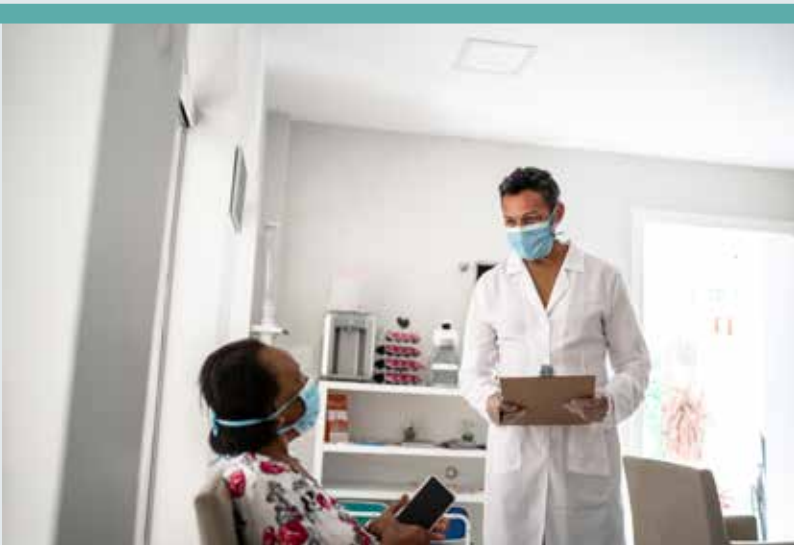


Recovery and Redesign: An Action Plan for Cancer Services



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Ministerial Foreword

NHS Scotland has experienced an unprecedented level of pressure over recent months due to COVID-19 and remains on an emergency footing. Throughout the pandemic we have continued to prioritise cancer services. During the response phase, we have produced a range of key clinical guidance to drive consistent approaches and safely respond to this new risk. We have made changes to our health service to mitigate this risk, including the use of personal protective equipment, enhanced cleaning regimes, testing and increased remote consultation. All of this will continue and is how we now deliver treatment and care in this COVID-19 context.

This Action Plan for Cancer Services will review the new circumstances in which we operate, including positive innovations that have emerged in the NHS, and introduce a wide range of new actions and areas of focus for cancer services. These actions will both redesign cancer services to benefit patients, and increase our services' overall resilience to future rises in COVID-19 prevalence. Our actions will follow a patient across their pathway, from initial detection and diagnosis, to their treatment, and the support they receive throughout their journey. Further actions will outline steps to improve the workforce, governance and national support for cancer services

Working to a horizon of March 2023 and with the provision of up to an additional £17 million of funding, subject to annual Parliamentary approval, in addition to a committed spend of £97.5 million, this plan has been produced with input from a wide range of stakeholders, all of whom will be crucial to supporting its delivery over this period.

To all those who have been involved in this, and will be in its delivery, I thank you for your invaluable work and contributions. I've been very clear that cancer must remain a priority within our NHS, and delivering this plan will be crucial to that continued prioritisation, while taking all opportunities to further improve patient's experiences of our cancer services.



Jeane Freeman MSP
Cabinet Secretary for Health & Sport



Vision

Our vision is to improve cancer services and patient outcomes, and ensure equitable access to care wherever a patient may live, especially while the risk to COVID-19 persists. To do this, we will make the best use of workforce skills, technology and service innovation to drive earlier cancer diagnosis and treatment, and champion person-centred care.

Responding To A Global Pandemic- Our Initial Actions

A National Response

Cancer services have been prioritised since the beginning of our response to the COVID-19 pandemic. We have taken steps to support our Health Boards to continue the safe delivery of cancer services in the context of the pandemic. During the initial response phase of the pandemic we rapidly convened key clinical leaders, who developed clinical consensus across cancer services to drive well-informed, safe and decisive actions.

Our National Cancer Treatment Response Group (NCTRG) met and provided national advice for cancer patients before our national lockdown was announced. Within that same week new clinical guidance for cancer treatment, in the context of COVID-19, was disseminated and implemented across Scotland.

‘Once for Scotland’ collaboration and rapid decision-making has been characteristic in our response; it has allowed us to drive consistency across Scotland. This approach collectively agrees strategic national decisions or direction for aspects of cancer services that do not require regional or local variance (such as the NCTRG advice). Distinct local and regional approaches will also remain and be required for many aspects of cancer treatment and care.

Many such treatments, including radiotherapy and specialist surgery are delivered in highly specialised centres where expert teams can deliver the safest treatments with the best possible outcomes. This plan will promote equitable access across Scotland, ensuring each cancer patient has the same opportunity to receive the same high-level of treatment and care available, no matter where they may live.

Our NCTRG has now been superseded by a National Cancer Recovery Group (NCRG), which provides strategic oversight of the entire patient pathway across all cancer services and drives improvement of services through the ‘Once for Scotland’ approach.

Shielding

Many cancer patients were advised to shield as cancer was thought to put people at an increased risk of a severe outcome from COVID-19. The initial approach to shielding was based on the best evidence available at the time. We now know more about the negative impact shielding can have on people's quality of life, and mental health and wellbeing. As new evidence emerges we continue to refine our definition of who is at the highest risk. We know that different things matter to different people, and the degree of actual and perceived risk varies between individuals.

Our aim is to enable people to make informed decisions about how to keep themselves and others safe by helping them understand the changing levels of infection in the community and how to reduce their risk, as well as providing access to support that can help them make informed choices about their lives.

Screening Programmes

With the NHS placed on emergency footing, elective care was paused thereby increasing potential capacity for cancer treatments. The national cancer screening programmes were also temporarily paused on 30 March, in order to reduce the risk of participants becoming infected with the virus, to enable physical distancing and minimise the impact on essential NHS services as they responded to COVID-19. The screening programmes have now all restarted, and we continue to monitor the impact fluctuating levels of COVID-19 may have on service delivery.

Detection and Diagnosis

Near the beginning of lockdown, referrals with an urgent suspicion of cancer (USC) dropped significantly to a low of 27% of pre-COVID levels. We delivered the 'NHS is Open' campaign encouraging people to continue to present to their GP practice or hospital should they have worrying or urgent symptoms. Overall, referrals have since returned to above normal anticipated levels.

The symptoms of lung cancer have similarities with those of COVID-19 and to ensure that clinicians are able to signpost people to the correct NHS services, new detailed guidance to health service professionals for managing similar symptoms was published in July 2020.

The pandemic has accelerated innovative service delivery and made better use of digital technologies. For example, the use of Near Me video consultations is now widespread across all Boards within Scotland. This allows patients to reach their clinical team from their own home, minimising their risk to COVID-19.

Treatments

With the NHS placed on emergency footing, elective care was paused thereby protecting potential capacity for cancer treatments. The majority of cancer treatments have continued throughout the pandemic but in some instances individual treatment plans- mainly surgeries- have been changed in the interest of patient safety and to minimise individual risk. This should always be done on a clinical basis and in discussion with the patient and clinical care team, through a shared-decision making model.

