

Scottish Parliament Cross Party Group on Cancer

12th June 2018, 17.30-19.30

1) Welcome

Miles Briggs (The Chair) opened the meeting and welcomed the attendees and speakers to the meeting

2) Minutes of the Last Meeting

The Minutes of the previous meeting of the Cross Party Group on Cancer on 28th March 2018 were approved by the group without amendments.

3) The Chair then welcomed Debbie Provan (DP), Gordon McLean (GM) and Richard Meade (RM) to discuss Living With and Beyond Cancer as part of the Cross Party Group on Cancer's inquiry into the implementation of the Scottish Government's Cancer Strategy

DP and GM began by discussing the progress in the Transforming Care after Treatment (TCAT) Programme. TCAT is designed to address the unmet need of individuals and families following treatment for cancer. The partnership focuses on risk stratification; ensuring that people are able to access the right kind of support at the right time; understanding the totality of people's needs; transitions between different care settings; and on creating a "new normal" for post-diagnosis.

25 projects have been initiated as part of the programme across primary care, secondary care and social care. These projects are now moving through the evaluation phase, with positive findings. The focus is now on scaling these projects up and rolling out best practice more widely. The TCAT programme is the main driver of the implementation of treatment summaries, including holistic needs assessments. This implementation is progressing but is challenged in some areas because electronic solutions are needed.

It was agreed that scaling up the learnings of the current projects to a national level will be challenging. Attendees also agreed that the third sector can play a role in providing services to meet patients' holistic needs.

Breast Cancer Care also highlighted that the TCAT programme is a five-year programme and there is little clarity about how projects will continue and scale up beyond the five-year funding period.

Alison Douglas raised the issue of delivering lifestyle advice for patients after treatment to aid recovery and help prevent future recurrence. The holistic needs assessment does include secondary prevention needs but there is a hope that TCAT can focus on more prevention work going forward.

RM then discussed palliative care. Measuring progress in palliative care is difficult because targets are difficult to quantify and there is little data available.

There have been some specific actions such as: the launch of five partnerships working on tools to identify people with palliative care needs, the development of an education framework for palliative care training and support, the development of commissioning guidelines for Health and Social Care partnerships and the launch of a project by the Information Services Division to develop some new palliative care data.

However, despite this there are some issues: the key information summary is a useful way to help people access palliative care but there is no way of knowing whether uptake is increasing, palliative care receives little research funding, there is uncertainty about the capacity of Health and Social

Care partnerships to deliver targets and workforce challenges exist, for example in general practice, district nursing, and social care.

Data released from ISD showed that in 2015/16, of those who died with palliative care needs, 42% (19,400 people) died without a key information summary.

4) The Chair then welcomed Ben Chiu (BC), Alison Douglas (AD) and Sheila Duffy (SD) to discuss prevention as part of the Cross Party Group on Cancer's inquiry into the implementation of the Scottish Government's Cancer Strategy

BC began by discussing obesity. Beating Cancer committed the Scottish Government to review and update Scotland's 2010 obesity strategy – BC noted that this is expected to be published in the summer.

No Scottish dietary goals on saturated fat, sugar consumption or fruit and vegetable intake have been met in the last 15 years. BC highlighted that this costs NHS Scotland up to £600m per year – with a wider economic cost of an estimated £4.6bn per year.

BC welcomed that the upcoming strategy has suggested possible commitments on population level interventions such as price promotions. Cancer Research UK also wants to see a 9pm watershed on junk food marketing and reformulation of food and drink high in fat, salt and sugar.

On obesity rates in the NHS workforce – BC highlighted the problems with food procurement in hospitals which means that the food in hospitals is not sufficiently healthy. Action is being taken to address this issue.

AD then discussed alcohol. Similarly, an alcohol strategy is expected this summer. However, this has been delayed. AD highlighted that there is poor awareness of the link between alcohol and cancer and suggested that this should be a focus of the new strategy. In particular, AD stated there should be a co-regulatory approach to health warnings as industry will not provide this information without it being provided.

However, AD stated information is not sufficient to provoke behaviour change and suggested that the new alcohol strategy should contain actions to reduce consumption such as price increases, reducing availability and controlling marketing.

Joe Williamson agreed that labelling on alcohol is not clear enough to consumers, and that consumer understanding of alcoholic units is too low. He also recommended including calorific information on alcoholic drinks.

SD finally discussed Tobacco. She noted Smoking rates have reduced but there is a lag in the cultural use of tobacco – smoking rates are now very closely patterned to inequality.

A new tobacco control strategy is expected. Key aspects of this strategy should be: focussing on people who have financial problems and people with mental health issues; providing more joined up approaches to reducing smoking, reaching people where they are; and attempting to generate better data about what is happening outside of stopping smoking services.

SD suggested that while tobacco free by 2034 is a stretch we should continue to focus on it, and that a mass media campaign could be effective.

Another key action from the cancer strategy is being taken forward through the Act Well programme. The programme involves personalised 1 to 1 support for lifestyle change for women at breast cancer screening. The support is delivered by trained counsellors and involves educational, motivational and behavioural strategies and support over a 12 month period.

On the use children’s cartoons across prevention health areas, SD emphasised that the three organisations represented are working together very closely on these issues; and that health messaging is built into curriculum at all levels.

5) A.O.B

- The Chair asked the group members to submit any further comments to the secretariat through the survey document that has been shared and to share any potential speakers for the remaining sessions on:
 - Early diagnosis and improving survival;
 - Improving Treatment; and
 - Research

6) The Chair then closed the meeting. Next meeting 17.30-19.30, Tue 18th September 2018.

Group Members

Member
Miles Briggs MSP
Brian Whittle MSP
Finlay Carson MSP
Cancer Research UK
Macmillan Cancer Support
Breast Cancer Care
Heads Up Cancer Support Group
Breast Cancer Now
Jeannie Erskine
Heather Goodare
Pancreatic Cancer UK
Teenage Cancer Trust
Maggies Centre
SCAN
Beatson Cancer Charity
Pancreatic Cancer Scotland
Roy Castle Lung Cancer Foundation
Royal College of General Practitioners
University of Edinburgh
Prostate Scotland
Circle of Comfort

Non-Group Members

Organisation
Marie Curie
ASH Scotland
Alcohol Focus Scotland

MSD
BMS