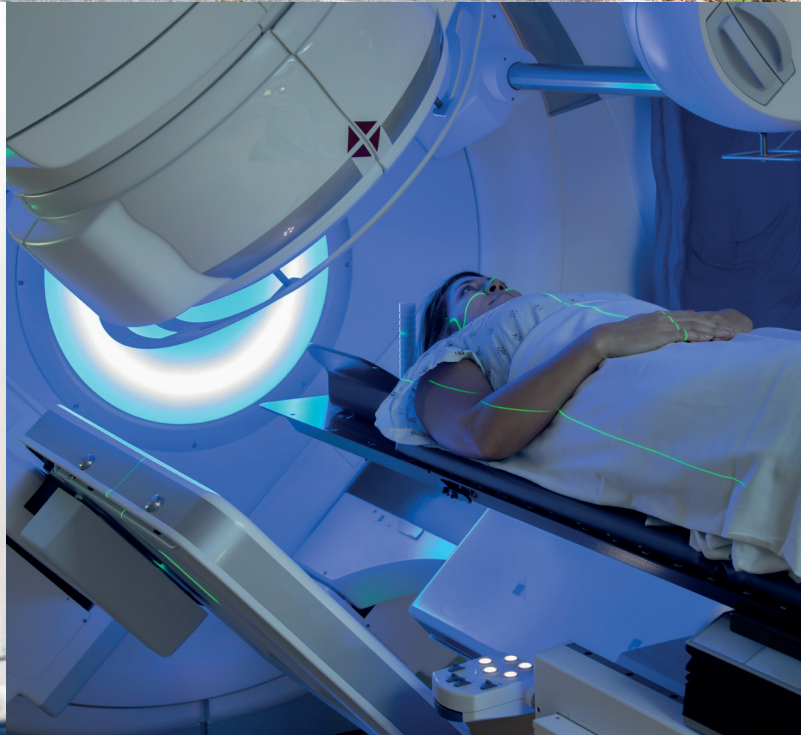


Cancer Action Plan for Scotland 2023-2026



Foreword from Cabinet Secretary for NHS Recovery, Health and Social Care

Cancer impacts us all, whether that is directly or through our family or friends. The Cancer Strategy for Scotland 2023-2033 sets out the vision and priorities of the Scottish Government for cancer over the next 10 years, with the aim to improve cancer survival and provide excellent, equitably accessible care to all. As we publish the strategy and this plan, the NHS is still under enormous pressure and so we must work through a recovery, renewal and redesign continuum over the ten years. In this initial three-year period of the strategy, success will be to **recover** and stabilise our systems and services, maintaining cancer as a priority, while the necessary recovery takes place in health systems and the wider economy.

We have developed a three-year action plan with realistic, focussed, financially prudent and achievable actions that will provide the foundation to put into place new, better and sustainable ways to deliver cancer services across Scotland. While cancer survival continues to improve across Scotland, more needs to be done and our [Policy Prospectus](#) includes a focus on improving cancer outcomes.

The strategy and plan have people living with cancer, their families and carers at their very heart, with a focus on reducing inequities in access to cancer care and cancer outcomes, recognising each person's time of need.

We look forward to working with our colleagues across NHS Scotland, and our third sector partners and their representatives on the Scottish Cancer Coalition and Less Survivable Cancer Taskforce to help implement the plan.



Michael Matheson, MSP
Cabinet Secretary for NHS Recovery, Health and Social Care

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1. Background

1.1 Context

This is the first of our action plans to accompany our 10-year Cancer Strategy for Scotland 2023-33. This plan sets out a range of actions linked to our overall strategic aim. The strategy describes the broader context of cancer in Scotland and necessary links with wider strategies.

The actions within reflect the breadth of our ambitions along and beyond the cancer pathway. This first three-year action plan 2023-2026 therefore includes actions indirectly impacting on cancer services, on which our success depends.

Cancer remains a clinical priority for the Scottish Government. Cancer survival continues to improve, but not at a satisfactory rate. Our strategic priority is to tackle this. Improving cancer survival means the number of people who have, or have had, cancer will continue to grow substantially in the coming decades, as mortality rates decline. There will also be an increasing number of people with cancerⁱ due to the ageing population and Scotland's success in reducing mortality from other diseases. This will contribute to an increasing demand on the health service. Additionally, the volume of tests and treatment for each patient continues to increase, so it is vital that Realistic Medicine is embedded throughout our cancer services. People need holistic care and support throughout their cancer journey including palliative care and care around death.

Approximately 40% of cancers remain preventableⁱⁱ with the biggest modifiable risk factors including smoking, obesity, physical activity and alcohol consumption. A clear focus and strong action will be required to address these.

As we publish this plan, the NHS is severely pressured as a result of the enormous impact of the COVID-19 pandemic and long-term challenges presented by the factors described above. Our priorities in this first 3-year action plan are therefore to **recover** and stabilise our systems and services, maintaining cancer as a priority while necessary recovery takes place in health systems and the wider economy.

Our plan is guided by broader strategies such as the [NHS Recovery Plan \(2021\)](#), [Health and Social Care: National Workforce Strategy \(2022\)](#), our [Care and Wellbeing Portfolio](#) and [Digital Health and Care Strategy \(2023\)](#), among others. It will link to the [Re-mobilise, Recover, Re-design Framework \(RRR\)](#) that was published on 31 May 2020, which set out the approach for Health Boards to safely and gradually prioritise the resumption of paused services.

In addition to working across strategies, we will be working with a number of key partners to deliver our strategic aims. The [Scottish Cancer Network \(SCN\)](#) will be at the heart of our ambitions, continuing at the forefront of defining, from diagnosis, clinical management pathways for cancer. This work will be underpinned by the Scottish Cancer Quality Programme, which will define and drive quality of care. The [Centre for Sustainable Delivery \(CfSD\)](#) will pioneer and deliver new, better and more

sustainable ways of delivering services including improving service access for people with cancer across Scotland.

