

## **Scottish Parliament Cross-Party Group on Cancer**

**Tuesday 24<sup>th</sup> September, 17:30 – 19:00**

### **1) Welcome**

Miles Briggs MSP (Chair) opened the meeting and welcomed the attendees. He advised that the agenda is based around a discussion on the short survey carried out by the secretariat into the future of the cancer strategy, as circulated ahead of the meeting.

### **2) Minutes of Last Meeting**

The Minutes of the previous meeting of the Cross-Party Group on Cancer on 12<sup>th</sup> June 2019 were approved by the group without amendments.

### **3) Annual General Meeting**

Miles Briggs MSP and Anas Sarwar MSP were re-elected as co-conveners. Cancer Research UK was approved as the Secretariat.

### **4) Future Cancer Strategy Short Inquiry**

The Chair thanked everyone who responded to the short inquiry survey, noting that 67 people filled out the survey including 31 organisations and 6 people affected by cancer. He explained that the responses formed the basis of the discussion paper to be considered by the meeting and that the discussion, alongside the survey feedback, will be used to inform a final report that will be launched at the Scottish Cancer Conference in November.

The Chair opened the discussion.

Anas Sarwar MSP (AS) welcomed the responses to the survey. He noted that workforce planning is a key issue and should remain a priority. He also highlighted the need to focus on after care and support services.

Maggie Clarke – Novartis Oncology (MC): MC noted the recent collaboration between the NHS and Novartis on new advanced cancer treatments and highlighted the need for collaboration to ensure the NHS is ready to deliver these treatments.

Sandra Auld - Healthcare Public Affairs (SA): SA emphasised the need to link data in order to improve cancer services.

Frank Sullivan – University of St Andrews (FS): FS agreed that data are key. He mentioned that a lung cancer screening programme has the potential to notably impact on outcomes but raised concerns about the time that it currently takes to optimise screening programmes in Scotland.

Peter Hastie – Macmillan (PH): PH stated that the priorities identified by the survey look strong. He said it is important to recognise the many positive aspects of the current Strategy but there is a growing need to address workforce gaps and planning.

Debbie Provan – Macmillan/WoSCAN (DP): DP stated that rehabilitation across the pathway should be prioritised, not just prehabilitation - although to ensure these services are successful, attention to the workforce is key. DP also stated the importance of Patient Reported Outcome Measures (PROMs), both in the running of cancer services as well as the treatment of cancer patients.

Julie Wardrop – CANDU (JW): JW stressed that patient experience must be given a priority and be embedded throughout future cancer strategy planning.

Lynne Barty – Brain Tumour Action (LB): LB raised concerns about the speed of diagnosis of brain tumours due to symptoms been regularly overlooked. She stated that earlier diagnosis allows for more effective treatment and management.

The Chair highlighted the importance of increasing the profile of and focus on Less Survivable Cancers.

Gail Grant – AbbVie (GG): Raised concern that blood cancers are not given the same profile or priority as solid tumours and this should be addressed.

Dave McClure – Brain Tumour Action (DM): Stated his support for the priorities outlined in the discussion paper and stated that significant financing from Government will be needed.

Melanie MacLean - SCAN (MM): MM discussed the importance of diagnosing lung cancer early. Most of the funding for lung cancer goes towards treatment at stage 4 lung, meanwhile much better outcomes and significant savings could accrue through earlier diagnosis. MM stated the need for data to demonstrate these savings. MM also highlighted the ongoing work in NHS Fife on Holistic Needs Assessments.

DP then noted that Ayrshire and Arran are successfully working with multiple conditions within the same rehabilitation services and that this could be an effective method of delivery elsewhere too.

MC raised issues around data governance, citing the current red tape when trying to run clinical trials across NHS Boards, especially when dealing with rarer conditions. MC stated that these processes should be looked at.

The Chair agreed that patient access to clinical trials is a concern and welcomed further thoughts on the matter to be fed back to the CPG.

JW mentioned the value of certain services, particularly those that address cancer patient support needs, being available in the community.

Gordon Matheson - Cancer Research UK (GM): GM welcomed the focus in the survey responses on health inequalities. He stated that a litmus test for the success of any new strategy will be the extent to which it disproportionately impacts on poorer communities whose outcomes are dramatically worse than those in wealthier areas of Scotland.

Fiona Brown - Pancreatic Cancer Scotland (FB): FB added support for the prioritisation of workforce and noted the role of clinical trials nurses in recruiting patients to trails. She mentioned that Pancreatic Cancer Scotland pays for a nurse to do this as part of the Precision-PANC project but there is a need for this to be replicated widely across the NHS.

