STAKEHOLDER ENGAGEMENT

The Scottish Government is embarking on a ‘Detect Cancer Early Initiative’ and has produced a draft implementation plan and we are keen to hear your views on the draft plan, so please also find attached a form for you to reply with your comments.

All responses should be submitted by in writing by Friday 26 August 2011 to:

Email Mailbox: DetectCancerEarly@scotland.gsi.gov.uk
Phone: 0131 244 4773
Post: Virtual Cancer Team
       c/o Heather Cairns
       Scottish Government
       St Andrew’s House
       Edinburgh
       EH1 3DG

If you require any further information regarding the engagement process, please let us know at the contact details above.

At the end of the engagement period, all comments and responses will be collated for review by the Programme Board for the initiative. Those who have participated in the engagement process will receive an overview of the changes made and a copy of the final implementation plan.
Detect Cancer Early Programme – Stakeholder Engagement

Foreword

There has been much progress in cancer care over the last twenty years in Scotland. Consecutive national action plans have ensured that screening programmes for breast, colorectal and cervical cancers have been introduced and cancer diagnoses are made earlier. There have been spectacular advances in availability of treatments and investment in staff and equipment has led to shorter waiting times.

NHS Scotland met the 62-day cancer access target in the last quarter of 2008. Better Cancer Care then introduced tougher targets introducing patients referred through the national screening programmes and establishing a 31-day target from decision-to-treat to treatment. These targets are due for delivery in December 2011 but are already being met.

However, more needs to be done. Scotland still lags behind its UK and European neighbours in terms of survival from cancer. If our survival rates matched the best in Europe, considerably more lives would be saved each year from cancer. There is expected to be an increase in the incidence of cancer in Scotland as a result of the ageing population. This means more treatments will need to be given to maintain the current performance on outcomes. Due to the effect of age-related co-morbidity, treating cancer will be more complex. And to monitor for disease recurrence, treatment toxicity and late effects of therapy, more surveillance will be required.

Therefore NHSScotland needs to improve survival outcomes for people with cancer to amongst the best in Europe, manage this expected increase in incidence and continue to improve patient and carer experience. One way of achieving this is through earlier diagnosis. Earlier diagnosis means simpler, less toxic treatments can be given. There are also fewer recurrences and longer term wider societal benefits.

In April 2011, the Cabinet Secretary announced that the new administration would pursue a programme to achieve earlier diagnosis of cancer. This programme will support a fundamentally new approach to the management of cancer in NHS Scotland, promoting engagement with the Scottish population that embeds mutual partnership, delivers on quality and efficiency and results in better outcomes.
What is the issue that the programme is addressing?

Cancer survival is a key measure of the effectiveness of health care systems. Until the causes of cancer are more fully understood and effective strategies for prevention are fully implemented, thousands of people will continue to be diagnosed with cancer every year. Survival rates will remain a key indicator of progress. Even small improvements in survival from common cancers can prevent large numbers of premature deaths.

Scotland performs poorly relative to other European countries (in particular the Nordic countries) in terms of survival from cancer. This is usually measured as 5-year survival rates and the percentage relative survival rates for cancer (all types together) are shown in the table below:

<table>
<thead>
<tr>
<th>Country</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweden</td>
<td>58.9</td>
</tr>
<tr>
<td>Finland</td>
<td>58.0</td>
</tr>
<tr>
<td>Norway</td>
<td>55.0</td>
</tr>
<tr>
<td>Germany</td>
<td>53.7</td>
</tr>
<tr>
<td>Italy</td>
<td>52.7</td>
</tr>
<tr>
<td>EUROPE AVERAGE</td>
<td>52.0</td>
</tr>
<tr>
<td>Spain</td>
<td>51.1</td>
</tr>
<tr>
<td>Wales</td>
<td>49.2</td>
</tr>
<tr>
<td>England</td>
<td>47.2</td>
</tr>
<tr>
<td>NI</td>
<td>46.3</td>
</tr>
<tr>
<td>Scotland</td>
<td>44.1</td>
</tr>
</tbody>
</table>

Table 1 Percentage 5-yr survival rates for people diagnosed with cancer (all types combined) between 1995-2002

Although there is some evidence that Scotland’s position may be artificially low because of record linkage is more complete in Scotland and registration is organised differently in other countries, the Detect Cancer Early Programme seeks to improve Scotland’s position relative to other European countries.
What are the causes of poor cancer survival?