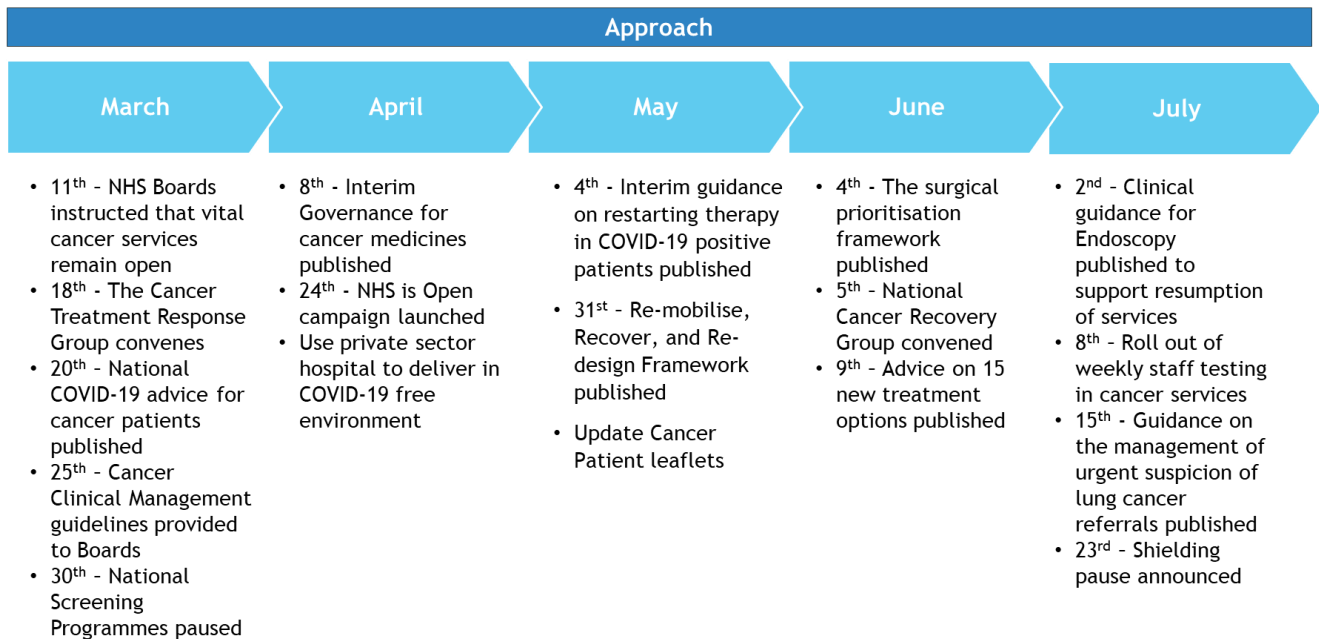
We have therefore published, and require compliance with, a surgical framework to ensure a standardised clinical prioritisation of cancer patients for surgery across Scotland. This means that patients are receiving the earliest available appointments. Additionally, we purchased added capacity from the independent sector in order to continue to deliver cancer surgery safely.

Our National Cancer Medicines Advisory Group (NCMAG) was rapidly convened and at the time of this publication has provided advice to offer 17 new treatment options for cancer patients. The introduction of these new interim cancer medicines allow for greater flexibility and ensure patients have additional treatment options throughout this pandemic.

Other innovations have reduced the need for patients to attend hospital thereby reducing their COVID-19 risks. New guidance on remote consent for Systemic Anti-Cancer Treatment (SACT), means safe prescribing can continue remotely. Community hubs have been used for pre-treatment blood tests. More Systemic Anti-Cancer Treatment has been delivered orally, and closer to home.

The redesign of cancer services over the previous few months has been undertaken at an accelerated speed in order to adapt to the new reality of health and social care and to ensure patients continue receiving the care and support they require. Many of these changes have a positive impact on people's experience of cancer services. As we continue to move forward throughout and after this pandemic, we will ensure that the pace of change continues, that patients are involved in decisions about service changes and positive changes become embedded in our cancer services beyond the COVID-19 pandemic.

Key Milestones in Cancer Services Response and Recovery



The Recovery And Redesign Of Cancer Services

Re-mobilise, Recover, Re-design: The Framework for NHS Scotland

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. These three aims are also central to this plan for cancer services.

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. Boards continue to follow the [Framework for Recovery of Cancer Surgery](#) to ensure the most urgent patients are prioritised and treated first.

This plan will set out the operational priorities for adult cancer services during the recovery and redesign phases to March 2023. Our recent Cancer Strategy Refresh, published in April 2020 and produced pre-COVID-19, will be superseded by this recovery plan with most actions brought forward. Emphasis will be placed on cancer diagnosis and treatment, although we acknowledge the potential to prevent up to 40% of cancers through lifestyle changes and wider public health initiatives. This work on prevention will continue to be driven forward through our public health strategies, working alongside Public Health Scotland. The managed service network (MSN) for children and young people with cancer have also reviewed their services this year, over the pandemic, and drafted a plan for paediatric and young adult cancer services. We are working with the MSN to ensure alignment across adult and children and young people's cancer services, by sharing our three key aims outlined in this plan. Where some teenagers or young adults are treated in adult cancer services this plan will cover their services, and we will work with the MSN on smooth transitions for patients where these services interface.

Patients' experience of their care and treatment is central to this plan with patient-centred care and shared decision-making remaining key principles. Third sector organisations, including members of the Scottish Cancer Coalition and the Less Survivable Cancer Taskforce, have represented the interests of a range of people affected by cancer. Additionally, some have provided crucial insight from surveys of these groups. An extensive review of emerging themes from the Scottish Cancer Patient Experience Survey and Care Opinion has also been conducted and common themes from all are addressed in this plan.

The actions outlined will ensure the delivery of cancer services are resilient to potential future peaks of COVID-19, and to the projected increase in cases of cancer. Previous projections have predicted the number of new cases to rise by 33% from 2008-2012 to 2023-2027¹. A range of actions will support and improve wider

¹ Cancer Incidence Projections for Scotland 2013-2027

Actions And Outcomes

Patient and Family Support

Non-clinical support for patients and their families can have a positive impact in many different ways throughout a patient's cancer journey, from initial referral to well after final treatment. In this plan we will promote various actions to provide this vital support, much of it delivered by third sector organisations. We will continue to engage with our key third sector partners, such as the Scottish Cancer Coalition and the Less Survivable Cancers Taskforce, utilising their insight and expertise in patient experience and specific cancers.

Survey results from these partners have highlighted the impact the pandemic has had on some individuals' mental health. This has been further exacerbated by limited contact with family and friends during lockdown. We are committed to helping individuals improve their mental health and wellbeing through new initiatives, such as the recently launched "Clear Your Head" campaign.

Scottish Cancer Patient Experience Survey (SCPES) data has shown people with cancer have not always received as much information as they would like on issues such as financial help, care at home and support available from the third sector. COVID-19 has impacted access to information services and resources for both patients and their families. We are committed to ensuring patients receive appropriate information at all points in their journey.

Improving patient and family support will be driven through:

Personalised Care

1. The pandemic has impacted the roll out of our partnership with Macmillan Cancer Support, Transforming Cancer Care (TCC), but it will carry on. We are investing up to £6.75 million in 2020/21- 22/23 and will continue to invest in the programme throughout the recovery plan. This partnership will make Scotland the first country in the UK where all cancer patients will have access to a key support worker to receive dedicated financial, practical and emotional support.
2. COVID-19 has had an impact on service and patient experience, therefore we will consider with Macmillan how the Transforming Cancer Care programme can innovate and adapt to reflect these changes, and ultimately best support patients along their cancer journey. We will work in collaboration with clinical colleagues, like primary care and allied health professionals, to identify best innovative practice.

3. A single point of contact: dedicated person-centred support through the cancer pathway

“...during this period I was contacting anyone whose number I had to get my test results...If someone had explained the diagnosis/treatment process and I had a single person to speak to it would have helped greatly...”

“...After being discharged, I felt forgotten...”

- Cancer Patient stories, Care Opinion

Patient groups, third sector organisations, and survey data - including the Scottish Cancer Patient Experience Survey and Care Opinion - have all helped evidence the need for more support in this area. Patients and clinicians tell us patients would like one, easy to access, point of contact to help them navigate sometimes complex pathways; from presenting with symptoms or being screened, to being treated for cancer, and post-treatment.

While the risk of COVID-19 persists, this point of contact service will be essential in supporting a patient at all times through what may be a constantly evolving system. The delivery of this support will depend on existing services and work in conjunction with them. Clinical Nurse Specialists currently play a vital role in every cancer patient's pathway, providing support from the point of diagnosis. This additional resource has the potential to offer support throughout the pathway and in doing so will support vital Clinical Nurse Specialists, by helping release their time.

