

Business and Regulatory Impact Assessment – Cancer Strategy for Scotland 2023- 2033

May 2023

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1. Title of Proposal:

Cancer Strategy for Scotland 2023-2033

2. Purpose and Intended Effect

Background

Cancer remains one of Scotland's single biggest health challenges, representing the largest burden of disease. The number of deaths from cancer has increased over the last decade, mainly due to the increasing number of cancer cases.

There have been huge changes in the understanding of the disease and how to prevent, diagnose and treat it better. Increasing cancer survival and the ageing population of Scotland mean that the population of survivors is likely to grow substantially in the coming decades, leading to increased demand on the health service.

The current national cancer plan ['Recovery and Redesign: An Action Plan for Cancer Services'](#) was published during the first year of the Covid-19 pandemic and set out a number of priorities to pave the way for remobilisation and recovery of cancer services. This plan ends in March 2023 and a new strategy is required to continue with and improve on the services available to all those affected by cancer, which includes people living with cancer and their families and carers, as well as the workforce.

The new strategy will be in place for 10 years and will be underpinned by three consecutive action plans.

Policy objectives

Our 10-year vision is that: "More cancers are prevented, and our compassionate and consistent cancer service provides excellent treatment and support throughout the cancer journey, and improves outcomes and survival for people with cancer".

The new strategy will provide a common direction to all affected by cancer, defining a clear aim - **improve cancer survival and provide excellent, equitably accessible, care** - along with a range of priority ambitions to help meet that aim.

The initial three-year period of the strategy will focus on stabilising systems and services, maintaining cancer as a priority while recovery from the Covid-19 pandemic and careful management of finances continues across all health systems. This will be followed by a reform of services and approaches to cancer control, recognising opportunities for change and better meeting strategic ambitions. Towards the end of the strategy, progress will be accelerated to truly transform services, embracing innovation and digital opportunities to best deliver services and support patients.

Throughout the lifetime of the strategy, there will be a focus on those cancer types that are the largest burden and have poorer survival. These include lung cancer and other less-survivable cancers.

We recognise that a skilled, compassionate and valued workforce is critical in delivering treatment and care to those facing cancer. Recognising the potential of integrated and collaborative working, technological advances, and transformation of service, we will:

- aim to ensure we have the right people in the right place at the right time
- provide career opportunity and appropriate training, and
- support and nurture our staff.

Person-centred care will be key to successful delivery. We will continue to develop and implement support through a single point of contact (SPOC) for each person facing cancer, recognising that treatment and care that reflects what matters personally to people with cancer are as important as clinical outcomes. This includes equal access to services; support for non-clinical needs; and regular and reassuring information and communication. Patient voice and experience will be sought and listened to on a regular basis throughout the lifetime of the strategy, to provide feedback and co-design services where appropriate. Additionally, the [Realistic Medicine](#) approach to healthcare should be fundamental to all cancer care. By encouraging healthcare professionals to consider and discuss the impacts that a treatment may have on each individual and their loved ones, cancer patients will continue to receive compassionate care.

There is a broader aim to reduce inequalities which disadvantage people and limit their chance to live longer, healthier lives. Inequalities in cancer survival may be due to specific factors, such as age, whilst others may be more systemic, such as deprivation or geographical difference. By addressing the socio-economic causes of inequalities within society, as outlined in the [Programme for Government](#), we will focus actions in areas and communities most in need to improve outcomes. We will drive to improve screening uptake and thus reduce late stage cancer incidence, by targeted screening and use of new methodologies. We will also focus on enabling more equal access to diagnostic and treatment services as well as clinical trials, wherever any patient lives, as this is crucial to ensuring optimal outcomes and development of and access to new treatments. Whilst travel may be required to access specialist treatment and trial sites, no-one will be disadvantaged due to their financial or geographical position, with support available where appropriate.

To support service delivery and re-design, data collection and intelligence will be used to inform decision-making, policy, and future planning, as well as for audit and improvement purposes. We aim to develop a more integrated intelligence system so that all data captured, including patient experience data, will be a national asset in terms of service provision, planning and costs; clinical use; and measuring outcomes.

By tackling risk factors, such as smoking, obesity, excess alcohol use and physical inactivity, and implementing prevention strategies, we recognise that a significant

proportion of cancers can be prevented. Healthy living will be promoted and encouraged through other plans addressing these risks with the aim of both reducing the risk of developing cancer and enhancing outcomes, if a diagnosis of cancer is made. Pre-treatment interventions, including prehabilitation, will support this approach to improve quality of life, maximise treatment rates, and minimise side effects of treatment.