Factors that influence survival from cancer are:

- Tumour biology (the inherent aggressiveness of the cancer)
- The stage the cancer has reached by the time it is treated (staging describes whether the cancer is confined to part of an organ, whether it has spread directly to nearby organs or whether it has spread even further away from where it started through the blood stream to distant parts of the body)
- The individual’s general physical and psychological well-being
- Quality of care at and immediately after treatment

Despite extensive ongoing research, there is little that can influence the intrinsic behaviour of tumour cells, although it is likely that the same factors which are known to cause cancer in the first place, will play a role.

Individual’s general health and the quality of the treatment they receive are important but are outside the remit of this programme.

Most of the excess risk of mortality in the United Kingdom compared with the Nordic countries occurs within a year of diagnosis and it has been concluded that delays in presentation and/or referral, resulting in more advanced disease stage at diagnosis, are responsible for much of this survival deficit. Indeed, if those patients who die within a year of diagnosis are excluded from the five year survival rates above, then Scotland’s performance would be similar to the other countries.

ISD data shows small improvements in survival rates with little change in the distribution across the stages – the improvements in survival are likely to be due to better quality treatments and better organisation of care – the biggest improvement in survival will be made by achieving treatment at an earlier stage.

What will be the focus of this programme?

This programme will focus on the stage of the disease at which treatment is provided. The key phrase is ‘the earlier the better’ - cancers which present at an advanced stage and are less amenable to treatment have poorer survival outcomes. Often more complex intervention is required at greater cost. Increasing the proportion of people diagnosed and treated in the early stages of cancer (stages 1, 2) compared to the later stages (3, 4) will improve overall cancer survival.

Measurement of five year survival rates is complex and relies on collection of a wide variety of data items. It will be at least five years after the introduction of an initiative before it is clear whether survival has been improved as a result. By choosing instead to target the ‘proxy’ indicator of stage of disease at diagnosis, and aiming to increase the proportion of people who have early stage disease compared to late stage disease, it is anticipated that overall five year survival will improve. This assumes that current high standards of care will continue and individual’s general health and well-being is optimised.
The programme supports a fundamentally new approach to the management of cancer in NHS Scotland, promoting an approach to engagement with the Scottish population that embeds mutual partnership, delivers on quality and efficiency and results in better outcomes.

**Why is a delivery target needed?**

A delivery target will result in focussed effort across NHS Scotland to achieve. There has long been awareness of Scotland’s position on cancer survival compared to other European countries and although health promotion and improvement initiatives have been undertaken, the impact has been disappointing when comparative figures on survival are examined. This programme will result in a whole systems approach with specific actions identified to tackle the underlying causes of late presentation of cancer, thought to be the largest contributory factor in poor relative survival. The delivery target will be driven by a national programme of work and embedded in NHS Board local delivery plans with accompanying performance management and support. In this way, all NHS Boards will have a responsibility to contribute to achieving the national outcome.

A target that is published also means that systems for producing, collecting and reporting on reliable data has to be developed.