We will develop a framework identifying best practice which can be adapted across Health Boards. We will invest up to £3.55 million to test and fund the introduction of a single point of contact resource to support cancer patients so they will:

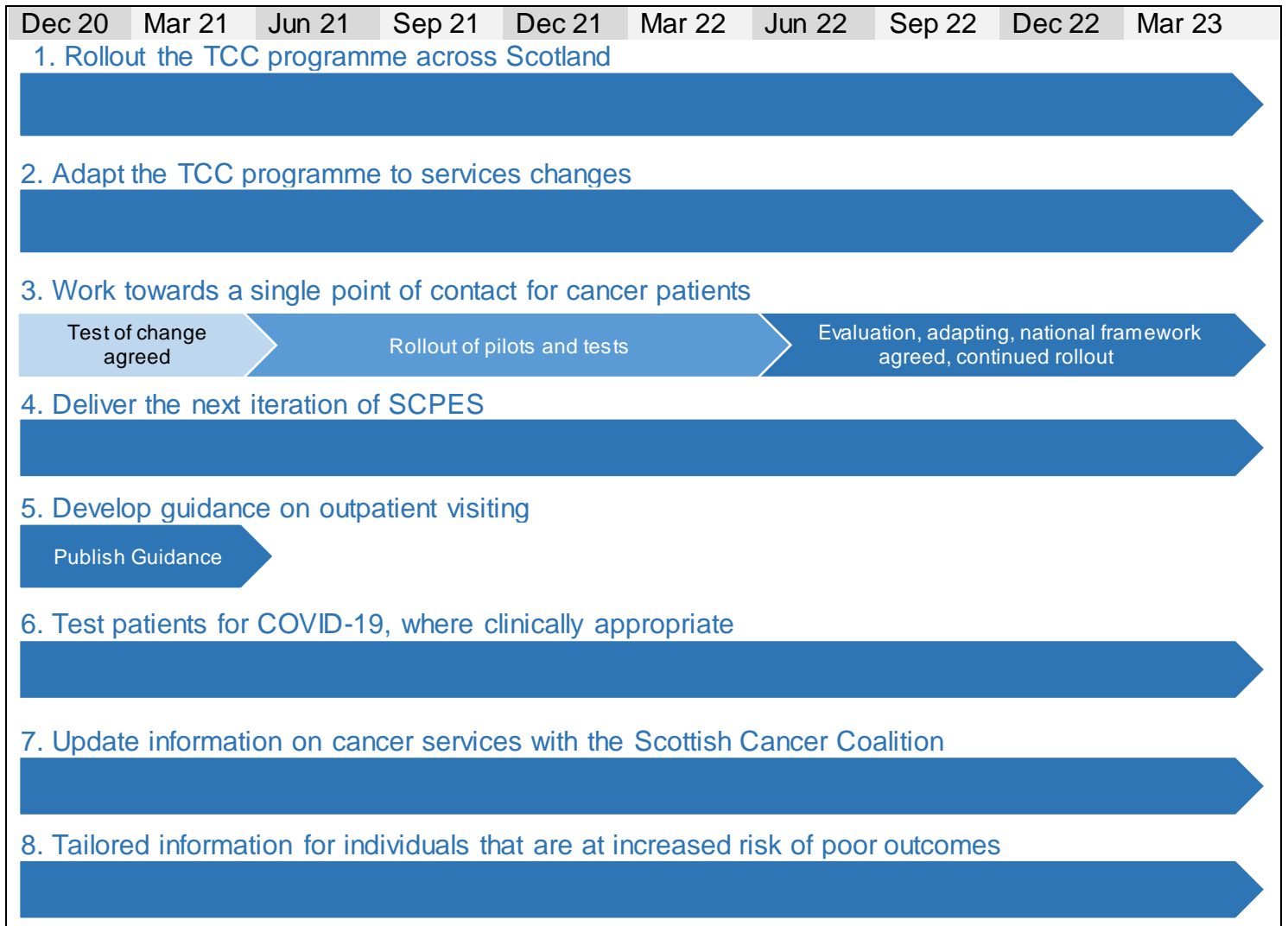
- Have a single point of contact for discussing questions or anxieties related to their clinical care from the point of referral
- Receive timely and accurate advice on their appointments, tests and results
- Have the chance to discuss what non-clinical support may be available for them and their family, following a cancer diagnosis
- Understand their treatment plan and expected timelines for treatment delivery
- Be supported and reassured where they had a suspicion of cancer but did not receive a cancer diagnosis
- After discharge, be provided with advice on self-management and available services

4. With Macmillan Cancer Support, we will develop and deliver the third Scottish Cancer Patient Experience Survey, benefitting from benchmarking against previous surveys to further understand COVID-19 impacts on cancer patients.

Guidance and Information

5. Patient visiting and accompanying to appointments have been significantly impacted by COVID-19. In line with guidance at the time of publication, cancer inpatients along with all inpatients, are allowed one designated visitor. We will consult and develop outpatient visiting guidance, specifically for cancer patients, while COVID-19 continues to pose a risk within Scotland. This guidance will be published by the end of March 2021.
6. Patients will be tested for COVID-19, where deemed clinically appropriate, to help in minimising spread and risk of transmission to other patients and health professionals. We will continue to monitor the prevalence of COVID-19 in Scotland to assess what approach to testing is most appropriate.
7. Patients have valued receiving information that is relevant to them throughout the pandemic. We will continue to work with the Scottish Cancer Coalition to provide consistent, high quality information about individual cancer types, treatment, and various support services. We will continue to support the wider provision of patient information and support, through NHS Inform and local champions.
8. Many cancer patients are at a far higher risk of severe outcomes from COVID-19. As we continue to learn about the virus, and in particular about the factors that affect the risk to particular individuals, we will be able to provide information that enables individuals to make informed choices about managing COVID-19 risks. We will provide patients with information on their individual risk from COVID-19, alongside information on the changing levels of infection in their community, so that they can make informed choices.

Table 1: Timeline for completion of Patient and Family Support Actions



Detection & Diagnosis

The earlier the stage at which cancer is found and treated, the higher the chance of long-term survival, or cure. Over recent years, we have continually been improving detection and diagnosis through our Detect Cancer Early Programme, including undertaking a clinical review of the Scottish Referral Guidelines for Suspected Cancer, and investing in diagnostic innovations. Continued improvement in detection and accelerating diagnosis further will aid our aim of improving the patient journey and outcomes. We have already released an additional £10 million to Health Boards in 2020/21 to support swift access to diagnostics and treatment, helping to maintain cancer performance. We will provide additional investment of up to £5.67 million for cancer diagnostics and scopes.

Individuals from areas of higher deprivation remain more likely to present with later stage disease and are less likely to take part in screening when invited, which continues to be one of the most effective ways to find some cancers at an early stage. Inequalities are not only socio-economic but are evidenced across different cancer types. Survival rates in some cancers, including lung, pancreatic, liver, brain, oesophageal and stomach have improved at far slower rates than others and therefore require additional focus. We will continue to work with the Less Survivable Cancers Taskforce to develop practical and impactful actions to support the increased detection of these cancers.

Primary care services are also vital to the early detection of cancer, patient care and serving on the front line of our NHS. However, it can be difficult for primary care to assess and diagnose individuals with non-specific symptoms. Emerging international and UK evidence supports the exploration of a model that offers GPs a single point of access to a diagnostic pathway for patients with non-specific symptoms suspicious of cancer (e.g. weight loss, fatigue). Early Cancer Diagnostic Centres (ECDCs) have a key role in delivering earlier diagnoses and improved patient care in Scotland by providing patients with multiple tests at one appointment, where possible, rather than consecutive individual appointments. The delivery of Early Cancer Diagnostic Centres is more timely than ever as the pandemic has demonstrated the need for local delivery of diagnostics and reducing footfall within secondary care.

Following a cancer diagnosis, it is important for patients to receive timely treatment in accordance with the 31 and 62 day waiting times standards. We will support this with investment of up to £24 million over the period of this plan. The Framework for Effective Cancer Management, initially developed in 2018, is used to support Boards meet these standards. Visits to review Boards' pathway management were undertaken across NHS Scotland and detailed recommendations provided to support the efficient process of urgent suspicion of cancer referral through to treatment.

In order to improve detection and diagnosis further, we will:

Screening and Surveillance

9. There is a need to consider whether the inequalities in uptake of, and access to, screening programmes have been exacerbated further by the pandemic, particularly as the programmes resume following the temporary pause. We will therefore amend the focus of our fund, with up to £2.45 million made available over the plan, to tackle inequalities in the national population screening programmes to identify and address the impact of COVID-19.
10. To broaden the reach of the cervical screening programme and address inequalities, we will develop a programme of work and pilot approaches to self-sampling. This will enable us to explore and determine the potential for the use of self-sampling at national level.
11. For some patients with specific gene mutations, or otherwise increased clinical risk of developing cancer, ongoing surveillance can assist early detection. We will monitor surveillance and follow up services, providing national guidance on these as required.

Diagnostic Testing

12. Improving the diagnostic experience- Early Cancer Diagnostic Centres (ECDC)

We will invest up to £3 million into Scotland's first Early Cancer Diagnostic Centres, which will create a timely, person-centred fast-track pathway for those with symptoms suspicious of cancer. It will enable patients with non-specific serious symptoms (i.e. weight loss, fatigue, nausea), to be assessed and tested by a team of specialists during one visit.

