

Recovery and Redesign: An Action Plan for Cancer Services

**Business and Regulatory Impact Assessment –
Cancer Recovery Plan**

December 2020

BUSINESS AND REGULATORY IMPACT ASSESSMENT – CANCER RECOVERY PLAN

1. Title of Proposal:

Business and Regulatory Impact Assessment for Cancer Recovery Plan (09 December 2020)

2. Purpose and Intended Effect

Context

The COVID-19 pandemic saw lockdown begin in March 2020 across Scotland. As a result of the rising prevalence of COVID-19, the Scottish Government put measures in place to mitigate overwhelming NHS Scotland. Included in this, was the extremely difficult decision to pause national cancer screening programmes in order to reduce the risk of participants becoming infected with the virus, enable physical distancing and minimise the impact on essential NHS services as they responded to COVID-19. The majority of cancer treatments have continued throughout the pandemic but in some instances individual treatment plans- mainly surgeries- have been changed in the interest of patient safety and in order to minimise individual risk. This should always be done on a clinical basis and in discussion with the patient and clinical care team, through a shared-decision making model.

Throughout the pandemic we saw a drop in urgent suspicion of cancer referrals, but have since returned overall to close to pre-COVID levels. However, lung cancer referrals remain below pre-COVID levels, with concern these may lead to an increase in late presentation, morbidity, and mortality.

‘Once for Scotland’ collaboration and rapid decision-making has been characteristic in our response, it has allowed us to drive consistency across Scotland. The Cancer Recovery Plan seeks to build on this.

Objectives

The [Re-mobilise, Recover and Re-design Framework](#) aims to effectively mobilise the NHS to a better health and care system through: 1) innovation and integration, 2) ensuring equity of access, 3) achieving better outcomes for people in Scotland, and their families. NHS territorial Health Boards have submitted Local Mobilisation Plans in which cancer is a key clinical theme and priority. This plan will help deliver against that priority.

The Cancer Recovery Plan will align with the above framework and set out the operational priorities for adult cancer services through the recovery and redesign phases to March 2023.

The three core objectives of the plan are:

1. Adopt a ‘Once for Scotland’ approach, where appropriate, to cancer services. This will see the same prioritisation and delivery of services is used across Scotland, helping ensure patients across Scotland receive equitable access to care and treatment.
2. Create smoother and more efficient patient pathways, from initial referral and diagnosis to the personalised care and support received after treatment, with the aim of improving both outcomes and experience throughout an individual’s journey.
3. Integrate innovative solutions to cancer services as we continue to learn from the impact COVID-19 has had on the NHS; improving access to cancer services, both remotely and in person, and minimise the impact on waiting times.

We have outlined 68 actions covering the entirety of a patient pathway. This covers the support received by the patient and family, detection and diagnosis, treatment received, workforce, and the governance and system support.

There are 4 flagship initiatives in the plan:

- Early Diagnostic Centres - Enable patients with non-specific serious symptoms to be tested quickly and assessed by a multi-disciplinary team.
- Single Point of Contact Resource – Dedicated resource or team available to support individuals navigating through cancer services.
- Prehabilitation – Test the concept of delivering prehabilitation to cancer patients in order to improve their outcomes. The programme will take a triad approach-focusing on physical activity, psychological support, and nutritional care.
- National Dedicated Resource – A resource to drive forward national collaboration across cancer services and coordinate clinical consensus. Initial focus will be on the development of clinical management guidelines.

3. Consultation

Within Government

We have engaged internally with other policy teams. Included in these discussions were:

- Third Sector Unit
- Realistic Medicine
- Mental Health
- Population Screening
- Infrastructure Spend
- Openness & Learning
- Health Technologies
- Person-centeredness and participation
- Genomics
- Cancer Access
- Allied Health Professionals
- Children & Families
- Medicines
- Workforce planning

In addition we have engaged with Health Boards through NSD (National Services Division), SAMD (Scottish Association of Medical Directors), Board Chief Executives, individual clinicians, Directors of Pharmacy).

Public Consultation

There will not be a formal public consultation on the Cancer Recovery Plan.

The decision to not conduct a public consultation was based on the fact that this is an operational plan for the next 2.5 years rather than a long-term strategy. The aim is to recover from the impact of COVID-19 on cancer services as swiftly as possible, as such there is a need to develop this plan at pace. It was decided that consulting with the large number of third sector stakeholders from across cancer services in Scotland would be the best decision.

Business/Third Sector

We have consulted with the Scottish Cancer Coalition (SCC) and the Less Survivable Cancers Taskforce (LSCT) on the Cancer Recovery Plan. The SCC represents 23 third sector organisations from across Scotland and the UK. Their membership can be found on the [Scottish Cancer Coalition website](#). The LSCT represents 6 third sector organisations, with their membership found on the [Less Survivable Cancers Website](#).

The SCC proposed an 11 point recovery plan which was presented to the National Cancer Recovery Group for consideration and informed the development of the Cancer Recovery Plan.

The SCC was actively engaged throughout the development and drafting of the Cancer Recovery Plan. Additionally, a number of coalition members conducted their own surveys on the impact of the pandemic on cancer patients. The results of these surveys were reviewed and considered throughout the drafting phase. In addition to engaging with the coalition, we have been regularly engaging with the LSCT over the last year and throughout the pandemic. After the development of the recovery plan was announced, we held a virtual meeting with members to discuss opportunities for improvement within cancer services. The members of the taskforce have also been actively engaged throughout the development and drafting of the Cancer Recovery Plan.