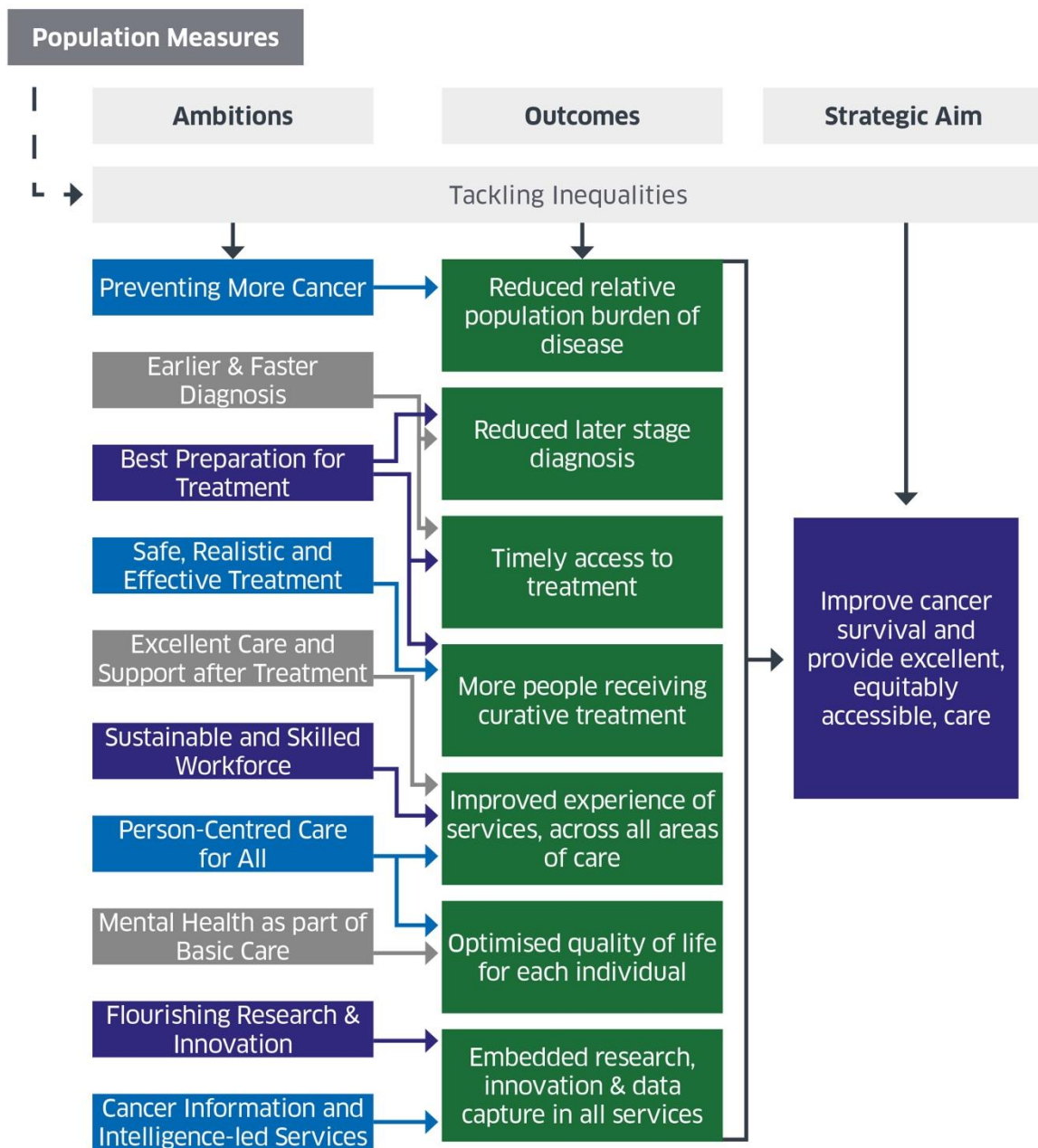
Evidence for this plan also comes from the [National Cancer Plan: Progress Report \(2022\)](#) that showed good progress in the four flagship actions (single point of contact, prehabilitation, rapid cancer diagnostic services (formerly Early Cancer Diagnostic Centres), and the Scottish Cancer Network), which will continue. There was progress in most other actions, with some delays due to the pressures COVID-19 continues to place on the health service and those working in it. Several actions are now completed, and a number will be taken forward here.

‘What matters’ to people with cancer must be reflected in our delivery. Evidence from people with cancer is that while clinical outcomes are clearly important, so too are treatment and care that reflect their personal preferences and what matters to them. Value-based health care and Realistic Medicine mean outcomes are delivered through shared decision-making and discussion about the potential benefits and harms of different treatment options, including the option to do nothing. This allows people to make an informed choice, as well as reducing waste and potential harm.

Person-centred care means putting people at the heart of what we do. We will continue to measure and act upon patient-reported experience and outcome measures, using tools such as Care Opinion and the Scottish Cancer Patient Experience Survey, while exploring new methods through collaboration with our third sector partners, such as the Scottish Cancer Coalition.

1.2 Our 10-year strategy

The [Cancer Strategy for Scotland 2023-2033](#) sets out our vision and priorities for cancer over the next 10 years with the aim to **improve cancer survival and provide excellent, equitably accessible care**. It identifies associated outcomes and ambitions on how to reach them.



Our vision is that in 10 years time 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.

We have put people living with cancer and their families and carers at the centre of the strategy with a primary aim to reduce inequities in access to cancer care and in cancer outcomes. These are reflected in 11 priority areas that outline our ambitions:

Pathway

1. Preventing More Cancers
2. Earlier and Faster Diagnosis
3. Best Preparation for Treatment
4. Safe, Realistic and Effective treatment
5. Excellent Care and Support after Treatment

Cross-cutting

6. Sustainable and Skilled Workforce
7. Person-Centred Care for All
8. Tackling Inequalities
9. Mental Health as part of Basic Care
10. Flourishing Research and Innovation
11. Cancer Information and Intelligence led Services

Actions to tackle inequalities are addressed through each of the ambitions, for example reducing smoking rates among our most deprived communities; ensuring equitable direct access to imaging for primary care for those with non-specific symptoms suspicious of cancer; looking at where further use of robotic assisted surgery would be of most benefit; and undertaking novel analytical work to support a better understanding of survival, outcomes, demographics and inequalities.