Currently, there is disparity in how cancer patients that present with non-specific symptoms enter and flow through NHSScotland, compared to those with site-specific symptoms, that are reflected in the Scottish Referral Guidelines for Suspected Cancer. The Centres, which will be developed within existing NHSScotland infrastructure, aim to reduce this variation and work towards delivering equity of access for all patients with a suspicion of cancer in Scotland.

The delivery of Early Cancer Diagnostic Centres is more timely than ever as the COVID-19 pandemic has demonstrated a need for reducing footfall within secondary care and making continued efficient use of NHS resources. The Centres will result in fewer hospital visits for patients, providing them with the right tests in the first instance. This is in contrast to multiple referrals to different specialties, which include the risk of unnecessary investigations or inadvertent repeat investigations, until a diagnosis is confirmed, be it cancer or another serious condition. There will be a small cohort of complex patients moving through any Centre at one time. Social distancing and the increase in virtual ways of working will support effective clinical

triage, same-day radiology reporting and speedy onward referral to specialty services.

The introduction of Early Cancer Diagnostic Centres marks a radical change in how cancer is detected in Scotland - providing faster access to specialists, adopting a holistic approach to diagnosis and supporting the patient with vital one-to-one contact throughout the process. Phase one of the Centres is expected to begin Spring 2021, in at least two sites. A robust evaluation process will be undertaken to embed learnings and work towards the delivery of a Centre in every cancer region in Scotland.

13. Radiology investigations for suspected cancer patients have continued to be prioritised throughout the COVID-19 pandemic. However, as other services begin to re-mobilise, additional capacity will be required. This will be supported by the addition of six mobile MRI and three mobile CT scanners.
14. We will continue to work with and encourage Health Boards to increase GP direct access to CT scans for people with symptoms potentially indicative of cancer, helping more people be tested more quickly. This will be particularly important for patients presenting with vague symptoms.
15. Early detection and innovative endoscopy solutions such as Colon Capsule Endoscopy and Cytosponge™, have the potential to reduce demand on traditional, more invasive, endoscopy techniques, improve patient experience, and increase screening capacity. We will introduce these across Scotland, and evaluate their efficacy and impact on patient outcomes.
16. The colorectal pathway remains one of the most challenged in NHSScotland due to the reliance on scope-based diagnostic tests, the capacity of which reduced significantly during the pandemic as a result of emerging evidence, including that from the British Society of Gastroenterology. Capacity for scope-based diagnostic testing will not return to pre-COVID-19 levels for some time as a result of social distancing and enhanced PPE requirements. To ensure patients have timely access to key diagnostic tests, we will support the creation of an Endoscopy Renewal Plan with the oversight group due to meet in early December. The role of qFIT, a simple test used to detect small amounts of blood in stool samples, in risk-stratifying those for endoscopy will be reflected in the Plan. The possibility of utilising the private sector to increase capacity, Boards supporting each other through mutual aid, ongoing clinical prioritisation and national guidance on COVID-19 testing patients pre-procedure, will also be considered in the Plan.
17. Gallium services provide an opportunity to improve the detection of advanced prostate cancer. We will continue to invest an initial £2 million in gallium services across four Health Boards, with two due to go live in 2020 and the remaining two early in 2021.
18. We will continue to support the National Cancer Diagnosis Audit that will enable reflection, learning and quality improvement within primary care to improve patient outcomes and support earlier diagnosis. Initial insight is expected early 2021.

Patient Pathways

19. The Scottish Referral Guidelines for Suspected Cancer support clinicians in ensuring that the right patient is on the right pathway at the right time. The Guidelines - a result of clinical consensus and a robust evidence review - underwent a refresh in 2018 with eight pathways updated. An audit of the adoption of the Guidelines will be undertaken in Spring 2021, to understand any differing referral trends following the refresh. This will also help inform the need for, and timings of, a full refresh, in close consultation with primary care.
20. To incorporate the new ways of managing cancer pathways and services across NHS Scotland that have emerged as a result of COVID-19 (e.g. increased virtual consultations), we will undertake a refresh of the Framework for Effective Cancer Management. To support clinicians and managers to drive improvements, Board visits will begin early 2021 with a revised Framework published Summer 2021. This will provide every Board in Scotland with the tools to effectively manage cancer patients and recover waiting times.
21. A firm focus will remain on Cancer Waiting Times performance and ensuring cancer patients continue to be seen and treated as a priority as we progress through mobilisation and respond to any new COVID-19 peaks. We will continue increased oversight of patients moving through the 31 and 62 day cancer pathways through weekly monitoring with Boards. This involves monitoring referral numbers, sharing best practice across Board Cancer Teams, challenging any emerging backlogs and supporting innovative solutions where appropriate.
22. Patient pathways through cancer services help define a patient's overall experience and access to treatment and, potentially, their outcomes. We will analyse whether new pathways for specific cancers would benefit patients, working with the Scottish Health Technologies Group (SHTG) where applicable. A focus will be placed on less survivable cancers. Our first priority will be to work with the Scottish Hepatobiliary Network and support clinical consensus on redesign of pancreatic and liver cancer pathways.
23. Urology pathways can vary across Health Boards and are challenging to navigate due to the number of diagnostic tests required, often complex nature of cases and specialised treatments needed. A collaboration of Scottish Government improvement programmes through the Centre for Sustainable Delivery (CfSD) (including Scottish Access Collaborative and Modern Patient Pathways Programme) will explore ways to reduce variation in urology pathways and ensure equitable access from the point of suspicion of cancer to post-treatment follow-up. This programme of work will consider GP direct access to diagnostics, implementation of new clinical pathways, emerging technologies to support patient initiated review (PIR) (such as an app for patients to monitor their PSA levels through), adoption of mpMRI guidance, Active Clinical Referral Triage (ACRT), and community-based follow-up.

Pre-Treatment

24. Cancer Prehabilitation- Testing and Evaluating

Cancer prehabilitation is an emerging field, with a growing evidence base which requires further evaluation in a Scottish context. It helps a patient prepare as best they can for treatment. A 'universal' prehabilitation focusses on physical activity, psychological support, nutritional care, smoking cessation and alcohol reduction to prepare people for their cancer treatment.

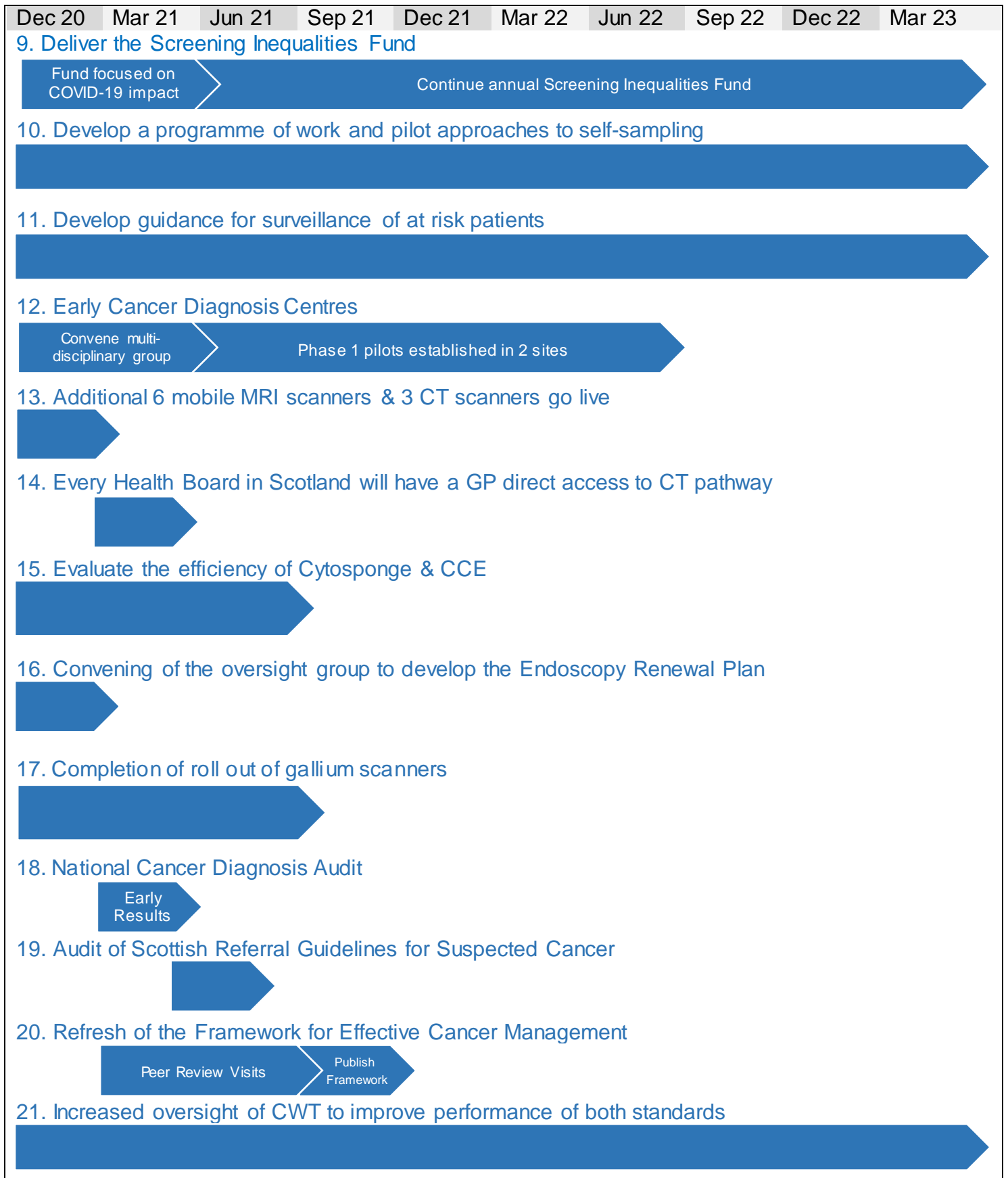
The Scottish Government aims to spearhead prehabilitation and will invest up to £1.15 million to implement a programme of work in a number of cancer types, to test and evaluate the concept for delivery across Scotland. The evaluation will focus on implementation of prehabilitation into existing pathways with access to timely treatment remaining a priority.

