

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

**12<sup>th</sup> June 2019, 17.30-19.00**

### **1) Welcome**

Miles Briggs MSP (The chair) opened the meeting and welcomed the attendees and speakers. The Chair thanked the Cabinet Secretary for Health and Sport, Jeane Freeman MSP (Cab Sec) and noted that the session would focus on the cancer strategy followed by a presentation from the Less Survivable Cancers Taskforce.

### **2) The Chair welcomed Jeane Freeman MSP, Cabinet Secretary for Health and Sport to update on cancer strategy**

The Cab Sec began by acknowledging the group's efforts in developing the report and thanked them for their worthwhile contribution. She stated that she did not disagree with any of the conclusions that the report came to, noting that there is a lot more that can be done to improve the current cancer strategy and would be appreciative of a continued collaborative effort.

The Cab Sec noted that at this point in our cancer strategy, she intended to place a pause on it to evaluate what actions are now needed to address current challenges.

She then answered a range of questions from attendees:

#### **Q1. Bowel Cancer UK – Claire Donaghy:**

Does the Scottish Government have projections on predicted endoscopy and pathology demand over the next 5-10 years? And have the workforce requirements been established and a plan developed to continue to deliver these services in light of increasing demand, taking into consideration an aging workforce?

**A-** The introduction of FIT into the bowel screening programme in 2017 has seen demand increase significantly in line with what was expected. A FIT implementation group has been established and will use data to predict future demand on health boards, this will be completed in early 2020. The Cab Sec noted that the diagnostic workforce is a key part of the waiting times improvement plan and stated that work to improve workforce data is ongoing.

#### **Q2. Michael Moore – Myeloma UK:**

Would the Cabinet Secretary consider providing a RAG report on the implementation of the Montgomery review's recommendations and what the impact has been so far? In addition, how can patient organisations be involved in this work?

**A-** Since the review, there have been significant improvements in the SMC approval process for giving access to new medicines. There is now an established part of the SMC that considers information from patient organisations. She also noted that the new ultra-orphan pathway has now been established and that the new PACS tier two system is in place. The Cab Sec noted that as we see increasing advances in precision medicine, the SMC process must keep pace. She stated that she would be able to share the current RAG status for each recommendation of the Montgomery review.

#### **Q3. Preth Rao – Pancreatic Cancer UK:**

Is there any progress in the review for making cancer waiting time standards timings variable according to tumour biology?

**A-** The Cab Sec noted that the Scottish Government commissioned a clinical review of waiting times last year which made a number of recommendations. Progress has been made on short-term recommendations, but others are subject to a longer timespan, including tumour biology. An

evidence review has been established to understand if this can be done, which starts in June 2019 and results will be due in late autumn/winter.

**Q4. Gordon Matheson – Cancer Research UK:**

Following the ‘improving Scotland’s diet’ consultation, does the Scottish Government plan to introduce legislation to restrict price promotions on items high in fat, sugar and salt, and what is the planned timetable to introduce this legislation to Parliament?

A- The Cab Sec welcomed Cancer Research UK’s work on raising awareness between diet, weight and cancer. Consultation has concluded and the Scottish Government is considering the responses. She highlighted the Scottish Government’s desire for legislative alignment across UK and that they are working towards this. She stated that she cannot confirm when legislation will be laid before Parliament.

**Q5. Martin Coombs – BMS:**

Would the Cabinet Secretary provide further strategic direction to support greater flexibility and uptake of outcome based managed access schemes?

A- The Cabinet Secretary stated that outcomes based patient access schemes would be beneficial for precision medicines. She stated the need to ensure the any risk of these schemes is shared by NHS Scotland and industry. The Cab Sec also stated that it’s important that in any scheme the correct measure is used, there is an appropriate cost and that it is assessed whether the treatment can be given with Scotland’s existing systems. The Scottish Government is looking at functionality of core NHS IT infrastructure to support schemes as part of the NHS digital strategy.

**Q6. Peter Hastie – Macmillan Cancer Support:**

What are the main findings the Cabinet Secretary takes from the recent Cancer Patient Experience Survey (CPES) results?

