Response

Consultation on SG New Cancer Strategy

May 2022

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Purpose of the paper	**To update on CCA response to relevant Scottish Government consultations and parliamentary committee enquiries**
Business plan reference	
Resource implications	**None – For info only**
Risk assessment	**Low**
Decision or action required	**For info only**
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Background:

The current National Cancer Plan 'Recovery and redesign: an action plan for cancer services' comes to completion in March 2023. This superseded the previous cancer strategy 'Beating Cancer Ambition and Action', and was developed in response to immediate challenges presented by the COVID-19 pandemic. Scottish Government have started the process of developing a new cancer strategy for Scotland and want to seek wide ranging views on what should be prioritised during recovery from the pandemic and beyond. SG advise that it is important that their vision, aims and principles reflect a long-term ambition and guide where they want to go. They need to decide what aspects of cancer prevention, management and care are the most important, and want to be comprehensive but will also need to focus on the most important areas for action, particularly in the shorter-term. Link to the full consultation: https://consult.gov.scot/health-and-social-care/cancer-strategy/

Question 1a
What are the most important aspects of the cancer journey you would like to see included in a long-term strategy?

As a representative body of large pharmacy contractors, we can only respond to this question from the point of view the care that can be delivered via community pharmacy and what the future may hold.

Harnessing the clinical expertise of pharmacist colleagues, policy makers must acknowledge community pharmacy as an important clinical setting in which opportunistic interventions are a crucial part in early triaging and diagnosis.

Community pharmacists have regular meaningful interactions with patients. This allows them to potentially identify any red flag symptoms that could lead to quicker assessment. This type of opportunistic intervention may come about following a patient repeatedly purchasing over the counter medicines for a persistent cough or self-care treatment for mouth ulcers, for example.

Recognition of community pharmacy's clinical capacity, through better resourcing and investment, presents new and expanded opportunities to flag suspected cancers as early as possible. To facilitate this, we would like to see the implementation of more structured referral pathways to enable community pharmacies to make referrals and directly book patients for appointments in other health and care settings.

This is particularly important in light of the care backlog as worsened by the pandemic. The cumulative pressures upon services to deliver timely and high-quality cancer care and detection can be effectively navigated through wide-spread implementation of services within community pharmacy – subject to agreed pathways and funding.

There is a need to create digital pathways allowing community pharmacy to directly refer patients onwards, as well as to implement better communication channels. This will foster quicker and more transparent diagnostic, treatment and side effect reporting between services.

Community pharmacy has the potential to offer significant benefit to local populations by way of supporting with screening, diagnosis, and treatment of patients within deprived or 'left behind' communities, especially amongst those who experience poorer cancer outcomes. As high street pharmacies are concentrated in areas of higher deprivation, this means that teams have local knowledge of issues surrounding cancer risk factors or treatment access faced by certain population cohorts.

Community pharmacies are also ideally placed to support cancer screening programmes. In County Kerry in Ireland, a small pilot was carried out in 2019 in community pharmacies aimed at improving uptake rates of bowel screening. It demonstrated that bowel screening kit return rates following pharmacy intervention were 74%, compared with 38% national return rate.[1]

Question 1b
Are there particular groups of cancers which should be focused on over the next 3 or 10-years?

[1] https://www.researchgate.net/publication/333171977_A_Community_Pharmacy_Based_Pilot_Project_for_BowelScreen

No answer – we are not able to respond as this is outwith our expertise.

Question 1c
What do you think we should prioritise over the short-term?

No answer – we are not able to respond as this is outwith our expertise.

Question 2a
Do you agree with this proposal?
Do you agree with a 10-year high-level strategy which will be underpinned by three shorter-term action plans. Please respond yes or no.

Answer - Yes

Question 2b
Please explain your answer and provide any additional suggestions. Please explain your answer to Question 2a.

The 10-year-high-level strategy, underpinned by three shorter-term action plans would ensure there were regular updates on outcomes. Having shorter term action plans would also ensure priorities are running in parallel and not forgotten.

Our proposed Vision is:

"*A compassionate and consistent cancer service, that provides improved support, outcomes and survival for people at risk of, and affected by, cancer in Scotland*"

Question 3a
Do you agree with this vision? please respond yes or no – Yes

Question 3b
Please explain your answer and provide any additional suggestions.

The reality that further improvements in clinical and patient experience outcomes must be made for everyone is well documented. Our ambition must be that everyone leads longer, healthier lives while being able to make responsible decisions about the resources available to make choices.