The Chair stated that it is essential to try to future-proof cancer services considering innovations and new technology. He encouraged attendees to share their ideas for how this can best be done.

MM highlighted the urgent need for new technology to be embedded in to the NHS, such as AI. She noted the benefits of clinical trials to the health service including training staff in new techniques and saving money on new medicines.

DP discussed the development of PROMs tracking apps through the Cancer Innovation Challenge. She stated that these could help reduce the number of appointments for patients and allow health professionals to spot recurrence sooner.

Greg Stevenson – Roche Products Ltd (GS): GS discussed the work of the MSN CYPC and the use of apps in supporting patient-access to their records.

SA noted that, despite the establishment of organisations such as DHI, there has not been significant innovation seen in the NHS. Political and clinical leadership around the use of

tech is needed and should be driven by the patient voice. The evidence supports the introduction of such technologies with which patients have been shown to be comfortable.

The Chair highlighted that the Health and Sport Committee discussion on primary care raised similar concerns around access to data.

MM: The national coordination of services is critical, and people are prepared to travel for the best treatment, especially concerning rare or complex cases. It would be good to see this strategic approach being further embedded.

The Chair: Agreed with the previous statement.

DM stated that the NHS is a long way behind other industries when it comes to adopting new technologies and this is being influenced by financial constraints. He stated that there are so many opportunities for delivering services in a different way to reduce the need for patient travel.

MC stressed the need for better data and that its accessibility via apps would make Scotland very attractive to pharmaceutical investment.

GS highlighted the opportunity to learn from other sectors to ensure data are safe and used appropriately and that cancer services should align better with Scotland's digital strategy.

The Chair was supportive of this point, explaining that working across departments could assist.

The Chair then introduced the second set of policy ideas that are highlighted in the discussion paper and welcomed attendee contributions.

MM stated that any future lung screening programme should include smoking cessation support.

The Chair asked what public health information should look like in the future and how can technology be better utilised?

DP highlighted the actions in the current cancer strategy that focus on prevention and the ongoing ACTWell project that is using teachable moments to deliver health messages.

DF discussed the role of champions working in deprived areas who offer patient support and transport services locally so that patients do not need to travel un-necessarily.

The Chair highlighted work in Ayrshire around patient transport which uses voluntary drivers and then asked the attendees for further examples of interesting projects.

GS highlighted projects looking at delivering some cancer medicines through retail pharmacy.

MC stated that there are many ongoing projects working on CNS, improving the level of care for complex patients. Rather than looking to do more pilots we should use the existing evidence.

DP stated that the workforce focus needs to be holistic and include professions in both pre/rehabilitation such as pharmacists, psychologists, dieticians and occupational therapists.

JW stated that there is a need for further support of aftercare and transportation to and from treatment, and that the centralised collation of information on local services would help.

DP noted that Macmillan and NHS 24 are working together on a services network guide. Alliance also maintain the ALIS network which aims to provide a list of local cancer services.

SA noted the number of priorities being discussed and asked if we intended to focus on a select few.

The chair highlighted that the discussion has highlighted the need to focus on workforce planning and access to data.

LB noted 20% of people don't have ready access to technology. Some people prefer to use printed information and we should bear this in mind.

The chair highlighted that unequal access to information and services is experienced by BME individuals or others who face language barriers.

## 5) A.O.B

The Scottish Cancer Conference will be held at the **studio**, Glasgow on 18<sup>th</sup> November 2019. Please register to attend online.

Dave McClure (Brain Tumour Action): BTA has developed videos that they are looking to share as widely as possible. Any advice on disseminating the videos would be much appreciated.

Next year's meetings of the CPG will take place on: 21/01/2020, 17/03/2020, 17/06/2020, 15/09/2020. All from 17.30-19.00.

The Chair closed the meeting, thanking everyone for attending.

### Attendees

Member
Miles Briggs MSP
Anas Sarwar MSP
Cancer Research UK
Cancer Research UK
Pancreatics Cancer UK
WoSCAN
Brain Tumour Action
GSK
Maggies
CLAN Cancer Support
Kidney Cancer Support
CANDU
University of Edinburgh
CLAN Cancer Support
Celgene
Bowel Cancer UK
NHS Greater Glasgow and Clyde
Abbvie
Pfizer
Alan Rodger
Macmillan
Pancreatic Cancer Scotland
Health Care Public Affairs
Myeloma UK
University of St Andrews
NHS Lothian