25. Some evidence suggests prehabilitative measures, focusing on physical activity, nutrition and psychological support, will improve a patient's ability to receive treatment and their outcomes after treatment. We will develop a digital resource to raise awareness of the benefits of prehabilitation among the public and professionals.

26. Nutritional care is a key component to the universal approach of prehabilitation. We will convene a nutritional care for cancer advisory group to develop a framework for nutritional care to be used across cancer prehabilitation in Scotland.

27. Positive mental health is key to an individual's overall health. To ensure consistency of support across Scotland, we will look to the well-established [West of Scotland's Psychological Therapies and Support Framework](#) to identify potential learning which can be adopted across the country.

Table 2: Timeline for completion of Detection and Diagnosis Actions



22. Review new pathways to incorporate in the Framework for Effective Cancer Management



23. Form the urology optimal pathway



24. Test and evaluate a programme of prehabilitation



25. Develop digital resource to raise awareness of prehabilitation



26. Convene a nutritional cancer care advisory group



27. Identify 'best learnings' from the WoS's psychological therapies and support Framework



A Focus On Lung Cancer

Lung cancer remains Scotland's most common cancer and is predicted to continue to be so over 2023-2027. Public Health Scotland has predicted lung cancer to increase by 29% for women and 12% for men between 2008-2012 and 2023-2027.² Since the Detect Cancer Early (DCE) Programme started in 2012, the proportion of lung cancer diagnoses at the earliest stage have gone up overall by 36%, and specifically by 38% in the most deprived areas³.

Over the pandemic, the number of urgent suspicion of lung cancer (USC) referrals into secondary care reduced dramatically. Given the overlap of symptoms between COVID-19 and lung cancer (cough, breathlessness and fatigue) this tumour group requires specific attention to ensure work to date to improve early diagnosis rates isn't reversed. While USC lung referrals have seen a steady increase since the height of the pandemic, they remain below pre-COVID levels, with concern these may lead to an increase in late presentation, morbidity, and mortality.

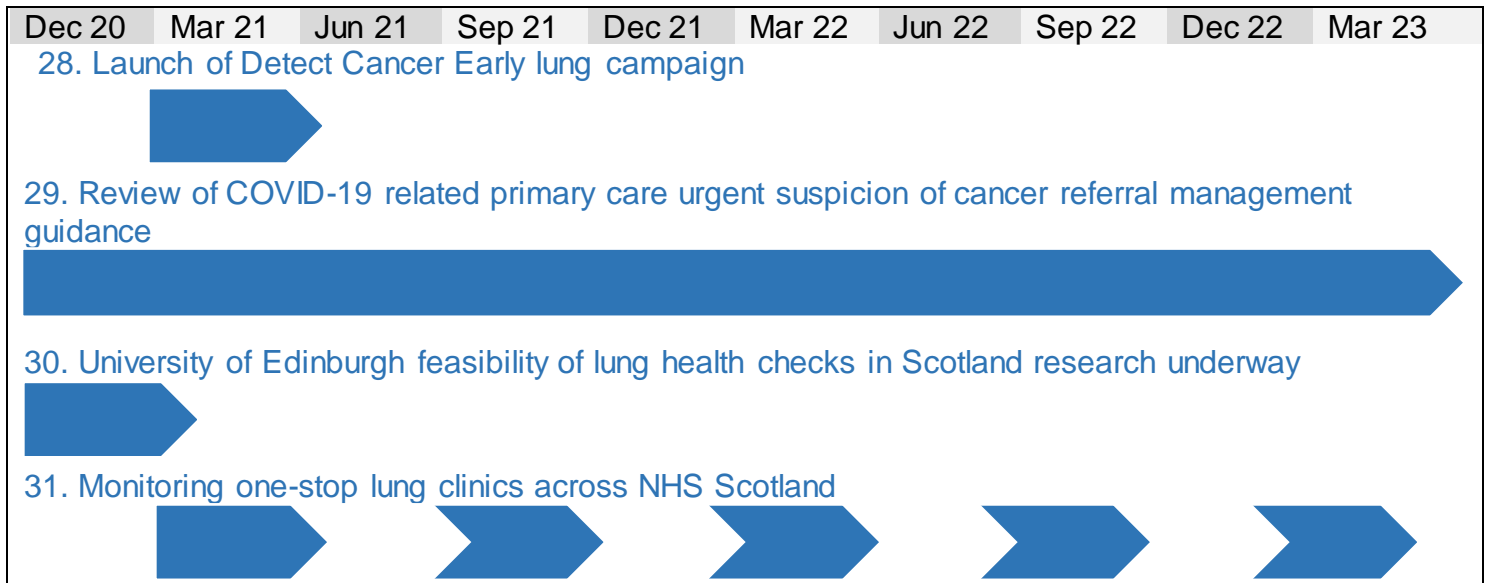
We will therefore deploy specific actions to address this:

28. Our £44 million Detect Cancer Early Programme will continue to support our aim to increase the proportion of Scotland's most common cancers (bowel, breast and lung) detected early. An additional £500,000 will be invested in developing a lung cancer awareness campaign that will launch in 2021 to highlight the importance of early detection and prompt people with potential symptoms to seek help as early as possible. Stakeholder engagement will be key to delivering this activity, including the Scottish Cancer Coalition and Less Survivable Cancer Taskforce to ensure patient opinions are fed into the process.
29. Clinical guidance on the management of urgent suspicion of lung cancer referrals during COVID-19 was published in July 2020 and will be kept under review, with support from the Scottish Primary Care Cancer Group. The development of additional primary care guidance may be required in the future, depending on emerging referral trends and primary care challenges.
30. We will appraise the options, opportunities, harms and benefits of targeted lung health checks in Scotland. This will begin with an exploratory piece of research by The University of Edinburgh to understand the feasibility of the introduction of lung health checks within Scotland.
31. The impact and effectiveness of one-stop lung clinics, for new USC patients, will be monitored where already underway in NHS Scotland, to ensure best practice is rolled out across Scotland.

² Cancer Incidence Projections for Scotland 2013-2027

³ Detect Cancer Early Staging Data 2017/2018

Table 3: Timeline for completion of lung cancer actions



Treatment

Early detection and diagnosis improve outcomes for patients by ensuring the most effective options for treatment can be used. To improve cancer outcomes and survival, ensuring equitable access to the best treatment must also be prioritised. The Scottish Government is committed to ensuring access to treatments are equitable across Scotland, through a 'Once for Scotland' approach, regardless of where an individual lives.

An effective mobilisation of our NHS will lead to a renewed health and care system. This will be achieved in part through embedding innovations and digital approaches. Within cancer services, the use of innovative new approaches in treatment can be seen across each treatment type. The judicious use of new technologies can improve cancer treatments and increase capacity. Various clinical national guidance has been provided through our COVID-19 response and we will continue to support national clinical consensus on cancer treatment to ensure we continue to deliver best treatments to all patients, supported by up to £2.95 million of new investment.

