

Fairer Scotland Duty summary

Cancer Strategy for Scotland 2023-2033

May 2023

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Title of policy, strategy or programme

Cancer Strategy for Scotland 2023-2033

Summary of aims and expected outcomes of strategy, proposal, programme or policy

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.

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.

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.

Summary of evidence

The latest cancer incidence and cancer mortality in Scotland data published by Public Health Scotland shows that overall incidence is greater among the most

deprived areas when compared to the least deprived areas. For all cancers combined, incidence rates are 30% higher in the most deprived areas¹ whilst people living in the most deprived areas were 74% more likely to die from cancer, compared with the least deprived.²

Exposure to major risk factors for cancer, such as smoking, harmful alcohol use, and obesity, also differ between the most and least deprived populations. Whilst across Scotland, socio-economic deprivation has been found to increase the likelihood of being diagnosed with some cancers, such as lung, colorectal and head and neck cancers.³

It has also been reported that people living in more deprived circumstances are 50% more likely to be diagnosed through an emergency presentation than via primary care.⁴ It has been suggested that this may be due to people from more deprived communities being less aware of some cancer symptoms, and finding more barriers to seeking help, for example limited access to appointments.

By targeting these risk factors and encouraging both participation in screening programmes and seeking help when concerned, the rates of cancer among those from deprived or low income areas could be reduced and their outcomes improved if they face a diagnosis of cancer in the future.

The new strategy has a cross-cutting ambition aimed at eradicating inequalities, by:

- Aligning with other strategies that act to target actions in areas and communities most in need
- Promoting healthy living
- Targeted screening
- Introducing new technologies to facilitate alternative service sites and remote consultations
- Enabling equal access to all stages of care within the cancer journey.

Further ambitions in relation to detecting cancer earlier; rapid diagnosis centres; and further roll-out of single point of contact (SPoC) activity will help tackle barriers that prevent people seeking help. Meanwhile, the ambition focussing on a sustainable and skilled workforce will help ensure that service delivery, and its evolution, is best deployed to enable fair access to care and treatment for all people affected by cancer, regardless of their socio-economic circumstance and thereby reduce inequality.

Summary of assessment findings

More focus on wider public health measures, for example relating to smoking, alcohol use, obesity, physical activity, and UV exposure, would likely reduce overall cancer incidence. The key aim of the new strategy is to improve cancer survival and provide excellent, equitably accessible, care, and while aligned to other strategies

¹ [Cancer incidence in Scotland to December 2020](#)

² [Cancer mortality Annual update to 2021](#)

³ [Cancer Incidence in Scotland to December 2020](#)

⁴ [Cancer in the UK - deprivation and cancer inequalities in Scotland](#)

and plans addressing these risks, it is also taking a wider view of actions required to meet this aim.

Several of the ambitions in the new strategy are targeted at improving earlier and faster access to diagnostic services; supporting people through the practical and emotional aspects of their cancer journey via person-centred care, prehabilitation, and supporting mental health; and in reducing inequalities. Therefore, no changes are being implemented following this assessment.

Sign off

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