A- The Cab Sec noted the importance of CPES and that there were positive results, particularly in answers to do with respondents’ views of quality of care. She stated that attention is needed to be given to ensure patients receive sufficient information, care plans and a written note of treatments. She noted that people need time to come back and check information to reflect and follow up. There is also a need to support people after successful treatment. As treatment is improving, and more people are living with cancer, we need to address how we can help people.

**Q7. Ashleigh Simpson – Breast Cancer Now & Breast Cancer Care:**

Would the Cabinet Secretary be able to provide an update on the access to dedicated secondary breast cancer specialist nurse?

A- The Cab Sec noted that this is an important area and that the Scottish Government are doing work to increase the number of student nursing places. They are currently getting information from each health board to hear about how this increase is prioritised in terms of demand for specialist nurses. This needs to be considered when recruiting.

The Chair followed with a supplementary question asking the Cab Sec about workforce challenges and asked whether SG are looking at upskilling nurses to do other work. Where is that work currently?

A - The Cab Sec noted that the Chief Nursing Officer is leading work to enable nurses to work “to the top of their license.” She highlighted the work of NHS Lanarkshire to assess potential workforce shortfalls and upskill health professionals through projects such as the Golden Jubilee Hospital theatre and nursing academy. Also noted their work to establish teams across three sites. The Cab

Sec stated that she is expecting Health Boards to show why they can't implement successful ways of working from elsewhere.

**Q8. Lorraine Dallas – Roy Castle Lung Cancer Support:**

What additional steps does the Scottish Government have planned to improve early stage diagnosis of lung cancer in Scotland and tackle poor 1 and 5 year survival from this disease?

A- The Cab Sec noted that the NELSON study was producing encouraging results. She noted that the UK National Screening Committee will evaluate the study results and make recommendations. The Scottish Government is currently waiting for the recommendations. They are also considering how Scotland could set up local pilots that would add value to existing research. She also noted that Detect Cancer Early looking at how social marketing can be used to improve early diagnosis.

**Q9 Bethany – Pancreatic Cancer UK supporter**

Bethany asked the Cab Sec about what the Scottish Government is doing for young people with pancreatic cancer.

A - The Cab Sec noted that patients who are diagnosed with pancreatic cancer are often seen by many different specialists and that work is currently ongoing to look at who has a clear sight of a patient's individual case. She stated that an audit is ongoing to chart the patient pathway across Scotland and decide where the Scottish Government and NHS Scotland can focus investment to improve outcomes.

**Q10. Philip Grigor – British Dental Association:**

Given the importance of early detection in improving cancer survival rates, why is the Scottish Government not prioritising the action in its Oral Health Improvement Plan to ensure there is a clear clinical oral cancer pathway across Scotland?

A- The Cab Sec noted that the oral health improvement plan is trying to move emphasis from the prevention of illness rather than care. She noted that the plan has led to new model of care and a clinical assessment to be made available to every NHS patient. The new SIGN guidelines were also noted as including a review of head and neck cancer that looks at new approach to tests.

**Q11. Maggie Clark – Novartis:**

What steps is the Scottish Government taking to work with NHSScotland and the makers of advanced therapeutic medicinal products for cancers, to make sure that:

- the SMC is equipped to make swift, informed decisions about whether to make them available for use in NHSScotland, and
- the necessary services are put in place to be able to deliver these complex treatments to allow Scottish patients to benefit from these innovations as early as possible?

A – The Cab Sec stated that she was very cognisant of the potential impact of precision medicine and that the Scottish Government is looking to plan and support the SMC in preparing for this. For CAR-T therapy, she emphasised the unique infrastructure needed for the treatment and that work is ongoing at the Queen Elizabeth Hospital in Glasgow.

Clare Adamson MSP highlighted work Bethany has done as she is currently participating in a young campaigners' competition which will see the winner's chosen charity (Pancreatic Cancer UK) receive £3000.

Cab Sec announced that there was a news release that covered new funding to improve more accurate prostate cancer relapse testing.

Chair closed the Q&A session, thanking Cab Sec for her time, advising any questions that were not covered in this session will receive a written answer in upcoming weeks.