Beyond prevention, earlier and faster diagnosis plays a fundamental role in cancer control and is vital in further improving cancer survival rates in Scotland. For example, innovation and redesign of diagnostics services, such as further roll-out of Rapid Cancer Diagnostic Services, will enable timely access to tests, whilst raising public awareness and encouraging uptake in screening programmes will also help address this ambition.

The provision of safe, effective treatments and cancer medicines is necessary in improving outcomes and quality of life. A range of treatments and medicines will continue to be offered, depending on diagnosis, safety, and effectiveness. New ways of working, including community-based treatment and embracing new technology, will continue to be developed and matched by available resources to support implementation. We will strive to embrace innovation and technological advances. [The Centre for Sustainable Delivery \(CfSD\)](#), established to pioneer and deliver new, better, and more sustainable service delivery, will be particularly important in driving innovation.

To ensure quality of life during and after treatment, rehabilitation, palliative, supportive, and end-of-life care are required. A personalised approach to rehabilitation is key to meeting the needs of each individual, embedded within their pathway of care and aligned with the [Once for Scotland Rehabilitation Approach \(2022\)](#). When needed, high-quality palliative care, care around death, and bereavement support will be available, based on the needs and preferences of the patient and their families and carers.

The [Scottish Cancer Network \(SCN\)](#) will be at the heart of our strategic ambitions. The SCN will continue to be at the forefront of defining clinical management pathways for cancer, from diagnosis, treatment, and care through to the end of life. They will set out clinically agreed best practice in all these areas, assuring patients of common standards of care regardless of where they are in the country.

Rationale for government intervention

Cancer control (decreased incidence and mortality, and increased survival) has improved over time, but Scotland still has lower survival rates and improvements have not been as rapid as in other comparable countries.

It is therefore important that the government keeps pace with all the ways to better control and manage cancer within the population. The scope of possible interventions is wide-ranging, for example:

- doing what matters to patients, and building care and treatment around them
- introducing new diagnostic and treatment techniques
- continuing the search for better scientific understanding of the disease.

Cancer control is important in meeting our [National Outcome](#) that **we are healthy and active**, through providing treatment and care for those with cancer, but also through population measures that will help prevent cancers in the future. These will be addressed through continuation of screening programmes and public health interventions targeted at specific preventable risk factors.

Governance and direction will be overseen by the Scottish Government, with a national oversight group owning the strategy and associated action plans, and responsibility for reviewing progress against them. Beyond this, responsibility for delivery of actions will vary from national to regional and local levels. The 'Once for Scotland' approach will be a core principle with national decisions and implementation made wherever possible for work that is universally applicable across Scotland. The cancer action plans underpinning the strategy will be owned and driven by relevant governance structures, recognising the breadth of responsibilities involved in delivering the comprehensive set of ambitions.

In addition, delivery of this strategic ambition will be interdependent with a range of other plans in health and beyond, including:

- [NHS Recovery Plan \(2021\)](#)
- [National Workforce Strategy for Health and Social Care \(2022\)](#)
- [Digital Health & Care Strategy \(2021\)](#)

3. Consultation

Within Government

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

- Chief Scientist Office
- Chief Medical Officer
- Clinical Priorities
- Openness and Learning
- Primary Care
- Older people
- Palliative Care
- Pharmacy and Medicines
- National strategies/specialist healthcare
- Earlier Diagnosis
- Diagnostics
- Genomics
- Mental Health
- Health Inequalities
- National Screening Programmes
- Population health teams – diet/obesity, alcohol, smoking etc.
- Workforce (recruitment, modelling, care and wellbeing, pay, retirement)
- Chief Nursing Officer/Allied Health Professionals
- Person-centeredness and participation
- Realistic Medicine
- Infrastructure Spend

- Health Technologies

We have also engaged with governance groups aligned to the current national cancer plan and other stakeholder bodies, including:

- National Cancer Recovery Group
- Cancer Data Programme Board
- Detect Cancer Early Programme Board
- Systemic Anti-Cancer Therapy Programme Board
- Radiotherapy Programme Board
- National Cancer Quality Steering Group
- Scottish Primary Care Cancer Group
- Endoscopy and Urology Diagnostic Group
- Scottish Cancer Network
- NHS Education for Scotland
- Health Improvement Scotland
- Diagnostics in Scotland Steering Group

These groups are made up of leading clinicians and service managers from across NHS Scotland, as the main delivery body for the strategy and action plan.