We will focus on the cancer types that are the largest burden and have poorer survival. These include lung cancer and other less-survivable cancers (brain, liver, oesophagus, pancreas, stomach) that have seen very little progress in the last five decades. Lung cancer remains Scotland's single biggest cause of cancer mortality and continued focus and action to address this are paramount.

A focus on lung cancer

At the time of publication, lung cancer is the single biggest cause of cancer mortality in Scotland and will require the focus applied to it in the [National Cancer Plan 2020](#) to continue with vigour in the long term. Improved survival will require leadership, prioritisation, resourcing and strong action. The required actions will be set out in each plan accompanying this strategy and include preventative measures such as smoking cessation services and robust tobacco control; earlier and faster diagnosis, including targeted screening and delivering Scotland's optimal diagnostic pathways; access to specialist treatment; and ongoing research, investment in innovation, and further data and intelligence gathering.

2. The Actions

2.1 Preventing More Cancers

Our 10-year vision is that Scotland is a place where the new generation of young people do not want to smoke. It is a place where everyone eats well and has a healthy weight, underpinned by a population that is more physically active. Alcohol is no longer a major cause of cancer. The incidence of preventable cancers, such as cervical cancer, is reduced.

Tobacco remains the single biggest preventable cause of cancer in Scotland. By March 2026 we will:

1. achieve further reductions in smoking rates due to ongoing implementation of comprehensive tobacco control measures in line with international best practice, particularly among our most deprived communities;
2. be making strong progress on our refreshed Tobacco Action Plan, due to be published in Autumn 2023; and
3. complete the implementation of recommendations from the Rapid Review of Smoking Cessation Services 2023

Maintaining a **healthy weight** can help to reduce the risk of cancer and increases the chances of positive outcomes. By taking the wide range of action set out in our [Diet and Healthy Weight Delivery Plan \(2018\)](#), we will seek to reduce diet-related health inequalities. This includes progressing legislation to restrict promotions of less healthy food and drink at the point of sale and developing proposals to strengthen outdoor advertising restrictions for food that is high in fat, sugar or salt.

Being **physically active** is one of the most important steps people of all ages and abilities can take for cancer prevention, treatment, and control. We support the WHO ambition to reduce physical inactivity by 15% by 2030. We will implement the Active Scotland Outcomes Framework that provides a common structure for the wide range of actions we are taking across transport, education, environment, health and sport sectors.

Alcohol as a risk factor for certain cancers remains a key challenge, particularly the development of liver disease and subsequent liver cancer. In taking action to prevent alcohol-related harms, we follow the international World Health Organisation recommended approach - these are known as the three A's – making alcohol less available, less affordable and less attractive. By March 2026 we will:

4. if our overall evaluation supports a continuation of minimum unit pricing (MUP) and a change in price, lay Orders in Parliament in late 2023 to continue MUP beyond the initial 6-year period and set a new unit price;
5. subject to the outcomes of a consultation on potential restrictions to alcohol advertising and promotion, develop more detailed proposals ensuring full consultation around these;
6. give consumers useful health information on product labels and discuss plans for calorie labelling on alcohol products; and
7. increase awareness of the link between cancer and alcohol through Scottish Health Action on Alcohol Problems.

Efforts to reduce incidence and survival of **cervical cancer** are on a positive trajectory, in most part due to the introduction of the HPV vaccine.

8. We will in 2023 introduce a one-dose schedule of the HPV vaccine, with high coverage maintained.
9. We will continue to take steps towards the World Health Organisation's targets to eliminate cervical cancer, and also progress work to address inequalities that population level targets would not.

2.2 Earlier and Faster Diagnosis

Our 10-year vision is that later stage disease (stages III and IV) has reduced by 18 percentage points. A focus will remain on reducing the health inequality gap, particularly those from areas of deprivation.

Finding and diagnosing cancer as early as possible has a key role to play in further improving cancer survival in Scotland which, despite progress in the last 10 years, continues to lag behind international counterparts. Ensuring NHS Scotland has a skilled and sustainable service model to support the full cancer pathway and delivery of the Earlier Diagnosis vision, is critical – **see 2.6 Sustainable and Skilled Workforce.**

In order to focus on the greatest need, we developed an evidence-based framework to determine where efforts should be focused over the next 10 years and 3-year action plans within. This included reviewing incidence, stage at diagnosis, deprivation and survival data along with the impact of Covid-19 and pathway pressures. This process concluded that the focus of the first 3-year action plan will be lung, head and neck and colorectal cancers, with the focus then shifting to other cancer types in future action plans.

Whilst applying focus to these areas across the initial 3-year action plan, we will also deliver improvements that will benefit all cancer types, including rarer cancers, throughout the lifespan of the cancer strategy, such as primary care cancer education and reviewing and updating the Scottish Referral Guidelines for Suspected Cancer.

The framework will be reviewed in line with development of the next 3-year action plan to reflect any emerging [new](#) evidence.

By March 2026 we will have delivered the following actions across several workstreams:

Improve Public Education and Empowerment

10. Activate targeted Detect Cancer Earlier (DCE) campaigns aimed at those from areas of deprivation.
11. Undertake continuous independent evaluation of DCE campaigns to ensure they deliver Key Performance Indicators (KPIs).
12. Review and develop DCE campaign assets to improve symptom awareness for all cancer types, including non-specific symptoms.
13. Expand the Detect Cancer Earlier Programme's website functionality and scope.
14. Support the Scottish Cancer Coalition's awareness-raising efforts.

Support Primary Care

15. Carry out a clinically led review of emerging and existing data to update the Scottish Referral Guidelines for Suspected Cancer.
16. Explore opportunities to develop algorithms/decision support tools to improve timely referral for patients with suspected cancer and facilitate adoption if benefits realised.

17. Offer a sustainable earlier detection of cancer education solution for NHS Scotland's primary care clinicians (GPs, trainee doctors, ANPs, pharmacists etc).
18. Explore the role of community pharmacists in earlier diagnosis efforts.
19. Identify people who are at high risk of poorer health, including cancer, yet have no or low use of health care, and encourage them to seek help at an earlier stage.
20. Support targeted actions in primary care to improve access to care and support for people who experience multiple inequalities and who are at high risk of cancer or who have cancer.