**What will need to be done to improve performance?**

A combination of the following will be required:

- More people will need to participate in the national screening programmes
- People will need to have a more positive view of cancer prognosis and cancer treatment, be more aware of the symptoms and signs which could indicate cancer and be prepared to act upon them
- GPs will need to be prepared to see more people with early symptoms and have a lower threshold for further investigation or referral
- To avoid delays in having tests to confirm cancer, more diagnostic capacity will be required
- Treatment centres – surgery and oncology – will need to be prepared for an increase in the numbers of patients with early disease requiring treatment
- Systems will need to be in place to collect data and report on performance

**How will a target, milestones and LDP trajectory be set?**

It will be necessary to:

- Agree the source of the data (audit/clinical effectiveness or existing waiting times tracker systems)
- Agree baseline (which year, what about the effect of unknown stage)
- Agree definition of early diagnosis (stage 1 or stage 1&2)
- Agree whether target relates to three cancers combined
- Develop equalities analysis (individual NHS Board targets within the national target?)
- Ensure that quarterly data is available and reduce lag in availability
• Improve quality of data by reducing level of unknown stage of diagnosis
• Agree approach to publication of performance
• Develop measures of the ratio of cancers detected via urgent presentation against primary care referral
• Evaluate effect of public awareness campaigns
• Develop data on open access referrals to imaging

**How will performance be monitored and managed?**

SG Health Performance and NHS Boards will follow the same process for agreeing a HEAT target, delivery plan and trajectory as for previous targets. Like other cancer-related topics, media interest in performance is likely to be high and it is anticipated that the Cabinet Secretary will wish to have close scrutiny of progress towards target achievement.

**Is it fair for NHS boards to be accountable for low levels of help-seeking behaviour?**

The Detect Cancer Early Programme will be constructed in such a way that encourages targeted efforts to raise awareness of cancer and to promote help seeking behaviour amongst groups where there is already evidence of late presentation. This stakeholder engagement exercise seeks feedback and suggestions on how best to manage this within the overall programme and performance.

**What are the key elements of the implementation plan?**

To achieve the intended outcomes of better five year survival, increase in early cancer diagnosis and increased public awareness, there will be an overarching governance structure that will oversee the implementation, communication strategy and risk management of the programme. This will comprise key stakeholders in Scottish Government and the NHS. The initial phase of the programme is this stakeholder engagement exercise to build consensus on target and milestones. Programme enablers will include public health messaging around cancer and screening programmes, influencing primary care referral patterns and increasing diagnostic, screening and treatment capacity - cancer pathway integration and a whole systems approach will be required.

**What are the other benefits to implementing this programme?**

The programme will promote a ‘whole systems approach’ with public health working alongside primary care and acute sector to achieve target. The programme also addresses inequality – the populations with poorest screening programme uptake and high incidence of late stage presentation have poorest survival – this programme will be aimed particularly at these population groups if the overall target is to be met. Better data on staging will be available for international comparisons with lag time reduced.
Have the risks to current cancer access target performance been considered?

The current waiting times target for cancer treatment is likely to be maintained as a standard. Performance will continue to be monitored and for those NHS Boards where target delivery is at risk, challenge and support will be maintained.

Maintenance of access targets will be considered in the current context of ensuring best value form resources and avoidance of systems and processes that do not add to high quality care

What are the next steps?

A full implementation plan will be finalised in the Autumn once views have been collated from NHS, Third Sector and others and in consultation with Scottish Government Health and Social Care Management Board, key internal stakeholders, ISD and Cabinet Secretary. Stakeholders are particularly invited to comment upon data and target definitions and measurement of performance that will inform HEAT and LDPs. Once the final national and local targets are agreed, it is anticipated that NHS Board will wish to establish mechanisms to oversee local implementation and performance against target.

Summary

This is an ambitious programme. No previous cancer target has required the involvement of the third sector, public health, primary care and the acute sector to such an extent. But the progress in cancer care made so far in Scotland must be converted into real gains in terms of survival outcomes and this will only be achieved if all the components of the Detect Cancer Early Programme are taken forward together. Otherwise the risks of not achieving the aims of the programme are greater – that the population of Scotland fails to derive lasting benefit from the investment that has been made in cancer services over the last two decades, that the efforts to streamline the cancer journey in pursuit of compliance with access targets have been made in vain and that furthermore, NHSScotland is ill-prepared to meet the challenges arising from the anticipated increase in age-related cancer incidence and performance in Scotland falls further behind its European counterparts.