The Aims of the strategy set out more-specific goals that we will prioritise and that we can measure. Our proposed aims are:

a) Slowing down the increasing incidence of cancer
b) Earlier stage at diagnosis
c) Shorter time to treatment
d) Lower recurrent rates
e) Higher survival rates
f) High quality, consistent experience of the health service for people affected by

cancer
g) An enabling environment for research and innovation in diagnosis and treatment
h) Reduced inequalities in all these areas

Question 4a
Do you agree with these goals? Please respond yes or no – yes

Question 4b
Please explain your answer and provide any additional suggestions.

Through a community pharmacy lens, these goals are both specific and measurable. The determination of which areas take preference will be down to those administrating different aspects of the Cancer Care Plan. Regular updates and an opportunity to question and seek clarification by both patient groups and those working in Health and Social Care will be essential to ensure that all stakeholders are aware of progress and ongoing commitments to deliver. We support of all of the above, and we believe that community pharmacy could specially support a) Slowing down the increasing incidence of cancer b) Earlier stage at diagnosis c) Shorter time to treatment.

It is important to agree Principles that will underpin a future cancer strategy and guide our planning for and conducting future cancer services. These should reflect the values that we think are important in ensuring the best outcomes. Our proposed principles are:

- putting patients at the centre of our approach
- actively involve communities and users of services
- be inclusive
- provide high quality, compassionate care
- ensure services are sustainable
- collaborate across all sectors
- use an evidence-based approach and make the best use of emerging data/research/technology
- strive for consistency through a 'Once for Scotland' approach

Question 5a
Do you agree with these principles? please respond yes or no - yes

Question 5b
Please explain your answer and provide any additional suggestions

We agree with these principles, which will support the timely delivery of the best cancer prevention, diagnosis and treatment.

We want to hear your views on how broad the strategy and actions plans should be, in addition to what the main areas of focus should be. We are proposing that themes are used consistently in the overarching strategy and 3 year action plans, these currently include:

- Person-centred care
- Prevention
- Timely access to care
- High quality care
- Safe, effective treatments
- Improving quality of life and wellbeing
- Data, technology and measurement
- Outcomes

Question 6a
Do you agree with these themes? please respond yes or no – yes

Question 6b
Please explain your answer and provide any additional suggestions.

While we agree that these themes are correct, we call for the inclusion of community pharmacy into the delivery of person-centered cancer care, for reasons stated previously in this response.

Person-centred care means 'mutually beneficial partnerships between people diagnosed with cancer, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making'[23]. Care focuses on the individual and their particular health and care needs, ensuring people's preferences and values are taken into account.

50. Under Person-centred care we are considering:

- Individual experience (by responding to Scotland Cancer Patient Experience Survey 2022 (SCPES[24]); and by working with Third Sector and key partners on projects such as Care Opinion[25])
- Co-production of some actions with people affected by cancer
- Wider support for people living with and beyond cancer and their supporters (for example Single Point of Contact, Transforming Cancer Care, Prehabilitation)

Question 7a
Do you agree with these areas of focus? please respond yes or no – yes

In your experience, what aims or actions would you like to see under any of these areas?

Community pharmacy is ideally placed to be more involved in direct referral and the acceleration of patients from hospital back to their homely setting, either through a national Discharge service or the supply of medication in the community. Community pharmacists should be a key stakeholder in patient care.

Question 7c
Please explain your answer and provide any additional suggestions

Community pharmacy is ideally placed to be more involved in direct referral and the acceleration of patients from hospital back to their homely setting either through a national Discharge service or the supply of medication in the community.

We propose to look at Prevention in relation to risk factors for cancer that can be modified at the population level and at the individual level. We are considering, for example:

- alcohol minimum unit pricing,
- smoke-free zones,
- restricting promotion and advertising of foods high in fats, sugar and salt,
- mandatory calorie labelling,
- raising awareness of weight management services,
- healthy eating advice,
- smoke cessation services.

Question 8a
In your experience, what actions do you think would be most effective for helping to stop people getting cancer and reducing inequalities in cancer incidence?
Please focus your response on the prevention of cancer and inequalities in cancer incidence.

All of the above.

Question 8b
Please explain your answer and provide any additional suggestions.

As mentioned in the consultation, 40% of cancers are preventable through modifiable risk. Smoking, obesity, alcohol, physical inactivity and diet are among the largest modifiable risk factors for cancer in Scotland.