Optimise Screening

21. Modernise the breast screening programme, improving access and availability; optimising equipment in procurement and use; improving workforce understanding, satisfaction and processes; and streamlining and improving access to data.
22. Take forward the UK National Screening Committee (NSC) recommendation on targeted screening for adults aged 55–74 identified as being at high risk of lung cancer. This will be inclusive of the commissioning, building community engagement and formation of a multidisciplinary working group and governance structure to take forward key explorations highlighted in the recommendations: to set out pathways and milestones on a structured route to ensure an equitable launch and uptake.
23. Consider opportunities around self-sampling for cervical cancer screening in line with UK NSC guidance: ensuring due consideration of its risks; sharing knowledge and experience with other nations to ensure a learned and informed approach; and working across agencies to align systems and technology, promoting accurate reporting and monitoring processes.
24. Deliver the Equity in Screening Strategy's action plan to reduce screening inequalities for under-served groups, such as people living in socioeconomic deprivation, minority ethnic population groups including Gypsy Traveller communities, women, disabled and LGBTQ+ people, through targeted screening communication materials and engagement, easier access to the whole screening pathway, enhanced data collection and monitoring and prioritisation of inequalities at a whole system level.

Enhance Diagnostics

25. Expand and evaluate Rapid Cancer Diagnostic Services to ensure population-based coverage.
26. Deliver Scotland's Endoscopy and Urology Diagnostic Plan, which includes expanding the network of Urology Diagnostic Hubs and adoption of alternatives to traditional endoscopy (including colon-capsule endoscopy, transnasal endoscopy and Cytosponge).
27. Support implementation of Scotland's new optimal lung cancer diagnostic pathway.
28. Publish optimal diagnostic pathways for head and neck and colorectal cancers and monitor their implementation.
29. Support and contribute to the new Diagnostic Strategic Network.
30. Ensure equitable direct access to imaging for primary care, for those with non-specific symptoms suspicious of cancer.

31. Continue to invest and expand diagnostic services across NHS Scotland including workforce, for example, advanced practice and digital solutions such as digital pathology.

Invest in Innovation

32. Work with the Scottish Cancer Innovation Consortium to identify and prioritise new and emerging earlier diagnosis/detection technologies from innovation to implementation.
33. Support the Accelerated National Innovation Adoption (ANIA) collaborative to focus on fast-tracking the adoption of proven technological innovations across NHS Scotland, for example the use of Artificial Intelligence in reading chest x-rays for earlier diagnosis of lung cancer.
34. Work collaboratively with the third sector to drive service redesign efforts, including Cancer Research UK's Test, Evidence, Transition Programme that aims to accelerate the effective spread and adoption of innovative pathways, whilst working to reduce inequality in access to proven interventions.

Harness Data

35. Publish more timely staging data for additional cancer types, starting with head and neck cancers.
36. Routinely publish cancer diagnosis through emergency presentation data via PHS.
37. Publish validated urgent suspicion of cancer (USC) referral data via PHS.
38. Clarify any additional measurements for monitoring improvements in blood and neurological cancer pathways.
39. Improve the availability and quality of primary care cancer data to enable service improvement.
40. Improve availability of cancer diagnostic datasets.

Diagnose Faster

41. Support adoption of Once for Scotland clinical pathways developed by CfSD's specialty delivery groups.
42. Carry out a clinically led review of latest data and evidence and determine whether there is merit in specific additional or alternative cancer waiting times standards for different types of cancer and cancer treatment.
43. Review and support full adoption of the Framework for Effective Cancer Management including the Once for Scotland Cancer Regrading Framework and Effective Breach Analysis standard operating procedure.
44. Invest up to £30m to support cancer waiting times improvements.
45. Invest in improving the pathways of less survivable cancers, particularly hepatocellular carcinoma and pancreatic cancer. This will shorten the time to staging and agreeing treatment options.
46. Test and evaluate patient direct or rapid access to the USC pathway.

2.3 Best Preparation for Treatment ('Pre-treatment')

Our 10-year vision is every person diagnosed with cancer in Scotland is provided with timely, effective and individualised care to best prepare them for treatment. This begins with prehabilitation and holistic needs assessment and continues throughout the individual's pathway of care, including appropriate follow up. A comprehensive range of cancer genomic tests is available to all those who could benefit.

Pre-treatment encompasses the stage between the point of diagnosis and the initiation of treatment. Shared decision making, holistic needs assessments, information provision and signposting should be considered from the earliest point.

Prehabilitation is the first step in the rehabilitation continuum and includes exercise, nutrition, psychological support and assistance with alcohol and tobacco reduction/avoidance. It aims to improve quality of life, maximise treatment rates and minimise side effects of treatment. It should be delivered applying a person-centred approach, as outlined in the [Key Principles – Prehabilitation for Scotland](#).

By March 2026 we will:

47. Develop a partnership with CfSD that will explore the potential for digital innovation in supporting the delivery of prehabilitation and strengthen partnerships with existing stakeholders.
48. See a universal prehabilitation programme offered through each Maggie's centre in Scotland with an additional investment of up to £80,000 to ensure future sustainability. We will work with other willing providers to deliver a similar offer, ensuring nationwide coverage of face-to-face universal prehabilitation.
49. Review the impact of the [Nutrition Framework for people](#) affected by cancer and continue to develop tools that aid implementation and adequately assess the nutritional needs of people affected by cancer.
50. Work with the Scottish Cancer Network, Regional Cancer Networks, Macmillan Cancer Support and other key stakeholders to further test and embed successful prehabilitation approaches within both management guidelines and pathways of care, whilst also evidencing impact of outcomes.
51. Work with NHS Education Scotland to ensure the tools that support the development and delivery of high quality prehabilitation services are available and accessible to all staff working across Scotland.

Genomics

The adoption of new genomic technologies, tests and earlier treatment for individuals will lead to more precision medicine, more effective and potentially more cost-effective treatments with better outcomes. By March 2026 we will:

52. Develop the Scottish Strategic Network for Genomic Medicine (SSNGM) to act as a front door for genomic healthcare in Scotland and a means of linking together expertise across the NHS, academia and industry.