DRAFT IMPLEMENTATION PLAN

The implementation plan covers the following areas:-

- Governance
- Stakeholder Engagement and Building Consensus
- Creating a dedicated national programme
- Evaluating population cancer awareness
- Primary Care referral behaviour – assessing, profiling and influencing
- Generic and tailored awareness raising
- Increasing diagnostic and screening capacity
- Measuring outcomes and outputs
- Maintaining existing cancer access performance
• Capacity, Redesign & Workforce for delivery
• Performance Management
• Improvement Support
• Risks and risk management
• Communication Plan
• Financial profile

Governance

The membership of the National Cancer Waiting Times Delivery Group will be reviewed to ensure fitness for purpose for taking forward the implementation and delivery of the proposed new cancer target. The refreshed group will be named the Detect Cancer Early Programme Board (DCEPB) and will be the consultation forum with the Service to ensure implementation of the new cancer targets to be delivered by 2015. The group will be underpinned by an operational delivery team and will take forward data and definitional issues and performance monitoring and support.

The chair of national steering group will be nominated by the NHS Chief Executives Group and is expected to be a NHS Board CEO or Director of Public Health. Membership of the DCEPB will include the following:-

Core Membership

• Chief Operating Officer/Director Public Health
• Medical Director
• DCE Programme Director
• Chief Medical Officer (CMO)Directorate
• CMO Directorate:: Public Health Division, Health Protection Branch, Screening/National Specialist Services (NSS) Screening
• Health and Healthcare Improvement Directorate
• Scottish Government Analytical Services Division
• NSS Information Services Division
• Regional Cancer Network Manager
• Regional Cancer Network Clinical Leads
• Scottish Primary Care Cancer Group
• Scottish Cancer Coalition/ Patient/Public representation

Non-core Membership

• Chief Pharmacist Office
• Finance
• Equality and Diversity
• Communications Advisor
The operational delivery team will be a subgroup of the DCE Programme Board and will comprise the following membership:-

DCE Programme Director (Chair)
Programme Manager QuEST
Regional Network Manager
National Screening Programmes Coordinator
Scottish Primary Care Cancer Group
Regional Cancer Network Clinical Lead
NHS Board Cancer Services Manager(s)
Public Health Consultant
NSS ISD

The DCE Delivery Group will meet quarterly for the first year then six monthly. The support team will meet at least monthly

NHS Boards will nominate an Executive Cancer Lead to be responsible for cancer target compliance and to be the NHS Board point of contact for all Delivery Group communication

An equality impact assessment will be conducted as a component of this implementation plan. Mortality rates from cancer in the most deprived 10% areas are around 1.5 times those in the least deprived 10% areas (Equally Well: Report of the Ministerial Taskforce on Health Inequalities). This target will encourage NHS Boards to scrutinise differences in survival rates among different social groups (race, culture, affluence) and identify those which groups where the most effort at targeted interventions (e.g. to improve uptake of screening) will yield the biggest impact on target compliance. Examples of such interventions have used programmes grounded in local communities where people support each other and where people are provided with the information about symptoms that enable them to make the correct choices about seeking help.

A four year rolling financial plan for implementing and delivering the new cancer targets by 2014 will be developed and reviewed quarterly.

To ensure linkages to the emerging SCTF workplan, the Quality Strategy and the Efficiency & Productivity framework, the DCE Programme Director will present regular updates to SCTF, Quality Alliance Board and Efficiency and Productivity Portfolio Office.