Surgery

32. Specialist surgery offers specialist complex interventions for certain cancers, particularly rarer cancers, and can help improve both experience and outcomes for some patients. We will work with clinicians and Health Boards to assess new ways of improving equity of access across all specialist surgical pathways.
33. Robotic surgery has potential, for certain patients, to improve experience and for surgeons to treat more patients sooner. We will work with National Services Scotland through their Robotic Assisted Surgery Framework to assess what potential further investment may be required to make further improvements in this area.
34. The pandemic has highlighted the need to ensure consistent prioritisation and equitable access to surgery across Scotland. We will continue to promote the Framework for Recovery of Cancer Surgery, with regular reviews undertaken by governance groups to ensure the framework remains fit for purpose, in the event of fluctuating prevalence of COVID-19.
35. Improving a patient's ability to recover after surgery leads to better patient outcomes. We will monitor and explore new initiatives and service changes to improve recovery after surgery, such as the Enhanced Recovery After Cancer Surgery (ERAS) programme. This programme aims to actively involve patients in their recovery and emphasises reducing physical stress of the operation and encouraging early mobilisation after surgery.
36. Losing weight, in individuals with excess body weight, can help improve patient outcomes and aid long-term recovery after treatment, especially surgery. We will support improving awareness of existing weight management services and referral pathways among cancer health professionals and patients.

Radiotherapy

37. One in four cancer patients in Scotland will receive radiotherapy. Over the duration of this plan, we will invest £45 million in our long established LINAC Procurement Programme, which will ensure the most up to date radiotherapy equipment across Scotland's cancer centres.
38. We will work with the Scottish radiotherapy community to develop a national plan for the Scotland's radiotherapy service, with a view to curing more cancers, and increasing access to the most modern treatments. The plan will also seek to embed access to clinical research trials across all centres.
39. The use of peer review in Radiotherapy has accelerated throughout the pandemic, as a result of the increased use of digital solutions, facilitating the best possible decisions about treatments. We will support the continued expansion of digital solutions to Radiotherapy peer review across Scotland.

Systemic Anti-Cancer Therapies (SACT)

40. Increased numbers of pre-treatment and follow-up tests have been provided in the community through COVID-19. For example, phlebotomy services have been provided through Community Treatment and Care (CTAC) services, in a much more coordinated manner. We will explore how this approach can be embedded across Scotland and link to ongoing work on CTAC services to support GP practices to maximise economies of scale.
41. There has been an increase in orally delivered SACT through COVID-19, offering patients better experience and in settings closer to home. Through our national governance we will support the continuation and expansion of this service development, where safe and appropriate.
42. Non-medical staff prescribing of SACT can make best use of the existing workforce and help patients receive safe and timely treatment. It can utilise clinical staff, such as chemotherapy nurses and oncology pharmacists, to increase capacity among other clinical groups for other tasks. We will develop a national approach to support the non-medical prescribing of SACT.
43. Community pharmacists can provide excellent local delivery of SACT. We will work with pharmacy leaders to optimise the potential of community pharmacy and build on the successful pilots of community pharmacy dispensing of SACT.
44. We want to ensure the guidance on the safe delivery of SACT accounts for recent innovations in medicines, digital transformation and COVID-19 service changes, such as the need for physical distancing in wards. The CEL 30 (2012) guidance on safe prescribing will be updated by October 2021 to reflect this.
45. The National Cancer Medicines Advisory Group, working alongside the Scottish Medicines Consortium and existing local systems for access to cancer medicines, will continue to approve new options for treatment, including maximising the use of off-label cancer medicines and use of new rapid decision making processes.

We will support the continued work of this group, with up to an additional £400,000 in funding, which will provide more treatment options for cancer patients.

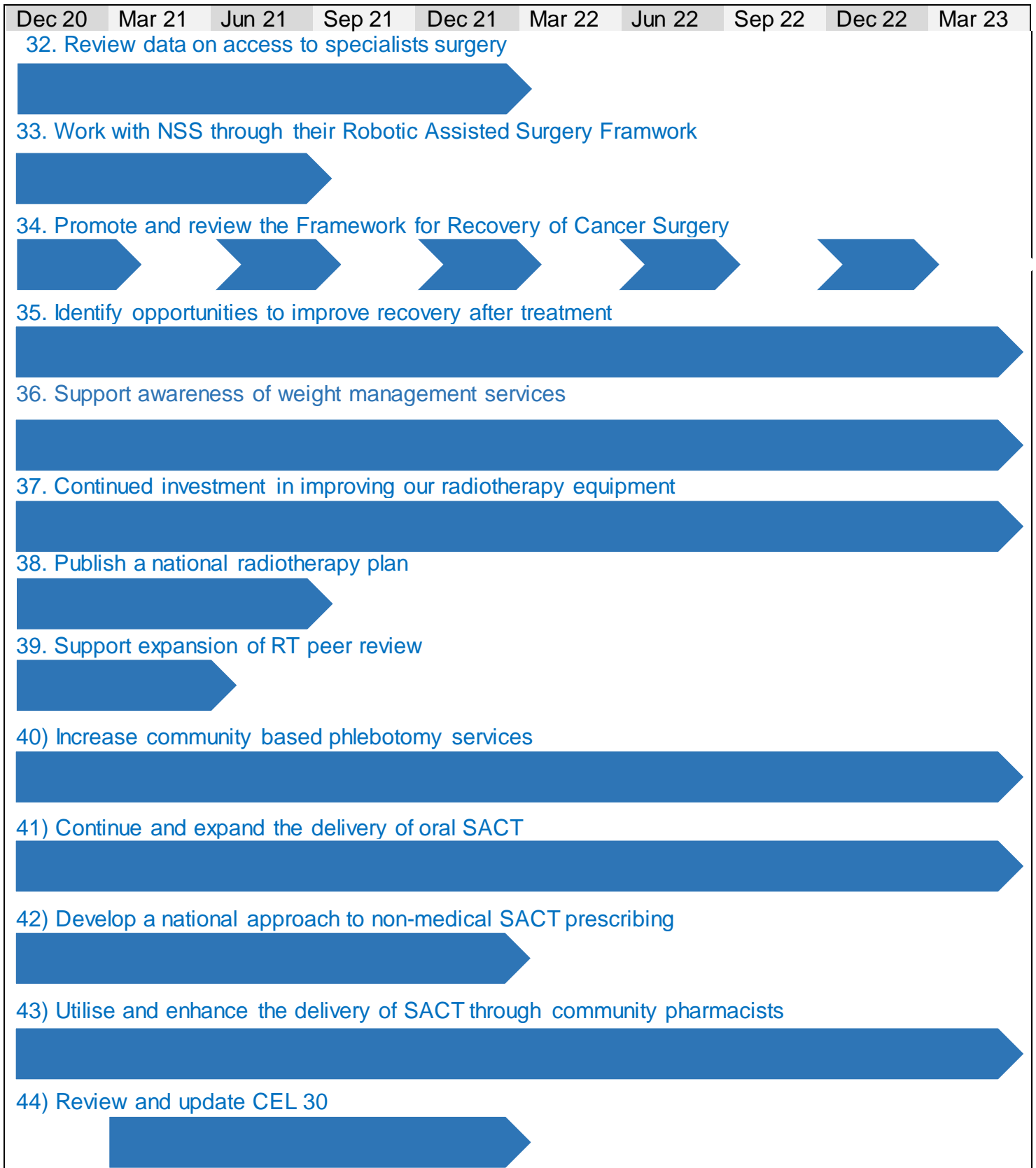
Acute Oncology

46. Where cancers have been detected at a later stage, access to high quality and well-resourced acute oncology services can help patient experience and outcomes. We will support nationally acute oncology services, where required, to meet increased demand.

Precision Medicine

47. We will look to the opportunities offered through Precision Medicine to optimise the provision of diagnosis, treatment and prevention of cancer in our approach to cancer services recovery and thereafter in how cancer services might be redesigned to implement precision medicine to further enhance person-centred, effective and sustainable service delivery.
48. Genetic testing has the potential to identify new medicines for cancer patients. We will work to improve the alignment of access to molecular pathology testing with new treatments, such as the expansion in Advanced Therapeutic Medicinal Products (ATMPs) which over the next few years offer the opportunity to personalise medicines for individual patients and provide long-term remission.