53. Publish a Genomics Strategy and Implementation Plan in 2023.
54. Continue to update the Scottish Genomic Test Directories and support standardised genomic cancer testing and treatment pathways.
55. Develop, in conjunction with the SSNGM, a plan for the expansion of genomic testing and the development of molecular tumour boards.

2.4 Safe, Realistic and Effective Treatment

Our 10-year vision is that all people with cancer have equitable access to treatments, with minimal variation in care. Where someone's cancer can potentially be cured, they have access to the best available treatment to achieve this. Pathways benefit from new technologies and tests allowing earlier treatment and leading to better outcomes. The Scottish Cancer Network is at the centre of this work, developing national clinical management pathways for all people with cancer.

Safe and effective treatments are critical to improving outcomes for each person with cancer, improving overall quality of life and survival. Cancer care encompasses various treatment methods dependent on an individual's precise diagnosis. Surgery is the single best treatment for solid tumour cancers. Radiotherapy is received by 40% of all people with cancer who are cured. Systemic anti-cancer therapy (SACT) encompasses the treatment of cancer with chemotherapy and immunotherapy drugs. The management of an individual's cancer may not involve any of these treatments, where that has been decided between the individual and their clinical team. The demand for SACT treatments is rising at a rate of around 10% annually, placing severe pressures on current services and their workforce. Financial investment and reform will both be vital to their sustainability.

The Scottish Cancer Network (SCN) will be at the heart of defining best practice for treatment and care. Its clinical management pathways will include guidance on follow up, high risk surveillance and best supportive care for specific cancer types. It will support greater national collaboration and agreement about treatment and care for all people with cancer in Scotland.

By March 2026 we will:

56. Invest up to £5 million into the Scottish Cancer Network, National Managed Clinical Networks and the Managed Service Network for Children and Young Adults.
57. Ensure clinical management pathways include guidance, where appropriate, on the minimum number of times any individual clinician should be providing any specific treatments each year to ensure best possible outcomes and safe, effective treatment.

Strengthen **surgical services** by:

58. Upskilling clinicians to access the new robots available for Robotic Assisted Surgery (RAS)
59. Work with the Robotic Assisted Surgery group to consider where further use of RAS would be of clinical benefit, or where other treatments would be more beneficial and practical.

Strengthen **radiotherapy** services by:

60. Delivering the 13 actions in our National Radiotherapy Plan including
 - Continue to develop the Scottish Oligometastatic SABR Network and invest up to £2.8 million in the continued roll out of SABR.
 - Assess current evidence on use of photons vs proton beam and develop a long-term view of patient access in Scotland.
61. Continue to invest in our capital radiotherapy replacement programme, investing up to £67.4 million over the next 3 years.

Strengthen **systemic anti-cancer therapy (SACT)** services by:

62. Increasing national resourcing of SACT service across Scotland, alongside developing Acute Oncology services, reaching up to £10 million per annum of additional funding.
63. Establishing and delivering the Oncology Transformation Programme.
64. Providing sustainable investment in CMOP to ensure there is a single national capability to assess the effectiveness, safety and value of cancer medicines in Scotland, including benefits, harms and public value, and generate evidence to support the Scottish Medicines Consortium (SMC) and the National Cancer Medicines Advisory Group (NCMAG). We will continue to invest in the work of CMOP.
65. Reviewing the decision making processes and criteria for both new and existing cancer medicines.
66. Ensuring SMC and NCMAG advice is consistently implemented in NHS Scotland, including integrating NCMAG's approval process into the medicines landscape and formalising their relationship with the SMC and CMOP. We will invest up to £690,000 to continue the work of NCMAG.
67. Supporting the transition to a single national way of working and electronic chemotherapy prescribing system.

Strengthen our **models of care** by:

68. Working to improve alignment between SMC approval and available capacity and infrastructure within NHS Scotland to ensure that new medicines are available to people with cancer.
69. Continuing and strengthening quality improvement through the Cancer Quality Programme, focussing actions relating to agreed priority Quality Performance Indicators in line with strategic aims and national clinical agreement of Quality in cancer services.

2.5 Excellent Care and Support after Treatment

Our 10-year vision is that personalised support and care post-treatment are core considerations in cancer management pathways: this includes rehabilitation, early detection of recurrence, and supportive and palliative care. People affected by cancer are informed and supported to adequately manage side effects of treatment with the appropriate tools, including an electronic treatment summary.

All individuals requiring rehabilitation have access to meaningful, person-centred rehabilitation that will support them to live well and support a good quality of life, regardless of their stage on the cancer pathway. Follow-up is standardised in the SCN's clinical management pathways, is evidence-based for each cancer type and individual (including secondary cancers) and covers patient-initiated requests for review. Every person with cancer in Scotland requiring palliative care receives well-coordinated, timely and high-quality care, including care around death. Bereavement support is provided for families and carers based on their needs and preferences.

By March 2026 we will:

Rehabilitation

70. Establish a national rehabilitation Governance Board to lead and advise on actions required nationally.
71. Create and support a network of local rehabilitation leads to champion development in their local Health Boards.
72. Support rehabilitation services to complete a self-assessment to audit their rehabilitation services and benchmark themselves against the Six Principles of Good Rehabilitation as outlined in the Once for Scotland Approach.

Palliative and end of life care

73. Publish a Palliative and End of Life Care Strategy that takes a whole system, population and public health approach.
74. Ensure that supportive care, palliative care, care around death and bereavement are integral parts of the cancer journey that people and their families and carers experience.
75. Ensure that people can access holistic care and support to help them with physical, psychological, social and spiritual needs they may have.

Follow up

76. Standardise patient follow up in SCN's clinical management pathways that are evidenced-based for each cancer type and individual (including secondary cancers) and will reflect people's preferences.

2.6 Sustainable and Skilled Workforce

Our 10-year vision is for a sustainable, skilled workforce with attractive career choices and fair work, where all are respected, supported and valued, whether they work wholly or partly in cancer services.