In addition we have engaged directly with the following Health Boards and groups: National Services Division of NHS National Services Board, Public Health Scotland, Centre for Sustainable Delivery; and territorial Boards through the Scottish Association of Medical Directors, Board Chief Executives, Directors of Pharmacy, Directors of Planning, as well as the Cancer Managers Forum and the Regional Cancer Networks.

Public Consultation

A public online consultation was open from 12 April to 7 June 2022. Views were sought on areas to prioritise in relation to cancer prevention, management and care: <https://www.gov.scot/publications/new-cancer-strategy-consultation/>

257 responses were received - 156 responses were submitted by individuals and 101 responses submitted by organisations across various sectors.

The responses were independently analysed and the analysis was published on 17 November 2022: [Cancer strategy: consultation analysis - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/cancer-strategy-consultation-analysis/)

The responses, where consent was given, were also published on 17 November 2022: [Cancer strategy: draft vision, aims and priority areas - Scottish Government - Citizen Space \(consult.gov.scot\)](https://www.gov.scot/publications/cancer-strategy-draft-vision-aims-and-priority-areas/)

Business/Third Sector

We have consulted with the [Scottish Cancer Coalition](https://www.scottishcancercoalition.org/) (SCC) and [the Less Survivable Cancers Taskforce \(LSCT\)](https://www.less-survivablecancers.org/) on the new Cancer Strategy. The SCC is a partnership of third sector organisations dedicated to improving cancer services and outcomes for patients in Scotland. The LSCT brings together six charities supporting patients who have these specific types of cancer.

We also consulted with a number of other third sector organisations not represented on the SCC, including:

- CanRehab Trust
- Marie Curie
- CLL Support Association

Through the public consultation, a number of businesses were able to offer their views on our key questions. The sectors represented by the respondents included academic partnerships and pharmaceutical industry organisations.

4. Options

Option 1 – Implement the new Cancer Strategy

Following on from the current national cancer plan, [Recovery and redesign: cancer services](#) - action plan, the 10-year strategy has a clear and ambitious aim to improve cancer survival and provide excellent, comprehensive care across Scotland. Across its lifetime, it will focus on stabilising cancer services while continuing to recover from the Covid-19 pandemic; reforming services and cancer control approaches; and transforming services by embracing innovation and digital opportunities.

It will be underpinned by consecutive action plans with a number of actions across cancer services, aligned with the stabilise: reform: transform continuum. The various actions will 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 strategy is key in cancer control across Scotland's adult population, ensuring continued compassionate treatment and care for those with cancer and also targeting specific preventable risk factors through various public health measures.

It will continue to implement a 'Once for Scotland' approach, where appropriate, to cancer services. This will see the same prioritisation and delivery of services across Scotland, helping ensure patients across Scotland receive equitable access to care and treatment. The development of clinical management pathways, from diagnosis, through treatment and care, to end of life support and care, will continue to be led by the Scottish Cancer Network. These pathways set out clinically agreed best practice, ensuring consistency and quality of care standards for patients across Scotland. Quality performance indicators will be agreed and reviewed regularly, in terms of the Scottish Cancer Quality Programme, to ensure that the standards set will truly improve outcomes.

Innovation will continue to be a focus to deliver new and better services for patients, led by NHS Scotland's Centre for Sustainable Delivery. This will improve overall patient care and experience, as well as enhance value for services.

Option 2 – Do nothing

Failure to implement the new strategy and accompanying action plans would limit the ability for cancer services across Scotland to stabilise, reform and transform. This would prevent vital delivery and redesign of services, and prevent investment in key areas of service that require it, with potential negative impacts on cancer outcomes.

There is a risk that without national strategic direction, individual boards and regions will continue to progress cancer services through local prioritisation and in an uncoordinated way across Scotland. This would lead to widening the inequalities gap.

Sectors and groups affected

Any adult within the Scottish population who engages with cancer services will be affected. This includes those who receive a cancer diagnosis, those who are referred on a suspicion of cancer, and those that are captured in the national screening programmes. In addition, this strategy impacts individuals who are indirectly impacted by cancer, such as the family and friends of individuals who have received a cancer diagnosis. Wider groups affected by the strategy include healthcare professionals working in cancer care and treatment and the primary care sector, NHS boards, national bodies, and third sector organisations. Lastly, a small portion of the strategy impacts the general population where public health measures are being introduced to prevent cancers at the population level and awareness raising campaigns are introduced to inform the public of common signs and symptoms to look out for.