Currently Community pharmacies support directly with prevention through:

• Health promotion in pharmacy - including promoting national campaigns using a combination of window posters, promotional materials and staff training (e.g. raising awareness of bowel cancer screening, lung cancer etc.)

• Offering a smoking cessation service

We could support further through new services for, for example, weight management and alcohol intervention subject to an appropriate service spec and appropriate funding.

Timely access to care means trying to identify cancer as early as possible. Actions include, for example, education for the public and health professionals, screening programmes

(general and targeted), getting the right tests quickly, and being referred and seen at the right time by the right people.

Under Timely access to care, we are considering:

- Screening (such as national programmes and genetics)
- Early detection and diagnosis (looking at genetic tests/molecular pathology; diagnostic tests (haematology, pathology, radiology, endoscopy); Detecting Cancer Early programmes; and Early Cancer Diagnostic Centres)
- Primary Care (including direct access to investigations, referrals and opinions; and education and engagement with communities)

Question 9a
Do you agree with these areas of focus? please respond yes or no – yes

Question 9b
In your experience, what aims or actions would you like to see under any of these areas?

We call for a national, uniform, provision of services across Scotland, no matter if in a remote-rural location or a city centre, with the same arrangements in place from Health Board to Health Board. Patients should not be adversely affected by IT literacy and therefore access to an appropriate HCP must be available via a route of choice – in person, online, or by phone.

Under High quality care, we want to think about actions outside of direct treatment that affect the care given to those affected by cancer. We are considering:

- Workforce (thinking, for example, about requirements and modelling for oncology and other workforce, including specialist nurses; leadership)
- Service delivery (thinking about national, regional and local services; flexible use of workforce; role of cancer network; strategic alliances and working across health boards, for example)
- Inequalities (thinking about how to make sure everyone is included, and targeting those who may be at a disadvantage)
- Accessibility (breaking down barriers such as geographical, cultural or language)
- Integrated support services between NHS and Third Sector

Question 10a
Do you agree with these areas of focus? please respond yes or no – yes

Question 10b
In your experience, what aims or actions would you like to see under any of these areas? Please focus your response on quality of care.

Quality of care is reliant on the right healthcare professional with the right skills being available at the right time. We call on the Scottish Government to create and share a National Workforce plan, with details for all healthcare clinicians and providers included.

Question 10c
Please explain your answer and provide any additional suggestions.

The number one issue facing community pharmacy, and the whole of the profession, is insufficient workforce. The Scottish Government Vision for Primary Care saw the development of GP Practice roles for pharmacists and Technicians and more recently Healthcare Assistants. Recently published workforce surveys in both Primary and Secondary Care suggest a significant number of vacancies - this needs to be urgently addressed to ensure that all sectors can continue to meet patient and public health needs. We would like to see the government undertake holistic workforce planning, across primary care, to ensure the pharmacy workforce meets the needs of patients now and in the future. This should take account of population growth and changes in service design and delivery. With cancer prevalence predicted to increase, workforce planning needs to be accelerated to match both current and future demands on healthcare.

Tackling the workforce issue within the sector means has wider benefits across healthcare, particularly for cancer care. In 2019, a 14-week NHS pilot run in Glasgow saw community pharmacy dispense oral anti-cancer medication to improve service and patient wait times at a uro-oncology clinic at the Beaston WOSCC. The results showed that the community dispensing of abiraterone and enzalutamide can be carried out safely and effectively improving patient experience and overall care, whilst reducing demand upon the hospital clinic.

Against the elective backlog exacerbated by the pandemic, community pharmacy has a vital role to play in the supply and management of the care of cancer patients and promotes community-led healthcare.

Safe, effective treatments are the cornerstone of managing cancer. The majority of cancer treatments have continued throughout the pandemic but there are noted variations around the country. Treatment may come with side effects – or even a negative outcome: realistic medicine means encouraging people using healthcare services and their families to discuss their treatment fully with healthcare professionals, understanding the potential benefits and risks.

56. Under Safe, effective treatments, we are considering:

- Surgery
- Radiotherapy
- Systemic anti-cancer treatment
- Acute oncology
- Realistic medicine
- Consent

Question 11a
Do you agree with these areas of focus? please respond yes or no - yes

Question 11b
In your experience, what aims or actions would you like to see under any of these areas? Please focus your response on treatment.

'What Matters to You?' is a widely known concept when ensuring there is a focus on person-centered care. It is important never to lose sight of this question.