We recognise the significant pressures that the NHS workforce has faced and that sustained actions are required – from planning for and attracting into the workforce, through to support and development of staff, including their mental health and wellbeing. Our [Health and Social Care: National Workforce Strategy \(2022\)](#) sets out a national framework to achieve our vision of a sustainable, skilled workforce. This will be achieved through the five key pillars of the workforce journey: plan, attract, employ, train and nurture. Recommendations of the Improving Medical Retention Advisory Group are being considered by NHS employers, trade unions, professional organisations and where appropriate for other staff groups.

The cancer workforce comprises dozens of healthcare professionals, some of whom are cancer specialists and some for whom cancer is a component of their job. We will model workforce requirements across all professions vital to oncology services, continue to grow the number of training places and ensure that all professionals are doing the work they are best placed to do. We will maximise the retention of our workforce, providing support for mental health and wellbeing, providing flexibility in roles as individuals approach retirement, and increasingly collaborating and integrating roles across departmental or board boundaries.

By March 2026 we will:

Plan

77. Complete a workforce review of key professions in cancer services, including modelling, to inform recruitment, training and allocation.

Attract

78. Introduce new models of care and service improvements in oncology, working with the Scottish Cancer Network and Scotland's five cancer centres, and other cancer networks as appropriate.
79. Apply the deliverables within the Nurture Pillar of the National Workforce Strategy to the cancer workforce, committing to drive a supportive and enabling culture for people working in health, social care and social work.

Employ

80. Recruit an additional 800 GPs by the end of 2027.
81. Apply the recommendation of the Allied Health Professions (AHP) Workforce and Policy Review to the cancer workforce. It will consider the actions necessary to deliver a national education and workforce plan for AHPs.

Train

82. Accelerate training to increase endoscopists. This includes a national faculty of trainers, the remobilisation of basic endoscopy courses, and immersion courses to enable Joint Advisory Group on GI endoscopy (JAG) accreditation.
83. Increase the number of medical undergraduate places by 100 per annum and double the number of Widening Access places to help address existing inequalities.
84. Create 30 new reporting radiographer training places.
85. Create 3 new Medical Oncology and 4 Clinical Oncology training places in 2023.
86. Continue to consider increases to training places in medical and clinical oncology, in line with medical workforce modelling data.
87. Consider the development of national training pathways where they may be beneficial, in the first instance looking at the rehabilitation continuum.

Nurture

88. Support and, where appropriate, lead development and implementation of new skills and expertise frameworks, ensuring correct skill mix and use of administrative and support staff to ensure all professionals can focus on the work they are best placed to undertake.
89. Support NHS Health Boards to utilise local flexibilities within NHS Pension arrangements, including the option of 'pension recycling'
90. Implement the [NHSScotland Interim National Arrangement on Retire and Return](#) developed by the '[Once for Scotland](#)' [Workforce Policies Programme](#) to support retiring employees who wish to continue in employment.
91. Support staff mental health and wellbeing through national initiatives such as the National Wellbeing Hub and Helpline, confidential mental health treatment through the Workforce Specialist Service, Coaching for Wellbeing and funding for additional local psychological support.
92. Promote spiritual care for staff, including those providing palliative and end of life care across all settings, through the Spiritual Care Framework and Palliative and End of Life Care strategy.
93. Promote and support guidance for potential clinical leaders in cancer including through the [Leading to Change](#) programme development and Cancer Workforce: Clinical Leadership guidance.

2.7 Person-Centred Care for All

Our 10-year vision is that people with cancer are at the heart of all decisions and actions involving them. They are given the opportunity to co-design their own care plan, and information including a treatment summary is readily available. A single point of contact (SPOC) is at the centre of this. Where possible, diagnostic tests and treatment are situated close to home and travel to specialist care is fully supported, making use of the continued advancement in new technologies.

Value-based health care and Realistic Medicine mean outcomes are delivered through shared decision making and discussion about the potential benefits and harms of different treatment options, including the option to do nothing.

Person-centred care is facilitated by good communication and collectively enables informed and shared decision making, including discussions about the benefits and potential harms from any treatment and from no treatment. By placing this standard at the heart of all we do, we will improve the safety, efficiency, efficacy, quality and experience of care.

Shared decision making training can support health and care professionals to have meaningful conversations that will lead to appropriate, evidence-based practice that delivers outcomes that matter to the people they care for.

A single point of contact (SPOC) improves access to care and timely reporting of results; eases navigation through care pathways; improves experience, shared decision making and patient-reported outcomes; and positively impacts our workforce by releasing capacity to provide more proactive and complex care.

Improving the Cancer Journey (ICJ) helps us keep the person with cancer and their family or supporters at the centre of their care. The service integrates psychosocial care into the cancer pathway and, through the holistic needs assessment and care planning process, individuals can access timely support that is relevant, appropriate, and sufficient for their needs.

Getting It Right for Everyone (GIRFE) reflects similar values, providing a more personalised way to access help and support with a joined-up, coherent and consistent multi-agency approach. This will be a practice model across acute, community and social services going forward.

By March 2026 we will:

94. Launch the final Improving the Cancer Journey (ICJ) service, in partnership with Macmillan, giving everyone diagnosed with cancer in Scotland access to a key support worker.
95. Continue to invest in the 12 pilot single point of contact (SPOC) sites, evaluate the impact of the programme and expand its reach.
96. Complete the Scottish Cancer Patient Experience Survey (SCPES), working with Macmillan Cancer Support.

97. Work with Macmillan alongside other third sector organisations and Health Boards to determine any new actions required to improve the experience of people diagnosed with cancer and how best to measure this.
98. Support the development of a person-centred measurement framework that will generate continuous data on person-centred processes and person-centred outcomes, and test this within cancer services.
99. Work with the West of Scotland Cancer Network to scale up the treatment summary (TSUM) pilot and support work to encourage wider introduction across Scotland.
100. Work with the third sector and the NHS to ensure everyone affected by cancer is aware of support services available and how to access them.
101. Work with NHS inform to review and update their cancer information provision to best meet patient needs.
102. Promote the use of Care Opinion and continue to monitor all comments to inform service improvement.
103. Develop education, training and tools that support health and care professionals to practise Realistic Medicine and deliver person-centred care.
104. Increase awareness and use of patient resources (such as the Choosing Wisely questions and BRAN questionsⁱⁱⁱ) to support Realistic Medicine throughout cancer services, for example by increasing availability of Realistic Medicine leaflets in clinical settings.
105. Promote shared decision making training (such as under TURAS <https://learn.nes.nhs.scot/63069>) to health and care colleagues involved in delivering cancer services to help them deliver care based on what matters most to the people they care for.

