Scottish Parliament Cross-Party Group on Cancer

Tuesday 19 January 2021, 17:30-19:00

(Virtual meeting via Zoom)

1. Welcome

Anas Sarwar MSP (Chair) opened the meeting and welcomed members.

The Chair briefly described the meeting agenda and etiquette.

Minutes for the meeting on 15th September 2021 were approved with no amendments.

2. Scottish Government's National Cancer Recovery Plan

The Chair noted the publication of the Scottish Government's *Recovery and Redesign: An Action Plan for Cancer Services* in December 2020, which will run until 2023. He then welcomed Gregor McNie, (GMcN), Cancer Policy Team Lead, to provide an overview of the plan. The Chair also welcomed Nicola Barnstaple (NB), Detect Cancer Early Programme Manager, to discuss the planned action to established Early Cancer Diagnostic Centres (ECDCs).

GMcN: Plan was produced during pandemic and in the knowledge pressures on services would continue, and Scottish Government does not anticipate having to pull back from delivering in this challenging context. The Cabinet Secretary and NHS Board Chief Executives are intent on making sure key cancer services can continue.

Plan contains 60 actions with considerable funding attached, initial bids are now being considered with Scottish Government in contact with the NHS and third sector. Three main drivers are the 'once for Scotland' approach – patients should expect equitable access to services across the country.

Plan aims to expedite patient pathways, improve the patient experience and drive some of the innovations that have emerged quickly during the pandemic.

GMcN described 3 of 4 flagship actions within the Plan: –

- Prehabilitation (making sure patients are emotionally, psychologically and physically ready for treatment).
- Dedicated national resource for cancer – production of clinical management guidelines is currently repeated across three regions but can potentially be done once for Scotland. Will also look at ways to achieve a national approach to rarer cancers.
- Single Point of Contact – making sure each patient has a consistent contact through the pathway from diagnosis. Can link patients to wider support.

NB: described fourth flagship action on ECDCs. These will be new clinics within existing sites. Around 12% of all cancers still come from outside Urgent Suspected of Cancer pathway (i.e. via emergency presentation or other route). This is based on the Danish model and draws on work by NHS England and Wales around non-specific symptoms. GPs can refer patient for a range of investigations through a rapid appointment, reporting and onward referral if needed.

Oversight group had presentations from NHS Wales, Cancer Research UK and NHS England and received several proposals for pilots from NHS Scotland boards, with a view to have at least two sites live by March.

NB also shared information about early diagnosis public awareness work. Urgent referrals have returned to pre-COVID levels but concerns remain about lung cancer. Messaging included in Right Place, Right Time letters, radio campaign in Jan-Feb and tv later in year.

The Chair opened questions.

Julie Wardrop from CANDU asked for more information on who will fill the role of single point of contact. GMcN explained that it will vary depending on where patients are as some Boards have staff in place at different parts of the pathway, intention is to fill gaps.

Roseanne Haig from Circle of Comfort asked whether more use of reflexology and complimentary therapies for cancer patients is being planned. GMcN - Transforming Cancer Care is being used to make sure that patients are aware of everything that is available to them.

Sorcha Hume from Cancer Research UK asked whether new clinical management guidelines will be produced for ECDCs. NB outlined phases beginning with pilots before scaling up to once for Scotland, which will require new pathways.

Leigh Smith (LS) from MASScot commented on regional input to national guidelines, citing an example of resources being used to develop melanoma guidelines in WOSCAN but agreed nationally, which may not be used under new approach. GMcN said that regional input would continue, but final guidelines will apply nationally and any guidelines that have already been agreed by clinicians for national use will remain in use.

Colette Blackwell from Clan Cancer Support asked how prehabilitation will be rolled out (nationally, regionally, or at Board level). GMcN explained that current service provision across Boards will be considered and nationally agreed approach will integrate this.

Debs Robuck from Abbvie asked what further steps will be taken for haematological cancers. GMcN said that pressures on SACT chemo for blood cancer patients have been reported. The National Cancer Medicines Advisory group has been helping to provide new options for patients.

Kirsty Slack from Cancer Research UK asked for information about work with Healthcare Improvement Scotland on future workforce capacity. GMcN to provide a written update on action 51 in the Plan.

Martin Coombes from Bristol Myers Squibb commented in relation to the Plan seeking treatment and care closer to home. Industry has worked with NHS and third sector elsewhere in the UK to support this, including mobile units for SACT and pre-assessment/phlebotomy. There are similar opportunities for co-operation in Scotland.