The Scottish Government’s role is to provide clear, appropriate guidance to boards to enable them to consistently deliver the target. This will be achieved through the national programme board, supporting a network of clinical stakeholders and NHS Board representatives and national guidance will be developed and approved prior to distribution to all the boards.
Creating a dedicated national programme

As reflected in the DCE Programme Board membership, a partnership approach will be undertaken to involve the Regional Cancer Networks, Scottish Primary Care Cancer Group, Third Sector, NHS Boards including Special Health Boards and Health Improvement Scotland. Clinical leadership will be required to drive this. The involvement of relevant Scottish Government Health Directorates including public health, health promotion and health improvement services will be critical to the success of the programme.

A high profile launch event will be sponsored in Autumn 2011 to raise public awareness of this initiative and to allow NHSScotland to reflect on how it will achieve the aims of the programme.

NHS Health Scotland and Scottish Government marketing will be integral to promoting awareness amongst the general public of symptoms and signs which could indicate cancer and how and from whom to seek help.

NHS NSS Screening Services will play a part in increasing awareness and uptake in relevant population groups of the three national screening programmes. NHS NSS ISD will contribute to information gathering, data collation and processing and publication of performance against the target.

NHS Education Scotland will facilitate promoting awareness amongst NHS employees of risk factors associated with cancer and its presentation

A HEAT target will be developed to increase the proportion of patients diagnosed and treated when their cancer is at the earliest stages by 25%. Audit data on incidence and stage of disease is being analysed to develop a baseline measure from which improvements can be assessed.

The HEAT target will be underpinned by specific targets for NHS Boards to be agreed in Local Delivery Plans from 2012/13 onwards.

The initial tumour types covered by the target will be colorectal, breast and lung.

Progress against the target will be monitored, together with assessment of the effect of advances in diagnostics and social marketing policies and further horizon scanning in order to deliver five year survival improvements.

Evaluating population cancer awareness

Core messages aimed at the general public and messages aimed at health professionals will be developed with the aim of influencing public behaviour. But in order to do this evaluation of current awareness amongst the population will be required, both before and after the programme.

Information gained from conducting face-to-face and telephone interviews will be useful (e.g. assessment of awareness of warning symptoms and signs, awareness of the most prevalent cancers, awareness of risk factors, how likely to seek advice etc) but there is a question around how likely this is to differ significantly from what has already been obtained from work carried out in areas of the UK - it may be more productive to use the
conclusions and apply to the Scottish context. From this type of work, population profiling can be undertaken (e.g. GP avoiders, low awareness, emotional barriers, low awareness of screening opportunities etc) and social marketing options explored and piloted to address the various types.

Consideration will be given to taking forward the research and evaluation component of the programme in partnership with an academic institution.

**Primary Care referral behaviour – assessing, profiling and influencing**

This component of the work is designed to raise awareness amongst primary care clinicians and managers of demographics, processes and outcomes and facilitate benchmarking – it is not intended for performance management but for reflection and action planning. Feedback of anonymised information to individual practices on referral rates, cancer diagnoses via different routes, and stage of disease at presentation or treatment is anticipated and local support could be provided for outliers to facilitate reflective practice.

Development and pilots of accessible and evaluated decision-aid tools for referral may be introduced for use in primary care.

Referral pathways will be redesigned in order that delays can be avoided and good practice in ordering, managing and tracking tests and test results will be identified and disseminated.

Patient safety reporting and learning including significant event analysis at local and national level will be facilitated.

The assistance of the Scottish Primary Care Group and primary care cancer leads will be integral to this work. Negotiation with Scottish General Practices Committee on any contractual issues will be pursued through the Scottish Government Primary Care Division.

**Generic and tailored awareness raising**

Initiatives that will raise public awareness of symptoms and signs that could indicate cancer will be key to this programme. Social marketing techniques will be used to support media campaigns but will need to address barriers to seeking help and improve uptake of national screening programmes.

Methods of empowering patients who may be on a cancer diagnostic pathway will be explored to promote mutual partnerships and shared decision making.