2.8 Mental Health as part of Basic Care

Dependent on need, proactive and comprehensive psychological and mental health interventions and support are available and accessible, from those trained at informed to specialist practice types, to all people affected by cancer and their families.

There is strong evidence that psychological distress is a significant problem for people affected by cancer. Through the provision of the right psychological support in the right place, by the right person, at the right time, people affected by cancer can be better equipped emotionally and psychologically to face the challenges that lie ahead^{iv}. This is not a one-time process. The [Psychological Therapies and Support Framework](#) helps those working with people affected by cancer to confidently and proactively identify, discuss and address psychological support needs. Where necessary, it helps signpost and refer people to the services that best meet an individual's needs.

By March 2026 we will:

106. Implement the Psychological Therapies and Support Framework and the new National Specification for Psychological Therapies and Interventions.
107. Develop our cross-sector, multi-disciplinary trauma-informed workforce to deliver care that is psychologically informed and centred around good communication. We will ensure the workforce is supported to manage their own emotional needs.
108. Complete the first national benchmarking exercise to help understand the demand and capacity for psychological care and support.
109. Develop an action plan for improvement of psychological support and an options paper for future service provision linked to the Psychological Therapies Matrix, National Specification and data/performance recording indicators.
110. Publish a refreshed Mental Health and Wellbeing Strategy in 2023 to ensure that people with long term physical conditions, including some cancers, have access to mental health and psychological services and spiritual care, including community and third sector support, to achieve positive mental health outcomes. The strategy will have a focus on tackling inequalities.

2.9 Flourishing Research and Innovation

Our 10-year vision is that equitable access to clinical trials has become integral to the management of treatment options. Where relevant, health professionals have allocated research time, adequate laboratory support and are working in partnership across academia, industry and the third sector. Qualitative and non-RCT research are providing relevant high quality evidence to inform best care. Routine cancer data are available to support this.

More complex molecular tests ensure people with cancer have access to a portfolio of precision oncology and clinical research. Laboratories have capacity to support research, including clinical trials.

New technologies are being used to strengthen the full cancer patient pathway, with alternative methods for consultations and information-sharing leading to greater choice and convenience for people with cancer. The application of artificial intelligence (AI) has grown. Multidisciplinary networks are making the best use of scientific and clinical expertise to translate innovation into clinical practice. Health Boards make robust, evidence-based decisions based on Scottish Health Technologies Group (SHTG) advice, leading to improved outcomes and more efficient use of resources.

Research and innovation are a core part of the NHS. They play a key role in improving earlier diagnosis rates (**see Earlier and Faster Diagnosis**), enabling people with cancer to access new treatments at an earlier stage and influencing health planning and policy.

We live in a time of extraordinary advances in technology that provides opportunities to improve access to cancer, diagnostics and treatments, including supportive care and early palliative care. Our approach to digital health will be guided by the [Digital Healthcare Strategy \(2021\)](#), including the development of the Digital Front Door. The [Scottish Health and Industry Partnership Group \(SHIP\)](#) aims to strengthen Scotland's innovation activities in health and social care with a focus on early-stage innovation. The CfSD's ANIA Pathway aims to fast-track proven innovations into the healthcare frontline on a Once for Scotland basis, with an early focus on innovations for delivery of care in cancer. The Scottish Health Technologies Group (SHTG) in Healthcare Improvement Scotland provides evidence-informed advice on the use of health technologies.

[The Improving Equity of Access to Cancer Clinical Trials in Scotland Report](#) was produced by an expert advisory group and sets out 51 recommendations for the future.

By March 2026 we will:

111. Establish a delivery group to consider the viability and prioritisation of all recommendations and agree actions for the short, medium and long term.
112. Continue to support the early phase clinical trial work of the Edinburgh and Glasgow adult Experimental Cancer Medicine Centres (ECMC), and the paediatric Experimental Cancer Medicine Centre in Glasgow. We will match

Cancer Research UK funding for the Scottish EMCs over the next funding period 2023-28.

113. Through UK-wide funding arrangements, continue to facilitate access for researchers based in Scotland to the majority of the National Institute for Health and Care Research (NIHR) research project funding schemes.
114. Continue to support the work of the NHS Research Scotland Cancer Research Network in running innovative, high quality research studies across Scotland.

Wider Innovations

115. Develop efficient pipelines to translate the potential benefits discovered through research into clinical practice for those with cancer, particularly in the area of genomic medicine.
116. Utilise cancer genomic datasets to harness research opportunities where possible.
117. Ensure SHTG provides evidence-informed advice that is tailored to the underlying question and context, that is sufficient, relevant, timely, reliably of high quality, and easily understood by a wide audience^v by:
 - advice being sought in time to inform key decision-making processes and systems, and
 - improving a collective understanding of what constitutes ‘good evidence’ across health and care in Scotland.
118. Release the first iteration of Digital Front Door by 2024.
119. Review the use of Near Me within cancer services to inform consideration of how it could be offered more routinely, where appropriate for both the person with cancer and their condition.

2.10 Cancer Information and Intelligence Led Services

Our 10-year vision is of a more integrated cancer intelligence platform along the full cancer pathway. This creates a responsive system that efficiently supports data collection, retrieval and use for clinical management, surveillance, evidence generation and policy development, which is aligned to the move towards a single electronic health record. Quality Performance Indicators will be a key driver of an overall cancer services improvement agenda, aligning with national clinical management and optimal pathways. Data collection and analysis of measures including PROMs (patient-reported outcome measures) and PREMs (patient-reported experience measures) are integrated into service provision to facilitate person-centred care and shared decision making.

Cancer data capture and use should be seamless across all health and social care settings, make best use of technology, and provide timely intelligence to those who need it, along the full cancer pathway, including those with a cancer diagnosis. Data are fundamental to understanding the whole system of cancer control and care. They support service delivery and redesign including person-centred decision making, policy and planning. They are required for audit, quality improvement, research and primary prevention.