Benefits – Option 1

Implementation of the new cancer strategy and accompanying action plans will aid continuity, development, and improvement of cancer services across Scotland. Equitable access and consistent and efficient delivery of care and treatment will be available to all patients with cancer, regardless of where they live.

Benefits – Option 2

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

Costs – Option 1

The new cancer strategy and accompanying actions plans will require ongoing financial support to ensure it meets its ambitions and improve outcomes for all those facing cancer.

Reducing duplication of efforts across 14 territorial health boards or 3 cancer regions will result in an increase of clinical hours to support patients directly rather than supporting guidance development.

Costs – Option 2

Failure to implement the new cancer strategy would mean that the benefits identified above in relation to option 1 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 in the future due to delays in services provided, inconsistency of care and treatment, and increased later stage disease.

Poorer coordination across health boards would result in local services delivering care at a much higher cost to the NHS, requiring both the equipment and workforce to deliver to a small number of patients locally.

5. Regulatory and EU Alignment Impacts

Intra-UK Trade

The Cancer Strategy, which aims to improve the accessibility/availability of cancer services for patients in Scotland, should have no impact on intra-UK trade.

International Trade

The Cancer Strategy should have no impact on international trade and investment.

EU alignment

The Cancer Strategy should have no impact on the Scottish government's policy to maintain alignment with the EU.

6. Scottish Firms Impact Test

The Cancer Strategy, which aims to improve the accessibility/availability of cancer services for patients in Scotland, should have no impact on Scottish firms. Therefore no face-to-face discussions were had.

There may be changes in demand for cancer medicines in the future. However, the work of the National Cancer Medicines Advisory Group (NCMAG), established to improve equity of access to safe and effective off-label and off-patent uses of cancer medicines through provision of national advice for cancer medicines not covered by the remit of the Scottish Medicines Consortium (SMC), will continue alongside the SMC to improve medicines access.

7. Competition Assessment

The Cancer Strategy, which aims to improve the accessibility/availability of cancer services for patients in Scotland, should have no impact on the competitiveness of Scottish companies within the UK, in Europe or the rest of the world.

As no legislation or potentially limiting factors would be placed on the pharmaceutical industry, it is unlikely that there would be an impact on their competitiveness within the UK and global market.

8. Consumer Assessment

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

9. Test run of business forms

No new forms are being introduced as a result of the Cancer Strategy.

10. Digital Impact Test

The new cancer strategy, by embracing innovation and digital opportunity, will enable the adoption of potential new cancer-related technologies during its lifetime, as well as the movement of some services online. As the strategy is aiming to improve service delivery and patient outcomes, it is expected that most impact will be positive. The risk of widening the 'digital divide' has been recognised and our approach to digital health will be guided by the [Digital Healthcare Strategy \(2021\)](#) including the development of the Digital Front Door, which will be a key enabler for people interacting with health and social care services in Scotland.

11. Legal Aid Impact Test

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

12. Enforcement, Sanctions, and Monitoring

The Cancer Strategy does not propose regulations or legislation therefore enforcement and sanctions will not be required.

Scottish Government and the National Cancer Advisory Groups will work with Health Boards to implement the actions in the Strategy and accompanying actions plans.

A monitoring and evaluation plan is being developed to track delivery of the ambitions within the strategy and related outcomes, across the strategy's lifetime.

13. Implementation and Delivery Plan, including post-implementation review

The new cancer strategy follows on from the current national cancer plan [Recover and redesign: cancer services – action plan](#).

Governance and direction of the strategy will be overseen by the Scottish Government, with a national oversight group owning the strategy and associated action plans, as well as responsibility for reviewing progress. This national oversight group will be made up of individuals both within and external to Government. Ownership of actions will vary from national to regional and local levels. The integration and delivery of the action plans will be the responsibility of the Health Boards, supported by the Scottish Government.

A monitoring and evaluation plan is being developed to track delivery of the ambitions within the strategy and related outcomes, across the strategy and accompanying action plans' lifetime.

14. Summary and Recommendation

It is recommended that the new Cancer Strategy is implemented as it will aid continuity, development, and improvement of cancer services across Scotland and improve outcomes for all patients with cancer, regardless of where they live.

The strategy will be monitored by the Cancer Policy Team and various National Advisory Groups, and they will provide the Cabinet Secretary for NHS Recovery, Health and Social Care with regular updates on progress.

15. 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 benefits justify the costs. I am satisfied that business impact has been assessed with the support of businesses in Scotland.

Signed:

Date: XX/05/2023

Minister's name: Michael Matheson

Minister's title: Cabinet Secretary for NHS Recovery, Health and Social Care

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