Rural and income deprived areas will need particular effort to encourage earlier presentation to primary care with symptoms and to improve uptake of invitations to participate in screening programmes. This will require innovative approaches to funding and implementing awareness raising campaigns and social marketing.
Learning from National Awareness and Early Detection Initiative (NAEDI) pilots, workplace initiatives and targeting of hard-to-reach groups with links to existing local and national campaigns will be taken forward.

Ensuring optimal pre-treatment physical and psychological well-being will be taken forward in conjunction with the measures above.

There is considerable potential for work with community pharmacists, health visitors and other health professional groups to take forward this area of the work.

Whilst not a specific component of the implementation plan, partnership working will continue on prevention of cancer. Over half of all cancers could be prevented if people adopted healthy lifestyles such as:

- Stopping smoking. Over half of all cancers are potentially preventable, with smoking being the single largest preventable cause of death,
- Avoiding obesity. Obesity is now the most important preventable risk factor for cancer in non-smokers,
- Eating a healthy diet
- Undertaking a moderate level of physical activity,
- Avoiding too much alcohol
- Avoiding excessive exposure to sunlight
- Avoiding exposure to known carcinogens

**Increasing diagnostic and screening capacity**

To achieve this commitment will require **significant expansion of basic diagnostic capacity** and routine working outwith traditional hours in order to process results within timescales.

There will be a need for NHSScotland to reduce the number of patients currently waiting for a first appointment, to measure the demand and to provide sufficient capacity to meet demand. Equally important will be the need to manage the risks of disadvantaging other patient groups and to ensure that awareness is raised amongst referrers of those people who may be at an earlier stage of disease or patients with symptoms or signs where the possibility of cancer is less obvious and for whom the urgency for referral has not been as high. It is vital that the high quality of care that has been delivered to patients with cancer in Scotland is maintained and to ensure that NHS Scotland’s performance in cancer survival outcomes improves relative to the benchmarks set by other European nations.

Consequently, this new target will be achieved by service redesign and pathway development, aiming for long term sustainability

Protocols for open access imaging will be developed to promote ease of assessment of symptoms and signs suspicious of cancer with which patients present to their general practitioner. This work will require links to be established with the Diagnostic Steering Group and the 18 weeks Referral-to-Treatment programme. Continuous monitoring of demand, capacity, activity and queue will be developed for suspected cancer referrals.
against target performance, risks will be identified and action plans developed. Managed Diagnostic Imaging Clinical Network and Scottish Pathology Network will be engaged in service redesign towards capacity provision and managing demand. NHS Boards will work with Regional Networks to identify current and estimate future workforce and resource needs in diagnostics to achieve sustainable implementation and target compliance.

**Measurement of outcomes and outputs**

**Detect Cancer Early Outcomes and Outputs Map**

- **Outcomes**
  - Increase 5 year survival for cancer
  - Increase proportion of early stage cancer diagnoses
  - Reduce variation in primary care referral behaviour in suspected cancer
  - Raise awareness of cancer and what to do
  - Increase cancer diagnostic and screening capacity
  - Increase cancer treatment capacity

The existing evidence base clearly demonstrates the need for the early detection programme, however there is further work required to develop the evidence base further.
The following table sets out the analytical development work required to underpin the programme:

<table>
<thead>
<tr>
<th>Outcome/output</th>
<th>Data Development</th>
<th>Performance Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase 5 year cancer survival</td>
<td>Continue international benchmarking</td>
<td>Expect to see an increase in survival rates</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No target to be set</td>
</tr>
<tr>
<td>Increase early cancer diagnosis by 25%</td>
<td>Agree the source of the data</td>
<td>Performance will be reported through Scotland Performs</td>
</tr>
<tr>
<td></td>
<td>Agree the baseline and definition of ‘early diagnosis’</td>
<td>NHS Board level improvement trajectories to be agreed through Local Delivery Plans</td>
</tr>
<tr>
<td></td>
<td>Agree whether target relates to three cancers combined</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop equalities analysis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ensure that quarterly data is available and reduce the lag in the availability</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Improve the quality of the data by reducing the level of unknown stage of diagnosis within the data source</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Agree the approach for publishing statistics</td>
<td></td>
</tr>
<tr>
<td>Reduce variation in primary care referral behaviour</td>
<td>A measure will be developed on the ratio of cancers detected in A&amp;E to cancers referred from GPs</td>
<td>Expect to see a reduction in variation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No target to be set</td>
</tr>
<tr>
<td>Raised awareness of cancer symptoms and what to do</td>
<td>The impact of campaigns will be evaluated</td>
<td>Campaigns will be evaluated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No target to be set</td>
</tr>
<tr>
<td>Increase diagnostic and screening capacity</td>
<td>Develop a new data source on the number of GP referrals to direct to test for breast, colorectal, and lung</td>
<td></td>
</tr>
<tr>
<td>Increase treatment capacity</td>
<td></td>
<td>Maintain the current 95% standard for 31 day cancer treatment</td>
</tr>
</tbody>
</table>

A ‘Detect Cancer Early’ Manual will be produced to offer guidance on data, indicators, benchmarking and local initiatives.
Maintaining existing cancer access performance

To avoid an entire shift of focus and resources, consideration will be given to maintaining the current waiting times targets for cancer treatment. Data shows that once patients are identified as having cancer, they are treated quickly (half of them within a week) and it will be important to maintain this standard.

Monthly and quarterly performance will continue to be monitored and for those NHS Boards where target delivery is at risk challenge and support will be maintained. This will ensure that the current governance around the cancer access targets remains for Boards, ISD and Scottish Government to realise sustained performance against the target.

There will be accelerated development of IT solutions for tracking – interim solutions currently in place through the tracking workforce will be supported.

To ensure that scrutiny of cancer waiting times persists, the existing 31-day target from decision-to-treat to first treatment for all cancers will remain in place. However, to signal the shift of focus to the pursuit of outcomes, consideration will be given to whether the 62-day target could move to become a standard.

Decisions will be made in the current context of ensuring best value and avoidance of systems and processes that do not promote high quality care.

It is anticipated that this work will be complete and a target will be set in time for consideration in the suite of HEAT targets by Autumn 2011.

Capacity, Redesign & Workforce for delivery

Additional capacity for data collation and publication at ISD is anticipated.

The Scottish Government would be expected to commission awareness raising campaigns from one or more of the following, with temporary workforce implications for the duration of the campaigns: Scottish Government marketing, NHS Health Improvement, NHS Board Public Health departments or independent providers.

Primary care lead and co-ordination roles would require to be reviewed and strengthened to ensure capacity to manage the anticipated impact on primary care take forward any changes required in referral behaviour.

Diagnostic and imaging departments in NHS Boards will be require to assess need for and provide additional capacity to expand open access to imaging, to manage fluctuations in demand (e.g. screening rounds) and to avoidance of lengthy waiting times for treatment. It is expected that the workforce implications will be multi-disciplinary and will require further progress with role development initiatives to meet the increase in demand.

To ensure that current performance on treatment times is maintained despite the anticipated increase in incidence of cancer and the number of people requiring investigation and earlier stage treatment, current tracking resource and treatment capacity
are likely to require some expansion. Redesign of treatment delivery including role development and shifting the balance of care will be components of this work.

Health Boards will identify potential / actual capacity issues that risk bottlenecks in the patients pathways developing (including primary care and screening services) and produce actions plans for improvement

Health Boards will identify where they will redesign internal resources to achieve the target

Performance Management

There will be a key role for Scottish Government in performance management of the boards in the delivery of this target. Scottish Government performs this role through the ongoing communication with NHS board leads, implementation of the performance management framework, ensuring all boards are clear on their roles and responsibilities, arranging networking opportunities and facilitating shared learning between boards.

Effective reporting systems will be developed for measuring performance against the potential new cancer target. NHS Boards will provide forward plan/plan of performance against trajectories (with action plan) every six months and there will be engagement with Executive Cancer leads in NHS Boards on a regular basis.