By March 2026 we will:

Data collection and intelligence system

120. Strengthen national cancer intelligence systems with up to £800,000 of investment at a regional level and ensure that new clinical software systems consider standardisation and interoperability of data.
121. Invest up to £3 million in the Scottish Cancer Registry Intelligence System (SCRIS) to strengthen and expand the Scottish Cancer Registry and to enhance the Cancer Intelligence Platform through the addition of relevant cancer datasets including radiotherapy, SACT and QPI audit data.
122. Embed the CMOP within PHS to strengthen and build intelligence on whole system real world medicines use and outcomes to inform clinicians and patient choice.
123. Develop standardised nomenclature and laboratory data to enable genetic laboratories to implement a genomics module as part of the national Laboratory Information Management System (LIMS) and to work effectively as part of a Once for Scotland approach.
124. Standardise data outputs for cancer genomics tests to enable their incorporation into cancer registry datasets where possible.
125. Contribute to and learn from data analysis being conducted through the International Cancer Benchmarking Partnership (ICBP).
126. Develop and agree on a Once for Scotland basis, core principles for the collection of cancer PROMs (patient-reported outcome measures), influenced by our investment in the regions and Scottish Cancer PROMs Advisory Group.

Data analysis

127. Prepare a cancer data roadmap to address identified data gaps, secure wider stakeholder commitment/sponsorship and invest in new data collection that aligns with strategic aims and clear translation into improved equitable treatment and care for people with cancer, for example, surgical, diagnostic and inequalities data.
128. Undertake novel analytical work to support a better understanding of survival, outcomes, demographics and inequalities.
129. Build on COVID-19 specific work such as: emergency and non-emergency routes to diagnosis including survival outcomes; evaluate the validity of pathologically confirmed cancers as measures of cancer incidence; and join up data on waiting times, routes to diagnosis and outcomes.
130. Continue validation of the SACT datasets and build on the work of CMOP integration with other cancer information to better understand the benefits from SACT data to support clinical decision making.
131. Improve data collection on metastatic cancers, collating data nationally for the first time to help drive service improvement, with an initial focus on metastatic breast cancer.

Data use

132. Strive to improve current clinical systems to allow easier cross-boundary care (such as in radiology) with a single sign on for the cancer workforce.
133. Make data readily available for research purposes through trusted research environments.

3. Governance

Our overall strategic progress and direction will be overseen by the Scottish Government. The Scottish Cancer Strategic Board will own the strategy and associated action plans, and review progress against them. Beyond this, ownership of actions will be held at national to regional and local levels as appropriate. NHS Scotland approaches will be a core principle to all our work. We will:

134. Review cancer governance and structures with the purpose of simplifying the overall landscape, ensuring appropriate links with wider services, and reducing duplication of discussion and decision making at all levels.
135. Commission the Scottish Cancer Network to carry on its delivery of new Clinical Management Pathways and hosting national networks, also adopting new responsibilities to support further Once for Scotland working where there are clear benefits to treatment and care, and effective use of clinical time.
136. Work with the Cancer Managers' Forum to support delivery of all aspects of this plan relevant to their work.

4. Monitoring and Evaluation

Information on the key principles and approach to evaluation is provided in the 10-year Cancer Strategy for Scotland.

A Monitoring and Evaluation Framework for each 3-year action plan will be developed using the steps outlined in the Cancer Strategy for Scotland 2023-2033. Setting up a framework for each action plan will provide the flexibility to design the best evaluation methods to address evidence and learning requirements as they emerge across the timeline of the 10-year strategy.

The objectives of the 3-year action plans will represent the building blocks needed to make progress towards the longer-term strategic aim of the 10-year strategy. The first action plan is concerned with stabilising systems and services. The second action plan will seek to renew services and cancer control, and the third action plan aims to redesign services and harness innovations. Given the wider systems and financial pressures outlined in relation to evaluation of the 10-year strategy, evaluation of the first action plan will focus on the outputs and outcomes that we can expect to be delivered within three years as systems and services are stabilised.

The Monitoring and Evaluation Framework for this first action plan will incorporate measures to assess progress in relation to short-term outcomes for the 10-year strategy, in other words the progress that is expected to be made in years 1-3 to recover and stabilise systems and services. In addition to evaluating outcomes, this framework will generate learning from the experience of implementing the plan: what is known as 'process' evaluation; as well as understanding the outcomes of activities. Data indicators and evaluation questions will be set out to monitor and evaluate the processes and outcomes linked with implementing and delivering the action plan. Where possible, in order to take a proportionate approach that minimises burden, questions will be addressed through routine data collection.

Monitoring of data, such as waiting times, will continue to be important in the measurement of metrics to assess performance and to understand variation in the system. We will apply [Healthcare Improvement Scotland's concept of learning systems](#) to understand progress and share learning. Approaching evaluation from the perspective of Learning Systems enables us to consider what variation tells us about the system, specifically what is working and not working, and to share this learning across the system. Specific approaches for supporting Learning Systems will be developed with stakeholders for each action plan.

In connecting with existing monitoring and evaluation activities that are taking place in NHS Boards, this approach will draw on transferable, scalable and well-evidenced learning that is available from the local ('micro') level. While national monitoring and evaluation is not directly about local improvement or local data needs, it aims to capture and share good quality evidence as learning emerges within the system.

As part of monitoring and evaluating the action plans, a set of core evaluation questions will be developed to share with local programmes and projects that wish to develop evaluation methods that support learning against key indicators of success.

ⁱ [Public Health Scotland \(2021\) Cancer incidence in Scotland: Cancer Incidence and Prevalence in Scotland to December 2019](#)

ⁱⁱ [Cancer Risk Statistics \(no date\) Cancer Research UK.](#)

ⁱⁱⁱ [About choosing wisely UK \(no date\) Choosing Wisely UK.](#)

^{iv} [The Scottish Government \(2022\) Psychological therapies and support framework for people affected by cancer. rep.](#)

^v [Scottish Health Technologies Group \(no date\) Range of advice products, Scottish Health Technologies Group.](#)



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