Table 4: Timeline for completion of Treatment actions



45) Embed long term rapid decision making for off-label medicines

Systems
Change

Long term changes established

46) Support nationally acute oncology services to cope with potential increased demand

47) Optimise the provision of diagnosis, treatment, and prevention through precision medicine

48) Improve alignment of access to molecular pathology testing with new treatments

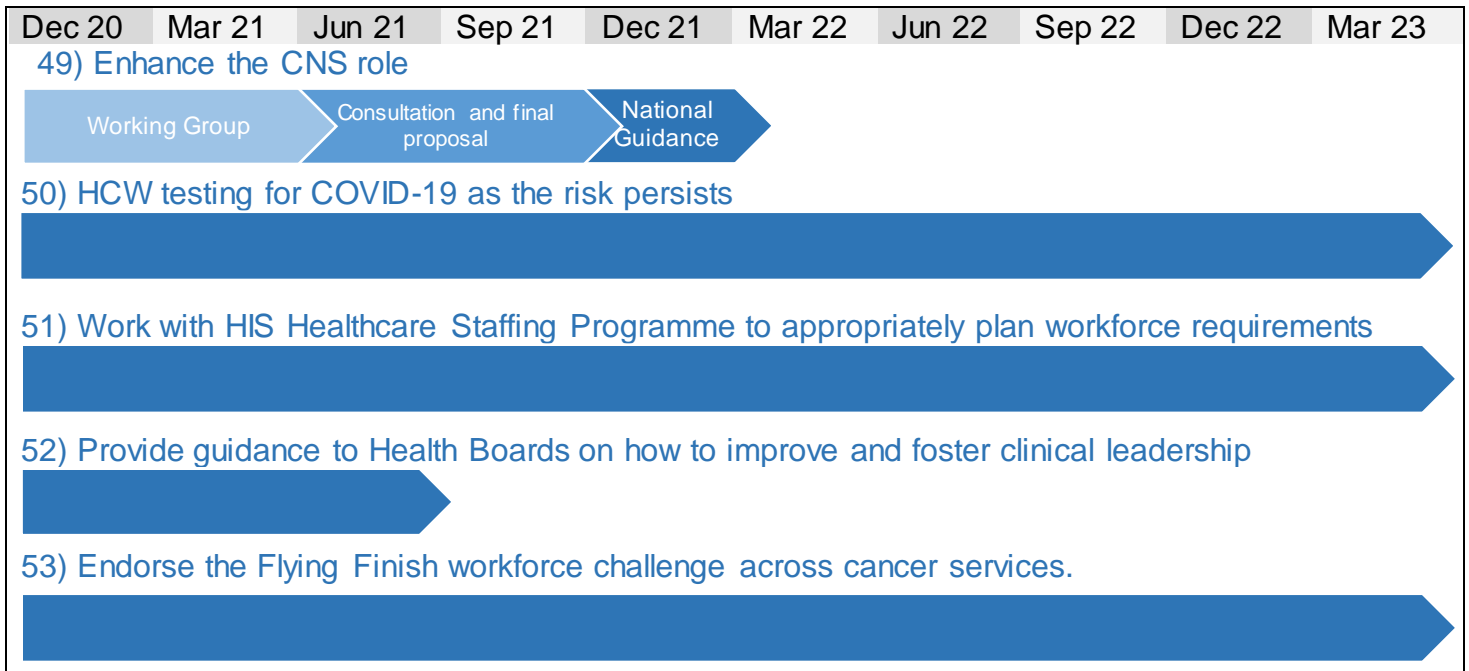
Workforce

We fully recognise the immense pressures the NHS, including all those involved in cancer services, has been put under over the past few months as a result of COVID-19. Creating a sustainable workforce to care for those with a cancer diagnosis is an integral part of this recovery plan. Over recent years, we have seen an 85.8% increase in consultant oncologists and we've increased consultant radiologists by 49.5%. We are exploring new ways to support our existing workforce and opportunities to foster the talents we have here in Scotland. This will ensure individuals within our local workforce have equitable access to opportunities for career development and to maintain excellent services while COVID-19 remains a risk, and beyond.

Keeping our workforce safe, for their own health, and the health of the patients they are treating, continues to be a priority. Priority access to PPE and routine testing among healthcare workers within cancer wards will continue.

49. There are opportunities to increase patient time with Cancer Nurse Specialists, supporting a smoother patient journey. We will work with the Scottish Cancer Lead Nurse / Nurse Consultant Group to support the enhancement of the CNS role including by determining which tasks can be reallocated.
50. All healthcare workers in specialist cancer wards will continue to be offered weekly testing to help minimise the spread of COVID-19. We will continue to monitor the prevalence of COVID-19 in Scotland and determine whether this testing strategy continues to be appropriate.
51. The Health and Care (Staffing)(Scotland) Act (2019) provides a statutory basis for the provision of appropriate staffing and enabling safe and high quality care. We will work with Healthcare Improvement Scotland's Healthcare Staffing Programme to ensure that future workload and workforce requirements in cancer services can be appropriately planned.
52. Clinical leadership and advice are a key component of continuous improvement in cancer services and nurturing the next generation of clinical leaders, including primary care, will be vital to this. We will, by June 2021, provide guidance to Health Boards on how they can support this approach.
53. To manage retirement, return to work, and embrace flexible working practices we will endorse the Flying Finish workforce challenge across all staff groups, including cancer services. This challenge will be used to identify, create and connect work streams around end of career planning and enable meaningful career longevity.

Table 5: Timeline for completion of workforce actions



Governance And System Support

The national cancer governance landscape has been greatly impacted by COVID-19. Swift actions were taken to develop appropriate groups to deliver national consensus on how to adapt our cancer services. These groups are clinically led, with representation from each regional cancer network, covering a range of cancer recovery topics and linking with wider COVID-19 efforts.

Regional Cancer Networks or Alliances are key elements in the governance of cancer services and pivotal in bringing together clinical and managerial leadership from all organisations. They support collaborative improvement in the quality and outcomes of care, from diagnosis to end of life care, for cancer patients across Scotland. Their roles can help enable care to be more effectively planned locally, regionally and nationally by working together, with Health Boards and the Scottish Government to ensure delivery of this plan.

As we have learnt over recent months, we must be flexible in our diagnosis and treatment approach/options to account for the changing levels of COVID-19 in the community. Underpinning this recovery plan are a wide range of datasets which in large part have been developed through commitments made in previous cancer strategies. The ready availability of relevant data is, and will continue to be, a major driver in the recovery phase and beyond.

The following data areas and subsets will be captured and analysed, with some still in development, by the cancer governance groups in order to monitor actions and make evidence-based decisions in our ongoing responses:

Diagnosis/Detection	<ul style="list-style-type: none">• Primary care presentation referrals• Screening attendance and referrals• Diagnostic demand
Treatment	<ul style="list-style-type: none">• Surgical prioritisation• Systemic Anti-Cancer Treatment and Radiotherapy capacity and delivery• Cancer waiting times performance
Wider system support	<ul style="list-style-type: none">• Cancer Quality Performance Indicators• COVID-19 Prevalence• Testing uptake• Impact of COVID-19 on patient outcomes

A number of data projects and programmes will continue throughout the delivery of the recovery plan to improve the data landscape within Scotland, including:

- Innovative Healthcare Delivery Programme
- Scottish Cancer Registry and Intelligence Service
- Cancer Medicines Outcome Programme

We will continue to invest in our data services, with an additional £2.55 million in funding to take forward the various workstreams outlined in this plan. We will ensure the data captured for cancer services aligns with our new Data Strategy for Health and Social Care as it is developed.

In parallel with data collected specific to cancer services, there is a clear need to consider the data in light of the COVID-19 prevalence levels. As these fluctuate it will be critical to find a balance between the management of COVID-19 in the community and the available capacity in diagnostic and clinical care and treatment services.

We will aim to deliver this by:

Governance

54. National governance for cancer has changed significantly in response to COVID-19. We will conduct a rapid review of overall national cancer governance to ensure it is optimised for the recovery and redesign phases.

55. A Dedicated National Resource for Cancer

The response to COVID-19 within the NHS has driven significant national collaboration in a range of areas, and 'Once for Scotland' approaches to clinical guidelines and treatments. Everyone in Scotland should expect equitable access to treatment and care no matter where they live in Scotland.

We will establish and invest up to £2.78 million into a dedicated national resource for supporting a 'Once for Scotland' approach to cancer. Clinical consensus, ongoing improvement and equitable access will be key founding principles for this resource.