Monitoring performance will be a function of the DCE Delivery Team until there is evidence of sustainability.

Improvement Support

QuEST will be engaged with the implementation and delivery plan for the potential new cancer target in its role to work with partners to provide performance solutions for NHS Boards, to provide delivery support founded on innovation, quality improvement and technical expertise. QuEST also hosts the portfolio office for the NHS Scotland Efficiency & Productivity Framework.

Risks and Risk Management

Failure to achieve target delivery may result from the following risks

- public awareness campaigns do not result in an increase in help-seeking behaviour
- failure to improve rates of uptake of national screening programmes, particularly in the most deprived communities
- achieving target will be very dependent upon influencing behaviours in hard-to-reach and deprived groups – failure to do this risks widening the gap across social classes in terms of outcomes
- failure of diagnostic and treatment capacity to meet potential demand increase
- failure of national screening programmes to manage potential demand increase
- failure to have in place robust data collection, collation, processing and publication systems at NHS boards and ISD
The previous risks will be managed by

- ensuring that effort is prioritised towards influencing screening uptake, awareness and help-seeking behaviour in deprived and hard-to-reach communities
- literature searches and evidence from previous cancer awareness programme evaluations in Scotland and other parts of the UK is used to inform awareness campaigns
- robust evaluation and measures of effectiveness are developed for all initiatives and best practice is widely disseminated
- ensuring national screening programmes, primary care, diagnostic and imaging departments are involved at an early stage to promote capacity planning and redesign that will best facilitate demand management
- ensuring ISD and NHS Board Clinical Effectiveness and Audit departments are involved at an early stage to provide best opportunities for data handling
- keeping an up to date delivery risk matrix via SCOTTISH GOVERNMENT business planning tool

Communication Plan

There will be regular communication and updates with all stakeholders: within QuEST, within Performance and Workforce Directorate and Scottish Government, with territorial NHS Boards, special NHS Boards and with the public.

A dedicated website will be constructed to allow public and professional access.

It will be essential that a robust internal communication strategy is constructed at an early stage and will include health promotion (Keep Well, smoking, alcohol, and obesity), screening policy, primary care and marketing.

Regular briefings will be provided to the Scottish Cancer Taskforce and to Cabinet Secretary for Health, Well-being and Cities, and the Minister for Public Health.

The national Cancer Managers’ Forum will be used to promote a culture of new ways of working and continuous improvement.

Financial Profile

The programme will be backed by the existing monies that are already spent on cancer services and £30 million of new money.

It should be noted that a separate plan for radiotherapy capacity is being developed.

Feedback Form

We are keen to receive your feedback. All comments will be discussed by the Programme Board and will inform the final implementation plan.

Please be as clear as you can with your views and the reasons for them and return by email to the Mailbox Detect Cancer Early Stakeholder Engagement.
If you are completing a paper copy of the feedback form and find you don’t have enough space to provide your comments, please feel free to continue on a separate sheet of paper.

**Stakeholder Engagement on the Detect Cancer Early Initiative**

**Section 1: Your details**

Your Name:

«            »

Your job or role title (if applicable):

«            »

Which of these best describes the organisation that you work for (please tick one option):

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<thead>
<tr>
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<td>Media</td>
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</table>

Please give the name of the organisation that you work for (or “None” if not applicable)

«            »

«            »

Please tell us the team, programme or group within your organisation that you work for (or “None” if not applicable)

«            »
Are you replying to this consultation (please tick one option):

As an individual  «  »

On behalf of your whole organisation  «  »

On behalf of your team, programme or group  «  »

Other  «  »

If “Other” please specify:

We may include some of your detailed qualitative comments in the overview of the feedback. Please tick the box below if you DO NOT wish us to use any of your detailed comments.

«  »
Section 2: Your feedback

Please provide comments on the implementation plan.

«       »

Thank you for providing feedback.