*Note - The following questions were not reached in this meeting, below are the written responses:*

***Jackie MacDairmid – SHAAP:***

*What action is the Scottish Government taking in order to promote awareness in healthcare professionals of the link between alcohol and cancer?*

*A- It is recognised that there is a low awareness that alcohol consumption is linked to a range of cancer, including bowel, breast and mouth cancer. A 2015 Study showed that out of 3,605 alcohol-attributable deaths, 1,048 were due to cancer.*

*The Scottish Government have made a commitment, in our recently published Alcohol framework, to work with partners to raise awareness of the links between drinking alcohol and cancer. Our recent TB and social media campaign, Count 14, demonstrates early progress on this commitment. Count 14 highlights the low risk drinking guidelines of 14 units per week, as well as the range of health harms related to alcohol consumption. Information on the link between alcohol and cancer formed part of the campaign and Cancer Research UK helped amplify the messages on social media.*

*In terms of health professionals specifically, the Scottish Government promoted the delivery of Alcohol Brief Interventions in A&E, primary care and antenatal settings as well as in community settings. These are short, structured conversations about alcohol consumption which seek to motivate and support individuals to think about or plan a change in their drinking behaviour to reduce their consumption and risk of harm.*

***Kate Cunningham – OCHRE:***

*The Cancer Strategy commits to a network of six new Diagnostic and Treatment Centres across Scotland by 2021. What is the progress to date in creating these centres, where will they be located, what is proposed opening date of each and which centres will provide upper GI endoscopy?*

*A- The five centres will be at – St John’s Livingston, NHS Tayside, Raigmore Hospital in Inverness, NHS Grampian and the Golden Jubilee Hospital in Clydebank.*

*The Golden Jubilee expansion has two phases; construction has begun on Phase One which will provide additional capacity for cataract treatments and will open in June 2020. Phase Two will provide additional capacity for orthopaedic surgery, general surgery and endoscopy and is currently at the design stage with the first patients expected to be treated in December 2021.*

*The centre and St John’s will provide additional capacity for 5 surgical specialties including endoscopy and is currently at the design stage with the first patients expected to be treated in December 2021.*

*Construction at the centre in Inverness is expected to commence this autumn and will provide additional capacity for ophthalmology and orthopaedic patients with the first patients expected to be treated in December 2021.*

*NHS Grampian’s Elective Centre includes additional endoscopy, CT and MRI facilities as well as innovative one-stop out-patient services for respiratory, dermatology and urology. We expect the first patient to be treated in January 2022 but we’re looking at the possibility of additional MRI capacity opening earlier than this.*

*NHS Tayside is currently reviewing its Elective Centre plans. A clearer picture of their proposal should be provided in July but will include additional theatre capacity.*

*As described above, the centres that will provide endoscopy services are in Grampian, Lothian (St John's) and the Golden Jubilee Phase Two. However, alongside the Elective Centre Developments, Broads are delivering additional endoscopy capacity to deal with the current demand levels whilst rolling out the improvement initiatives discussed in my answer to Bowel Cancer UK's question.*

### **3) The chair welcomed representatives from the Less Survivable Cancers Taskforce (LSCT) to provide an update on their efforts**

Julie Harrington (JH) began the presentation by stating that the aim of the LSCT is to improve the rates of survival for pancreatic, lung, oesophageal, brain, liver and stomach cancers. She noted that there have been advances in treatment and outcomes for people with cancer and that this is no longer considered to be terminal for many people. She continued, explaining that this progress has not been reflected across the 6 less survivable cancers which continue to be 1 in 4 diagnosis but 1 in 2 cancer deaths. JH called for more action to be taken to improve the outcome for those diagnosed with these cancers.

The chair welcomed patient representatives Susan Allan and Brian Gemmell, to share their personal experience with cancer. The speakers discussed their cancer experiences, highlighting the importance of the primary sector in referring cancers with vague symptoms and the support services for those living with cancer.

The chair thanked Susan and Brian for sharing their experiences and welcomed Preth Rao (PR) to speak.

