yes or no.
Answer	
Question 12b	In your experience, what aims or actions would you like to see under any of these areas?
Description	Please focus your response on quality of life and wellbeing.
Answer	
Question 12c	Please explain your answer and provide any additional suggestions.
Description	Please explain your answers for Question 12a and 12b.
Answer	

59. Data (knowledge, information and statistics) are important to help manage cancer care as well as for measuring how well we are doing. There continue to be new innovations and technology that can help with diagnosis and more precise treatment. And research is important to stay up-to-date and know what works best. We want to make the best use of Data, technology and measurement, and are considering:

- Data, for example
    - Outcomes e.g. recurrence, benchmarking
    - Scottish Cancer Registry and Intelligence Service (SCRIS)
    - Quality Performance Indicators (QPIs)
    - Cancer Waiting Times (CWTs)
    - Cancer Medicines Outcome Programme (CMOP)
    - Patient Reported Outcome Measures (PROM)
    - Multi-disciplinary teams (MDTs)
- Research, technology and innovation (including regulation/quality/safety)
    - clinical trials

- precision medicine
- genetics/genomics/molecular pathology (screening, diagnostics, treatment)
- robotics
- e-health, for example, Near Me and Connect Me

Question 13a	Do you agree with these areas of focus?
Description	Do you agree with the proposed areas of focus for data, technology and measurement, please respond yes or no.
Answer	
Question 13b	In your experience, what aims or actions would you like to see under any of these areas?
Description	Please focus your response on data, technology and measurement.
Answer	
Question 13c	Is there any technology that you would like to see introduced to improve access to cancer care?
Description	Please consider access to screening, diagnostics, results, tracking of your pathway.
Answer	
Question 13d	Please explain your answer and provide any additional suggestions.
Description	Please explain your answers for Question 13a, 13b and 13c.
Answer	

60. The final proposed section is Outcomes, where we will describe how we will monitor and evaluate the strategy and plan.

Question 14	What suggestions do you have for what we should measure to make sure we are achieving what we want to in improving cancer care and outcomes?
Description	Please focus your response on cancer care and outcomes.
Answer	

Section G: Consultation Questions - Earlier Diagnosis Vision

61. The Detect Cancer Early Programme was launched in 2012. Its main purpose was to raise the public's awareness of the national cancer screening programmes and the early signs and symptoms of cancer to encourage them to seek help earlier.

62. We plan to continue the programme, and the new Cancer Strategy will include an Earlier Diagnosis Vision, shaping the earlier diagnosis programmes in Scotland over the period of the new strategy. Earlier diagnosis of cancer means detecting cancer in people with symptoms as soon as possible when there are more treatment options and a better chance of cure.

Question 15a	What would you like to see an Earlier Diagnosis Vision achieve?
Description	Think ahead to the next 10 years, think big picture – what change(s) should we be aiming to influence when it comes to earlier cancer diagnosis? Consider access to care/cancer screening/primary care/diagnostics and awareness of cancer signs and symptoms
Answer	
Question 15b	Should the Earlier Diagnosis Vision set itself a numerical target?
Description	For example, 75% of all cancers diagnosed at an earlier stage. Please provide any suggested target you have.
Answer	
Question 15c	Should the earlier cancer diagnosis vision focus on specific cancer types?
Description	The current programme focusses on lung, bowel and breast cancers that account for 45% of all cancers diagnosed in Scotland.
Answer	
Question 15d	If you or a family member or friend have previous experience of a cancer diagnosis, where did the service work well and why was that? What could have improved the experience?
Description	Please refer back to your personal experience to identify how services worked well and where improvements could be made.

Answer	
Question 15e	From your previous experience where would you like to access care if you had concerns about cancer that would be different to what is available currently?
Description	Please identify where you would like to access care differently to your experience.
Answer	
Question 15f	What does good earlier cancer diagnosis look like for you?
Description	Think about what a good outcome would be, for example more people being diagnosed when they can be cured of cancer, living well with cancer for longer etc
Answer	

Section H: Impact Assessments

63. We want to hear your views on how this cancer strategy could affect various aspects of inequalities, and how potential negative impacts could be avoided.

Question 16a	In your experience, are there aspects of cancer diagnosis, treatment or care that affect people from marginalised groups differently? If there are negative effects, what could be done to prevent this happening?
Description	Please consider the 'protected characteristics' of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.
Answer	
Question 16b	Similarly, is how we manage cancer different for wealthy or poor people? What could be done to do this better?
Description	Please consider the impact of socio-economic inequality.
Answer	
Question 16c	Is the experience of cancer different for people living in rural or island communities? What could be done to prevent any negative impacts?
Description	Please consider the impact of rurality on access to and quality of cancer services.
Answer	

Section I: Conclusion

64. This is the conclusion of the consultation. We would like to offer an opportunity for any final thoughts for inclusion or consideration in our long-term strategy or short-term action plan.

Question 17	What other comments would you like to make at this time?
Description	Please provide any additional comments regarding the long or short-term ambitions for cancer services.
Answer	

Section J: Respondent Information Form

Cancer strategy: draft vision, aims and priority areas

Scottish Government
Riaghaltas na h-Alba
gov.scot

RESPONDENT INFORMATION FORM

Please Note this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy: https://www.gov.scot/privacy/

Are you responding as an individual or an organisation?

☐ Individual

☐ Organisation

Full name or organisation's name

Phone number

Address

Postcode

Email Address

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

☐ Publish response with name

☐ Publish response only (without name)

☐ Do not publish response

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

☐ Yes

☐ No

Section K: References

[i] The Scottish Burden of Disease Study, 2016 (scotpho.org.uk)
[ii] Cancer incidence in Scotland - Cancer incidence and prevalence in Scotland to December 2019 - Cancer incidence in Scotland - Publications - Public Health Scotland
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[iv] Recovery and redesign: cancer services - action plan - gov.scot (www.gov.scot)
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[vii] Cancer Incidence and Prevalence in Scotland (to December 2019) (publichealthscotland.scot)
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[xvii] Coronavirus (COVID-19): National Cancer Recovery Group - gov.scot (www.gov.scot)
[xviii] Maintenance of cancer surgery: framework - gov.scot (www.gov.scot)
[xx] NHS Recovery Plan 2021-2026 (www.gov.scot)
[xxi] Cancer | Scottish Cancer Registry | Health Topics | ISD Scotland
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[xxiv] Scottish Cancer Patient Experience Survey - gov.scot (www.gov.scot)
[xxv] Care Opinion in Scotland | Care Opinion

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