

Recovery and Redesign: An Action Plan for Cancer Services

Fairer Scotland Duty Summary

December 2020

FAIRER SCOTLAND DUTY SUMMARY

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| <p>Title of Policy, Strategy, Programme etc</p> | <p>Recovery and Redesign: An Action Plan for Cancer Services (Cancer Recovery Plan)</p> |
| <p>Summary of aims and expected outcomes of strategy, proposal, programme or policy</p> | <p>The Cancer Recovery Plan is part of the Re-mobilise, Recover and Re-design Framework, which aims to effectively mobilise the NHS to a better health and care system through: (i) innovation and integration, (ii) ensuring equity of access (iii) achieving better outcomes for people in Scotland, and their families.</p> <p>The main outcomes of this policy document is to:</p> <ol style="list-style-type: none"> 1) Create equity of access across Scotland, meaning that no patient should be limited to treatment options, delivered by the NHS, dependent on where they live or their financial means. 2) Improve patient outcomes and experience through cancer services. Outcomes may be in relation to improving survival rates, increasing the number of cancers that are detected at an earlier stage, and improving quality of life during cancer treatments and beyond. 3) Increase remote or local access to cancer services through the use of new technologies and services, and by doing so, minimise waiting times. |
| <p>Summary of evidence</p> | <p>The latest cancer incidence in Scotland (data published by Public Health Scotland, PHS) demonstrates that overall cancer incidence is greater among the most deprived people in our population, in comparison to the least deprived, with over 700 cases per 100,000 and under 600 cases per 100,000 respectively. For all cancers combined, incidence rates are 32% higher in the most deprived areas and mortality rates are 74% higher in the most deprived areas. These patterns reflect both modifiable and non-modifiable risk factors for cancer.</p> <p>Across Scotland, PHS have recently described that socio-economic deprivation has been found to increase the likelihood of being diagnosed with more advanced cancers of the bowel, cervix, female breast, head and neck, and prostate. The Detect Cancer Early data demonstrate that the stage at which cancer is detected is inversely related to the level of deprivation. Further, it has been reported that people living in more deprived circumstances are 50% more likely to be diagnosed through emergency routes like Emergency Department than via primary care. It is hard to identify why this occurs, but there is some evidence to suggest people from the most deprived communities are less aware of some cancer symptoms, report lower rates of participation in cancer screening, and they also report more</p> |

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| | <p>barriers to seeking help. The most common reported difficulties are logistic, such as getting an appointment at an appropriate time.</p> <p>We identified that key actions required are: (i) removing barriers to participating in cancer screening and seeking help when symptoms are recognised; and (ii) ensuring sufficient staff and resources to conduct timely and appropriate diagnostic tests. Our Cancer Recovery Plan policy includes actions to offer a ‘Single Point of Contact’ for patients so they can easily access their care provider, and additionally access other information helpful for patients when they receive a cancer diagnosis, such as accessing financial help and other holistic and practical support. These approaches are additionally being addressed in our Cancer Recovery Plan via the Health Inequalities Screening Fund work, and the introduction of Early Diagnostic Centres.</p> |
| <p>Summary of assessment findings</p> | <p>More focus in this policy on wider public health preventative measures such as reducing smoking and obesity prevalence, and reducing alcohol consumption, would likely reduce overall cancer incidence. However, this is not the key objective of the Cancer Recovery Plan, which is specifically aiming to support recovery of NHS services.</p> <p>Many of the actions in the Cancer Recovery Plan are already targeted at improving access to diagnostic services, and supporting people through the practical and emotional aspects of their patient pathway via a single point of contact. Therefore, this was not changed during policy assessment and development.</p> |
| <p>Sign off</p> | <p>Name: Lynne Nicol</p> <p>Job title: Deputy Director (interim), Health and Social Care Directorate</p> |



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