We believe that a single patient record, held by the patient would be a significant benefit to patients.

Currently community pharmacy has no access to patient record except to the Emergency Care Summary which is held and accessed at HB area level only. We need the correct tools to do the job – to ensure communications are clear and concise. Access to, and the ability to both read and write onto, records would allow Pharmacists in the community to work autonomously without the need to interrupt GP colleagues for relevant information to provide best care and service to patients.

Community pharmacies have multiple touchpoints with cancer patients and survivors and, at times, their families throughout their journeys. Many patients will be prescribed anticancer medicines and other long-term medication, some of which may have strong or unpleasant side effects. Symptom management may also require further over-the-counter medication. Through these interactions, pharmacy teams provide significant levels of ongoing support and care.

Treatment may not be the solution and, alone, is not sufficient. We also need to consider the overall Quality of life and wellbeing of people living with and affected by cancer. This can be influenced by where a person lives and other social factors. Wellbeing and quality of life can be improved by strategies such as prehabilitation (helping people prepare for cancer treatment), psychological support and support for families and carers. Patients' experience of cancer is affected by how quickly and smoothly they move through the 'patient pathway' from symptoms to diagnosis to treatment and care. And care beyond surgery, radiotherapy and chemotherapy is important too, including palliative and end-of-life care.

Under Improving quality of life and wellbeing, we are considering:

- Prehabilitation and rehabilitation
- Psychological support
- Patient pathways (including quality of care, waiting times, less survivable cancers)
- Palliative medicine, Best Supportive Care and End of Life care
- Support to family/carers

Question 12a
Do you agree with these areas of focus? please respond yes or no – yes.

Question 12b
In your experience, what aims or actions would you like to see under any of these areas? Please focus your response on quality of life and wellbeing.

We ask that community pharmacy continues to play its part in the provision of palliative care meds in the community and as an extension of this we believe there is a role for the support and supply of chemotherapy meds in a homely setting rather than patient accessing only from secondary care.

Cancer care must be designed and delivered around an integrated service that supports patients as they transition between services. More specifically, community pharmacy must be fully embedded within a network of local providers providing wraparound after-care and support for patients.

People living with life-limiting conditions who are approaching the end of life at home must have timely access to medicines and clinical support from a skilled community pharmacy team. They should expect to experience high quality, coordinated care, approaching death in comfort, surrounded by those important to them and in the setting of their choice.

Question 12c
Please explain your answer and provide any additional suggestions.

Community pharmacy has well established pathways in the care of patients in the community providing uninterrupted end of life care for those who require it in a homely setting.

In Scotland, we have an established a Community Pharmacy Palliative Care Network which not only provides access to training, an opportunity to discuss good clinical practice but connection to specialists and multidisciplinary teams. Currently this is only available to a small cohort of community pharmacists due to funding issues – we call on this to be more widely available and therefore accessible to patients.

Data (knowledge, information and statistics) are important to help manage cancer care as well as for measuring how well we are doing. There continue to be new innovations and technology that can help with diagnosis and more precise treatment. And research is important to stay up-to-date and know what works best. We want to make the best use of Data, technology and measurement, and are considering:

- Data, for example
    - Outcomes e.g. recurrence, benchmarking
    - Scottish Cancer Registry and Intelligence Service (SCRIS)
    - Quality Performance Indicators (QPIs)
    - Cancer Waiting Times (CWTs)
    - Cancer Medicines Outcome Programme (CMOP)
    - Patient Reported Outcome Measures (PROM)
    - Multi-disciplinary teams (MDTs)
- Research, technology and innovation (including regulation/quality/safety)
    - clinical trials
    - precision medicine
    - genetics/genomics/molecular pathology (screening, diagnostics, treatment)

- robotics
- e-health, for example, Near Me and Connect Me

Question 13a
Do you agree with these areas of focus? please respond yes or no - yes

Question 13b
In your experience, what aims or actions would you like to see under any of these areas? Please focus your response on data, technology and measurement.

We would like to see community pharmacists and key members of their teams becoming part of the wider Multi-disciplinary Team, working with individual patients as well as the development of genetics/genomics in medicines with full inclusion of community pharmacy.

Question 13c
Is there any technology that you would like to see introduced to improve access to cancer care?

We call for investment in technology for community pharmacy, to include equipment and space to use NHS Near Me and read-write access to patient owned care records.