Alice Russell (AR) from The Brain Tumour Charity commented that brain tumours are a diagnostic problem as most patients have vague symptoms, so ECDCs are welcome. AR asked how decisions will be made based on symptoms and which tests will be used. NB responded that Boards will decide which non-specific symptoms will lead to referral and tests through pilot pathways. Tests will depend on the pilot pathway which will have been agreed by clinicians.

Dawn Crosby from Pancreatic Cancer UK asked whether ECDC pilots will establish an agreed symptom list to be used in the pathway nationally. NB noted that previous pilots in England and Wales have resulted in a consistent set of common symptoms. The pilots should result in an agreed list becoming part of the Scottish referral guidelines for suspected cancer.

3. Self-sampling in screening for cervical cancer

The Chair welcomed Kate Sanger (KS), Head of Communications and Public Affairs at Jo's Cervical Cancer Trust, to discuss self-sampling in relation to a Plan action for roll-out in Scotland.

KS welcomed the action in the Plan and explained that this week is National Cervical Cancer Prevention Week and a time when lockdown restrictions have created uncertainty for members of the public about whether they can still visit their GP. Jo's Trust is currently focussing on self-sampling. Screening uptake was low prior to the pandemic, with around 1 in 4 women attending in Scotland generally (1 in 3 in some areas). The screening programme paused for two months at the start of the pandemic and those who missed appointments as a result are currently no closer to being tested.

Demand for self-sampling has been increasing across the UK. KS explained it is sometimes mistaken to require a full clinical test in home but is really a simple vaginal swab which is less invasive and offers more privacy than clinical testing. Research by Jo's Trust in 2020 found 62% of women eligible for screening would prefer to be able to use self-sampling. Evidence from the Netherlands and Australia also suggest it increases uptake, including among those who were previously invited to screening but did not attend. UK-wide evidence gathering to date includes a study of previous non-attenders in Dumfries and Galloway.

Scottish Government has recently committed to the World Health Organisation's strategy to eliminate cervical cancer, and a working group within the Scottish screening programme is seeking to offer self-sampling to non-attenders and looking towards offering it as a first test across the population. KS noted that cervical screening is comparatively more complex than other programmes and it is important that efforts to introduce and roll out self-sampling are adequately resourced.

Anas Sarwar thanked the speakers and left the meeting after handing over to Miles Briggs as Chair.

The Chair opened the meeting to questions for KS.

Julie Wardrop from CANDU asked about arguments against adopting self-sampling in cervical screening. KS explained that main challenge was making sure that the correct kit, IT and communications are in place, but evidence does show better uptake and outcomes. There may be some personal barriers which make individuals less likely to take up self-sample and pilot programmes are important in helping to understand and address these.

Hannah Wright from Jo's Trust asked whether the Plan addresses HPV vaccination catch-up for those of school age who won't have received it this year due to the pandemic. KS agreed it is an important issue as vaccination offers a high level of protection. The Chair said that MSPs on the call can follow up with Parliamentary Questions.

Lesley Shannon asked about the eligible age range for screening. KS stated the range is 25-64 but that anyone who hasn't been screened by 64 is eligible and should contact their GP.

The Chair asked about who is likely to take up or decline an invitation to screening. KS explained that barriers include psychological factors (e.g. embarrassment, fear), physical (e.g. pain), and finding time to attend an appointment.

Leigh Smith from MASScot asked if family planning clinics have a role in HPV testing. KS said that various clinical settings that are part of the screening programme might offer people the choice of screening.

The Chair asked if any NHS Boards have had notably higher uptake. KS explained that Greater Glasgow has consistently had lower rates than elsewhere in Scotland and that this can be linked to cultural and socio-economic barriers. Rural areas are also challenging, where populations are smaller and nurses will be known by more people within the community (e.g. Western Isles).

The Chair thanked AS for presenting and answering questions.

4. AOB

The Chair confirmed there were no items of AOB.

5. Close

Attendance

Abbvie	Maggie's
Amgen	MASScot
Anthony Nolan	Merck Sharpe & Dohme
Bowel Cancer UK	Myeloma UK
Brain Tumour Charity	Novartis
Breast Cancer Now	OCHRE
Bristol Myers Squibb	Orchid
Cancer Research UK	Pancreatic Cancer UK
Cancer Support UK	Prostate Cancer UK
CANDU	Roy Castle Lung Foundation
Circle of Comfort	University of Glasgow
Clan Cancer Support	Ali Walker
GlaxoSmithKline	Ann Maclean-Chang
Ipsen	Lesley Shannon
Jo's Cervical Cancer Trust	Lesley Stephen
Kidney Cancer Scotland	Jane O'Neill
Kyowa Kirin	Jen Hardy
Macmillan Cancer Support	Stella Macpherson