Furthermore, we have engaged with the Cross Party Group (CPG) on Cancer. The CPG set out their priorities for the recovery of cancer services during the development of the plan. The Cancer Policy team leader provided an update at one of their general meetings and had the opportunity to speak directly to members on a number of issues.

4. Options

Option 1 – Implement the new Cancer Recovery Plan

The Recovery plan is composed of 68 actions from across cancer services. The various actions are to be carried out by health boards, government, and advisory groups. These actions will not be carried out by businesses and the plan does not require any new legislation or regulations.

The plan will see a 'Once for Scotland' approach adopted, where appropriate, to cancer services. This will see the same prioritisation and delivery of services is used across Scotland, helping ensure patients across Scotland receive equitable access to care and treatment.

Develop smoother and more efficient patient pathways, from initial referral and diagnosis to the personalised care and support received after treatment, with the aim of improving both outcomes and experience throughout an individual's journey.

Integrate innovative solutions to cancer services as we continue to learn from the impact COVID-19 has had on the NHS; improving access to cancer services, both remotely and in person, and minimise the impact on waiting times.

Option 2 – Do nothing

Failure to implement the Cancer Recovery Plan would limit the ability for cancer services across Scotland to recover post COVID-19. This in turn would prevent vital redesign of services, and prevent investment in key areas of service that will be most pressured over the coming months, with possible negative impacts on cancer outcomes.

Sectors and groups affected

The whole adult population, specifically those who engage with cancer services will be affected. This includes those who receive a cancer diagnosis, for those who are referred on a suspicion of cancer, and for those that are captured in the national screening programmes. In addition, part of this policy impacts individuals who are indirectly impacted by cancer, namely those who are family and friends to individuals who have received a cancer diagnosis. Wider groups affected by the plan include NHS boards, national bodies, and the Third Sector.

Benefits – Option 1

Implementation of the Cancer Recovery Plan will aid cancer services across Scotland to recover at a faster rate. Patients with cancer will be able to access equitable treatment regardless of geographic location, and their pathways will be more efficient under the recovery plan. Cancer Services as a whole will improve.

Benefits – Option 2

None. Failure to implement the plan would likely be a catalyst for poorer cancer outcomes.

Costs – Option 1

The Cancer Recovery Plan will require significant financial stimulus to ensure it achieves its goals.

Costs – Option 2

Failure to implement the Cancer Recovery Plan would mean that the benefits identified above in relation to option 1 (summary of benefits) would not materialise. There would be no immediate additional costs through this option, but it has the potential to lead to an increase in costs further in the future due to delays in services provided and increased later stage disease.

5. Scottish Firms Impact Test

The Cancer Recovery Plan should have no impact on the competitiveness of Scottish companies within the UK, or elsewhere in Europe or the rest of the world.

6. Consumer Assessment

The Cancer Recovery Plan aims to improve the accessibility/availability of cancer services for patients in Scotland so will not have a negative impact on consumers.

7. Digital Impact Test

The Cancer Recovery Plan will allow for the adoption of potential new cancer related technologies during its lifetime, but due to the short life of this plan, there will likely be no impact on future delivery.

8. Legal Aid Impact Test

The Cancer Recovery Plan is not creating new rights or responsibilities. It is focussed on increasing and improving health care accessibility, so should have no impact on the legal aid fund.

9. Enforcement, Sanctions, and Monitoring

The Cancer Recovery Plan does not propose regulations or legislation therefore enforcement, sanctions and monitoring will not be required. Scottish Government and the National Cancer Advisory Groups will work with Health Boards to implement the actions in the plan.

10. Implementation and Delivery Plan

The Cancer Recovery Plan will be driven by the Scottish Government Cancer Policy Teams and National Advisory Groups, and implemented by NHS Boards and national services. The plan is replacing the National Cancer Strategy which the Cancer Policy Team and National Advisory Groups implemented and monitored. It will be their responsibility to implement the plan and to make any decisions regarding it. The plan has dictated a 2.5 year implementation time frame.

11. Post-Implementation Review

The implementation of the Cancer Recovery Plan will be reviewed at regular intervals throughout its lifecycle by the National Cancer Advisory Groups.

12. Summary and Recommendation

It is recommended that the Cancer Recovery Plan is implemented as it will aid cancer services across Scotland to recover at a faster rate. It will be monitored by the Cancer Policy Team and various National Advisory Groups, and they will provide the Cabinet Secretary for Health and Sport with regular updates on progress.

13. Declaration and Publication

I have read the Business and Regulatory Impact Assessment and I am satisfied that (a) it represent a fair and reasonable view of the expected costs, benefits and impact of the policy, and (b) that the beengits justify the costs. I am satisfied that business impact has been assessed with the support of businesses in Scotland.

Signed: Jeane Freeman MSP

Date: 03 December 2020

Minister's name: Jeane Freeman

Minister's title: Cabinet Secretary for Health and Sport

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Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-80004-496-8 (web only)

Published by The Scottish Government, December 2020

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS809046 (12/20)

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