The final proposed section is Outcomes, where we will describe how we will monitor and evaluate the strategy and plan.

Question 14
What suggestions do you have for what we should measure to make sure we are achieving what we want to in improving cancer care and outcomes?

We would like to see:

- Regular sharing of information on progress and an opportunity to seek clarification
- Patient, carer and HCP feedback on their experiences of change and of the service and care delivered

The Detect Cancer Early Programme was launched in 2012. Its main purpose was to raise the public's awareness of the national cancer screening programmes and the early signs and symptoms of cancer to encourage them to seek help earlier.

62. We plan to continue the programme, and the new Cancer Strategy will include an Earlier Diagnosis Vision, shaping the earlier diagnosis programmes in Scotland over the period of the new strategy. Earlier diagnosis of cancer means detecting cancer in people with symptoms as soon as possible when there are more treatment options and a better chance of cure.

Question 15a
What would you like to see an Earlier Diagnosis Vision achieve? Think ahead to the next 10 years, think big picture – what change(s) should we be aiming to influence when it comes to earlier cancer diagnosis? Consider access to care/cancer screening/primary care/diagnostics and awareness of cancer signs and symptoms.

We would like to see:

More involvement with community pharmacists and a recognition of their place within multi-disciplinary teams.

More involvement in community pharmacy in early diagnosis and direct referral.

Better survival rates for everyone no matter their geography or demographic – reduced health inequalities.

Question 15b
Should the Earlier Diagnosis Vision set itself a numerical target? For example, 75% of all cancers diagnosed at an earlier stage. Please provide any suggested target you have.

We do not have the expertise to answer this question.

Question 15c
Should the earlier cancer diagnosis vision focus on specific cancer types? The current programme focusses on lung, bowel and breast cancers that account for 45% of all cancers diagnosed in Scotland.

We do not have the expertise to answer this question.

Question 15d
If you or a family member or friend have previous experience of a cancer diagnosis, where did the service work well and why was that? What could have improved the experience? Please refer back to your personal experience to identify how services worked well and where improvements could be made.

This is for individual response only.

Question 15e
From your previous experience where would you like to access care if you had concerns about cancer that would be different to what is available currently?
Please identify where you would like to access care differently to your experience.

This is for individual response only.

Question 15f
What does good earlier cancer diagnosis look like for you?
Think about what a good outcome would be, for example more people being diagnosed when they can be cured of cancer, living well with cancer for longer etc

We want to hear your views on how this cancer strategy could affect various aspects of inequalities, and how potential negative impacts could be avoided.

- Early diagnosis increases chances of survival
- Treatment is often less invasive, and recovery is shorter

- Quality of life is improved vs late diagnosis
- Experience of care is more likely to be better

Question 16a
In your experience, are there aspects of cancer diagnosis, treatment or care that affect people from marginalised groups differently? If there are negative effects, what could be done to prevent this happening?
Please consider the 'protected characteristics' of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

This is for individual response only.

Question 16b
Similarly, is how we manage cancer different for wealthy or poor people? What could be done to do this better? No answer – we are not able to respond as this is outwith our expertise.

Please consider the impact of socio-economic inequality.

A better understanding that service use is different between the most and least deprived cohorts. According to NICE (2018), those living in deprived communities are more likely to visit their local pharmacy than other healthcare providers.

Results from the Detect Cancer Early (DCE) programme found that bowel cancer patients in Scotland's most deprived areas are less likely to have an early diagnosis, with a third of these patients not diagnosed until the most advanced stage of the disease. Elsewhere, research from Cancer UK shows that 52% of eligible adults in the most deprived areas in Scotland took part in bowel screening, compared with 73% in the least deprived areas.

As our submission to this consultation has emphasised, community pharmacies are well placed to deliver frontline interventions on cancer prevention and detection. As health and wellbeing hubs at the heart of communities, pharmacies have a sound understanding of their local population health needs whilst contributing to wider public health initiatives. This means that pharmacies are a trusted source of healthcare, particularly amongst marginalised or deprived population cohorts. Prevention and detection services should be designed around this understanding of service use to ensure all patients receive inclusive and holistic healthcare against cancer.

Question 16c
Is the experience of cancer different for people living in rural or island communities? What could be done to prevent any negative impacts?
Please consider the impact of rurality on access to and quality of cancer services.

Question 17
What other comments would you like to make at this time? – Nothing further to add.

Description
Please provide any additional comments regarding the long or short-term ambitions for cancer services.