

# **Cancer Strategy for Scotland 2023-33**

## **Equality Impact Assessment Results**

**May 2023**

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## Equality Impact Assessment Results

### Title of Policy

Cancer Strategy for Scotland 2023-2033

### Summary of aims and desired outcomes of policy

Our 10-year vision is: "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 strategic intent - **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.

Implementation of the new cancer strategy and accompanying action plans will aid continuity, development, improvement of, and innovation within 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. Failing to implement the strategy would likely lead to inconsistent and inequitable access to cancer care and treatment and, in turn, poorer cancer outcomes. This would likely have a negative impact on those people who may be more vulnerable to certain types of cancer and/or their recovery, for example in terms of their age, sex or race/ethnicity.

### Directorate: Division: Team

Healthcare Quality and Improvement Directorate: Healthcare Planning and Quality  
Division: Cancer Unit

## **Executive Summary**

### **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 means 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 comes to an end 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: "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 strategic intent - 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 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 expectations. Towards the end of the strategy, progress will be accelerated to truly transform services, embracing innovation and digital opportunities to best deliver service 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, breast and bowel cancer and other less-survivable cancers.

### **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. 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.

Implementation of the new cancer strategy and accompanying action plans will aid continuity, development, improvement of, and innovation within 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. Failing to implement the strategy would likely lead to inconsistent and inequitable access to cancer care and treatment and, in turn, poorer cancer outcomes. This would likely have a negative impact on those people who may be more vulnerable to certain types of cancer and/or their recovery, for example in terms of their age, sex or race/ethnicity.

### **The Scope of the Equality Impact Assessment**

As a diagnosis of cancer could affect anyone in the Scottish adult population, including population screening programmes, a full EQIA was carried out.

### **Key Findings**

The evidence reviewed and assessed suggests that a national / strategic approach to cancer control in Scotland should have a positive impact on all patients facing cancer, their families and carers, and the workforce. The new strategy will act by improving equitable access to care and treatment, for example through:

- earlier and faster diagnosis, through national screening and vaccinations programmes and further roll-out of Rapid Cancer Diagnostic Services
- enhanced use of cancer referral guidelines and optimal diagnostic pathways
- a 'Once for Scotland' approach to cancer services
- research and innovation, including, for example, digital access to services
- a vision for a sustainable, skilled workforce.

The strategy's ambition focussing on cancer information and intelligence led services will act to improve and integrate data collection across the full cancer pathway. This has the potential to enable the addressing of data gaps, including measuring inequalities as well as patient experience.

The cross-cutting ambition to eradicate inequalities addresses both specific and systemic aspects of inequality. The strategy acknowledges a broad, societal approach as well as targeting specific actions to disadvantaged groups along the cancer pathway. However, the EQIA has identified some themes that must be monitored as this strategy progresses to ensure that any potential inequalities are addressed and mitigated, where necessary. For example, themes identified include:

- Protected characteristics such as sex, age, and race/ethnicity can influence cancer risk, access to services, and outcomes
- Scotland's geography leads to challenges in providing equity of access in rural and island communities - improving the accessibility of services through the siting of services, providing transport, ensuring affordability, and increasing digital opportunities are all measures likely to reduce inequalities

- We recognise that certain groups such as older people, disabled people, lower income people, and those living in rural communities are more likely to experience digital exclusion. It will be important to keep abreast of groups most likely to be impacted by digital exclusion in order to mitigate the potential impacts.
- In terms of public awareness-raising campaigns, any public communications should be clear, easy to understand, and unambiguous in their meaning, and across a variety of platforms, both digital and non-digital.
- We also recognise that centralisation of specialised services, which is necessary in terms of some cancer treatments and clinical trials, may incur the need for greater travelling distance, expense, and potential separation from family and carers.

### **Recommendations and Conclusion**

There is currently no evidence to suggest this strategy would have a direct negative impact on any of the protected characteristics or socio-economic considerations. It is expected that the policy will have a positive impact on all patients by improving equitable access to cancer services, care and treatment; improving and integrating data collection; aiming to eradicate inequalities across the cancer pathway; and monitoring the themes noted above.

The potential for unintended discrimination, particularly in regards to accessibility requirements and digital exclusion, will be kept under review as this policy progresses so mitigations can be put in place where necessary and practical.

### **Declaration and Publication**

I have read the Equality Impact Assessment and I am satisfied that it represents a fair and reasonable view of the expected equality impact of the Regulations.

#### **Signed:**

Lynne Nicol

#### **Position:**

Deputy Director, Directorate for Healthcare Quality and Improvement

**Date:** 31/03/2023



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