

# **Recovery and Redesign: An Action Plan for Cancer Services**

## **Equality Impact Assessment Results**

**December 2020**



**Scottish Government**  
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## EQUALITY IMPACT ASSESSMENT RESULTS

<b>Title of policy/ practice/strategy/ legislation etc.</b>	<b>Recovery and Redesign: An Action Plan for Cancer Services (Cancer Recovery Plan)</b>
<b>Minister</b>	<b>Cabinet Secretary for Health and Sport</b>
<b>Directorate: Division:</b>	<b>Health &amp; Social Care Directorate Healthcare Quality &amp; Improvement</b>
<b>Is this new policy or revision to an existing policy?</b>	<b>This is a Recovery Plan to support Cancer services in NHS Scotland</b>

### ***Policy Aim***

The Cancer Recovery Plan is not a policy change. This is a strategic Recovery Plan in response to the COVID-19 pandemic.

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.

There are 3 main aims outlined in our policy, which align to the Re-mobilise, Recover, Re-design framework. The 3 aims of the Cancer Recovery Plan are:

1. Adopt a 'Once for Scotland' approach, where appropriate, to cancer services. This will see the same prioritisation and delivery of services used across Scotland, helping to 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 minimising the impact on waiting times.

## ***Who will it affect?***

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.

## ***What might prevent the desired outcomes being achieved?***

Access to NHS Services for cancer patients should be minimally impacted as capacity for urgent and cancer patients has always been and will continue to be prioritised throughout the COVID-19 pandemic. Changes to patients diagnostic and treatment plans may apply however this should not affect step changes being put in place to support the cancer pathway.

There are a few instances where the desired outcomes of the recovery plan will be impacted. The immediate COVID-19 pandemic, and the fluctuating virus prevalence, may have some impact to the following sections of the Recovery Plan:

- Intensive Effective Cancer Management Framework service improvement.
  - Weekly calls with the Health Boards would still apply however in-depth service review and improvement may be postponed.
- Redeployment of staff for COVID-19 response may delay access to clinics and subsequent treatment if workforce capacity does not meet demand.
- Similar impact will arise if staff are redeployed on the restarting of clinical trials, the development of prehabilitation work stream across Scotland, and the integration of datasets to allow for data sharing.

## Key Findings

Following review of the protected characteristics there were key linkages between characteristics and likeliness to access mainly digital services. This relates to protected characteristics linking with deprivation resulting in the likelihood of not using or having access to digital technology. We are working across the Scottish Government to improve access and use of digital technology. This is outlined in the action section below.

It was also noted that those with a disability are more likely to be digitally excluded. For example, in 2018, 27% of adults in Scotland with a long-term physical or mental health condition reported not using the internet.

Separately, lung cancer is one of the most common cancers in Scotland and upon evidence gathering it shows that (as per the Scottish Health Survey) age and deprivation are contributing factors to smoking rates which is a major risk factor for lung cancer.

As in previous years, there was a significant association between age and previous smoking status. The proportion of ex-smokers was highest among those in the older age groups and there was a corresponding decline by age in the proportion of those that had never smoked regularly.

The correlation between age, deprivation and smoking showed that these are closely linked with behaviours that could result in cancers. Around 40% of cancers are potentially preventable through behavioural and lifestyle changes. Smoking, obesity, alcohol and diet are among the largest modifiable risk factors for cancer in Scotland. It is important that this is highlighted and awareness raised.

Analysis has identified that there are data gaps in relation to religious beliefs and impacts in relation to cancer. Further work is required around this as part of evidence gathering, however public media campaigns are being launched to support all groups.

Following the EQIA process actions have been identified and will be progressed as part of the Cancer Recovery Plan. These are outlined below:

**Action** – Scottish Government’s Digital Transformation Team and local clinical team to explore reasons why key groups have difficulty accessing services (including young, older adults, different genders, women who are pregnant/maternity, transsexual people, people of race, people who are religious or have beliefs).

**Action** - Work with the Scottish Primary Care Cancer Group and NHS Health Boards to tackle lung cancer presentations. Public messaging will also be developed to support those with persistent symptoms to contact their GP. We will also work with the Scottish Government Drug and Alcohol team to look at current initiatives to deter young people from smoking.

**Action** – Continue to raise awareness of the potential signs and symptoms of most prevalent cancers.

**Action** - Explore any further evidence that would suggest LGBTQ people would be less likely to present themselves to primary care if they suspected they had cancer.

**Action** –Target access to services for those living in the most deprived areas. To support this we are developing Early Cancer Diagnostic Centres which is a continuation of our £44 million Detect Cancer Early Programme to specifically target patients with poorer outcomes. This Programme of work has traditionally focused on Scotland’s three most common cancers i.e. breast, colorectal and lung with test-of-change more recently being directed to melanoma and head and neck pathways. Early Cancer Diagnostic Centres mark a radical change to the patient experience of being tested for a suspicion of cancer and will be a new powerful asset in improving the detection of cancers at an earlier stage in Scotland.

**Action** – Deliver a ‘Once for Scotland’ approach. The approach will continue to look at available equalities data in order to minimise existing inequalities and ensure that every patient has equitable access to care across Scotland.

The above actions will support the implementation of the Cancer Recovery Plan. The actions will be monitored throughout the delivery of the plan. As and when new evidence emerges on key groups’ presentation and access to cancer services, we will evaluate and determine the most appropriate steps to take in order to minimise emerging inequalities.

### ***Extent/Level of EQIA required***

The Recovery Plan assessment has been completed at a strategic level.

The Recovery Plan is not a change in policy or change in direction.

Extensive stakeholder engagement has and will continue as part of Cancer Service recovery. This includes regular engagement with the below stakeholders as the plan progresses:

- NHS Clinicians and Surgeons
- NHS managers
- Scottish Government Policy teams
- Patients representatives
- The Scottish Cancer Coalition
- Less Survivable Cancers Taskforce
- The Scottish Primary Care Cancer Group
- National Cancer Recovery Group and its subgroups

As Cancer is a specific speciality and the plan is for recovery and not policy/ service redesign the EQIA has been carried out on an evidence based approach. Regular stakeholder engagement is carried out as set out above where equality issues are regularly addressed.



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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: 978-1-80004-497-5 (web only)

Published by The Scottish Government, December 2020

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA  
PPDAS809047 (12/20)

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