PR began by explaining the policy action required to improve outcomes for the 6 less survivable cancers. She highlighted concerns that the 6 less survivable cancers are neglected in terms of funding, drug trials, awareness and prioritisation. PR stated that the taskforce's unified voice aims to bring these cancers deserved attention.

PR then highlighted key priorities that the LSCT would like to see implemented; early diagnosis is vital as too many people with the less survivable cancers are diagnosed too late. She stated that greater investment in research for early diagnosis is needed to find easier tests and improve awareness of symptoms amongst the public and health professionals. The LSCT would like to see rapid diagnosis centres so that GPs can refer people with vague symptoms and they can be tested as quickly as possible.

On research, PR then detailed the need for a boost in research funding as LSCs are typically underfunded. Breakthroughs are needed e.g. cytosponge, breath and saliva testing. She added, that a lack of public knowledge, and understanding among health professionals identified a need for increased awareness as demonstrated in the ComRes survey undertaken by PCUK. PR noted the need for faster treatment, following an earlier diagnosis will help patients will survive longer. Continuing, PR explained that LSCs require optimal pathways and fast access to treatment – waiting times being shortened is an important aspect of this.

PR highlighted the value of the current cancer strategy but acknowledge further work must be done to provide realistic targets for the LSCs to ensure progress is made, stating that Scotland could spearhead the way.

The chair thanked PR and passed over to Lorraine Dallas (LD),

LD explained the LSCT's 28 by 29 campaign. Currently Scotland is slightly ahead of England (16%, 14% respectively) in LSC survival outcomes, but this is still too low. The taskforce are calling for the Scottish Government to commit to 28 by 29 target.

LD continued by detailing the barriers and highlighting their report that will be made available shortly.

The chair thanked the speakers and commended the progress that has been made to date.

#### **4) Minutes of the Last Meeting**

The Minutes of the previous meeting of the Cross-Party Group on Cancer on 19<sup>th</sup> March 2019 were approved by the group without amendments.

#### **5) A.O.B**

The chair shared the upcoming launch of the Scottish Cancer Conference.

#### **6) Close**

The chair thanked all the speakers and attendees for a successful evening.

<b>Name</b>	<b>Organisation</b>
Gail Grant	Abbvie
Amelia Chong	Anthony Nolan
Damian Crombie	AstraZenica
Aileen Rice-Jones	Bloodwise
Claire Donaghy	Bowel Cancer UK
Joe Woolcott	Brain Tumour Research
Ashleigh Simpson	Breast Cancer Now and Care
Martin Coombes	Bristol-Myers-Squibb
Phillip Grigor	British Dental Association
Jonathan Roden	Cancer Research UK
Gordon Matheson	Cancer Research UK
Seona Carnegie	Cancer Research UK
Jo Williamson	Cancer Research UK Ambassador
Rob Murray	Cancer Support Scotland
Marianne Nicolson	CLAN Cancer Support
Julie Harrington	Guts UK
Sarah Nimmo	Health and Care Scotland
Fiona Hamill	Janssen
Peter Hastie	Macmillan
Samantha Booth	Maggies
Gillian Hailstones	Maggies

Kathleen Grieve	Merck
Michael Moore	Myeloma UK
Sharon Cowell-Smith	NHS Lothian
Dr Sally Clive	NHS Lothian
Maggie Clark	Novartis
Kate Cunningham	OCHRE
Fiona Brown	Pancreatic Cancer Scotland
Preth Rao	Pancreatic Cancer UK
Lesley Stephen	Patient Representative
Lorraine Dallas	Roy Castle Lung Cancer Support
Tonks Fawcett	University of Edinburgh
Christine Campbell	University of Edinburgh
Beatrice Kabota	University of Edinburgh
Lynda Murray	
Bethany Spence	
Susan Allan	LSCT speaker - Pancreatic
Heather Goodare	
Ali Walker	
David Weir	Gilead Sciences
Annabel Green	Gilead Sciences
Julie Croft	
Alison Culpan	ABPI
Brian Gemmell	LSCT speaker - Lung
Elaine Gemmell	
Tom Martin	Cancer Research UK Ambassador
Leigh Smith	MASScot
Kim Rowan	
Niamh Cashell	MASScot