It will initially focus on the development of clinical management guidelines and improvement in patient pathways, including surgery, for less common cancers.

56. The Cancer Managers Forum is made up of operational and clinical Cancer service managers to discuss, share and support best practice within NHS Scotland. We will continue to support the Forum to share learning, challenges and best practice across Scotland to improve cancer care and services, as well as patient experience, encouraging a 'Once for Scotland' approach.

57. We recognise that a number of cancer patients receive treatment through clinical research trials and that the pandemic has impacted the ability for these trials to continue. We will establish a National Cancer Trials Resilience subgroup to oversee their safe resumption.

58. The Scottish Health Technologies Group (SHTG) provide evidence, support and advice to NHS Scotland on the use of new and existing health technologies. We will promote the use of the SHTG to analyse health technologies related to cancer, prior to their implementation.

59. Our COVID-19 response has led to a range of positive innovations and changes in the health service, such as the use of the Near Me video consultation tool. Through our national governance groups, we will remain alert to potential service innovation and redesign benefitting patients which could be introduced quickly with our national support.
60. Standardising patient consent across Scotland is a priority to ensure all patients are receiving the appropriate information regarding both benefits and risks before making an informed decision on their treatment. We will ensure a consistent approach to patient consent, including electronic consent, for Systemic Anti-Cancer Treatment is used across Scotland.

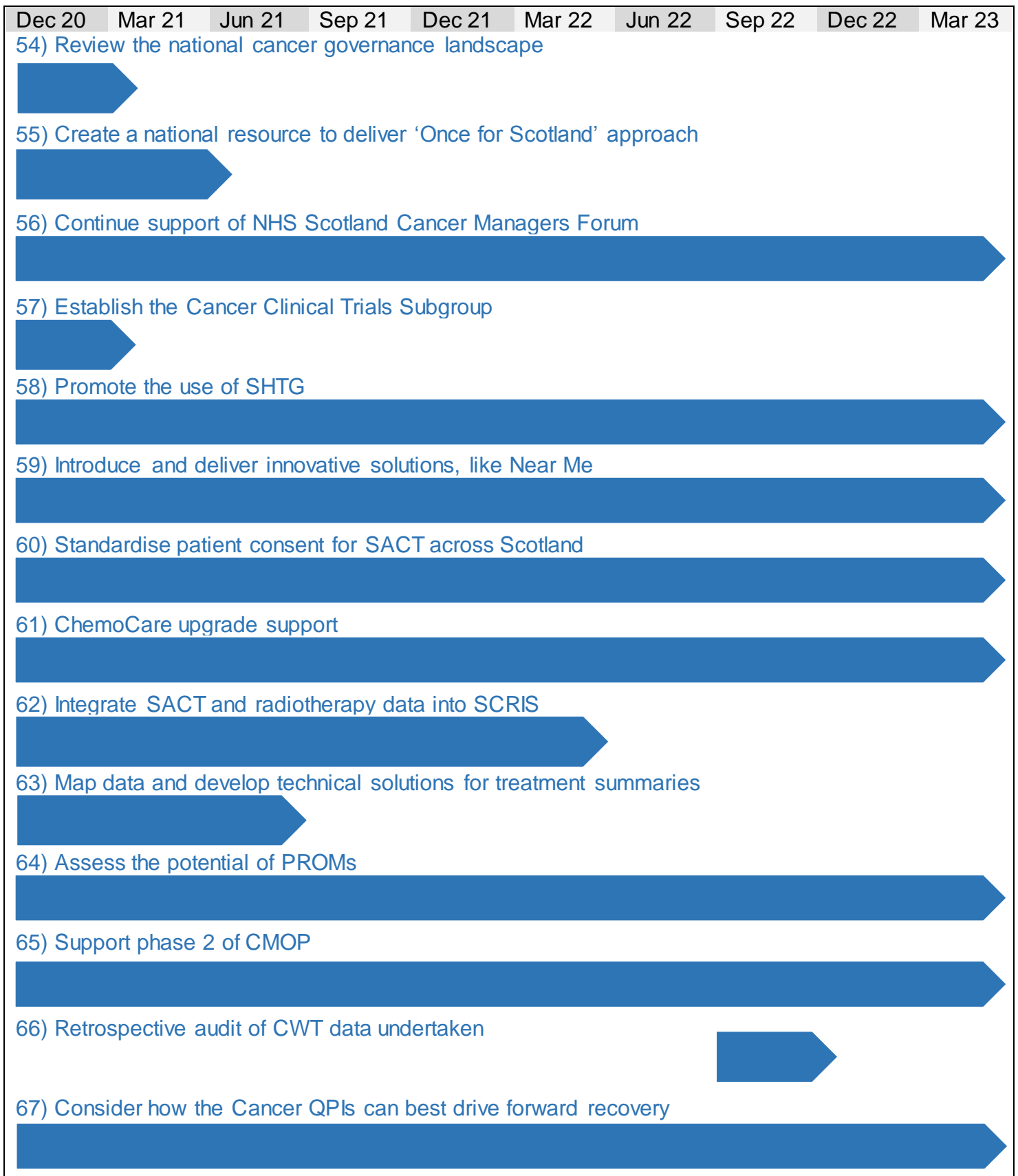
Data Needs

61. The technical challenges in sharing Systemic Anti-Cancer Treatment data to build a national picture of utilisation are considerable and include the need for all five instances of ChemoCare (the electronic prescribing system) to be upgraded to version 6. The recently established CEPAS User Group will support the upgrade to ensure it achieves a uniform approach across the country.
62. The Scottish Cancer Registry and Intelligence Service (SCRIS) continues to prioritise and develop the integration of Systemic Anti-Cancer Treatment and radiotherapy data into a national cancer dataset and is on track to complete this work in 2021/2022.
63. Treatment summaries provide a record of an individual's treatment, side effects or consequences of treatment experienced and any potential recurring signs or symptoms. Building on the Innovative Healthcare Delivery Programme's earlier work highlighting the value of treatment summaries, work is now underway in partnership with NES Digital Service (NDS), Public Health Scotland (PHS), and Health Boards, to map the data needed to populate the summaries, and develop technical solutions. The work will involve patients and clinical teams with NDS committed to delivering a national prototype product by June 2021.
64. Patient Reported Outcome Measures (PROM) have the potential to provide vital information in how we configure our services. A range of very effective digital solutions are in place to support these. We will provide national support to assessing the potential and value of these, linking with other digital strategies, and guiding pan-Scotland approaches to adoption.
65. The Cancer Medicines Outcomes Programme (CMOP) has successfully demonstrated the feasibility of electronic dataset linkage to assess real world clinical outcomes from cancer medicines. Over the duration of the plan we will support phase 2 of CMOP, with funding up to £822,000, to better understand the effects of medicines on patients in the real world and determine the feasibility of scaling up.
66. Public Health Scotland will conduct an audit of the application of [Cancer Waiting Times data & definitions](#) to ensure consistency of data capture and adherence to exclusion criteria across Scotland.

67. Cancer Quality Performance Indicators (QPIs) provide powerful data on our cancer services and help drive improvement. We will consider how these can continue to be best used to further inform and drive cancer recovery.

68. We are committed to improving the efficiency of cancer data collection and to providing a centralised space for data linkage and analyses. SCRIS is currently developing a Cancer Intelligence Platform, which will allow this ambition to be fully realised. Phase 3 of this SCRIS work stream is now underway, with phases 4 & 5 anticipated over the lifetime of this plan.

Table 6: Timeline for completion of Governance and System support actions



68) Complete phases 3-5 of the Cancer Intelligence Platform



Delivery and Evaluation

The Scottish Government will develop a delivery plan underpinning this recovery plan which will identify key performance indicators. This delivery plan will influence the development of an evaluation framework which will cover the duration of this plan. We will co-produce the framework with stakeholders, including the National Cancer Recovery Group: to which we will provide regular updates on the delivery of the Plan.

This two year plan, running up to 2023, will also work towards achieving long-term aims which may not be fully achieved within this timeframe. Some of the actions in this plan represent building blocks needed to make progress towards those aims. The evaluation framework will incorporate measures to assess progress and generate learning from the experience of implementing the plan.

The framework will build on the existing collection and analysis of routine datasets. It will incorporate the planned data, evaluation and research projects referred to in this plan. It will also identify high priority data and evidence gaps which can be addressed over the course of this plan.



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