

# **Beating Cancer: Ambition and Action (2016)**

**An update: achievements,  
new action, and testing change**

**April 2020**



## Introduction

In June last year I told the Scottish Parliament Cross-Party Group on Cancer of my intention to pause and reflect on the progress of our 2016 cancer strategy- *Beating Cancer: Ambition and Action*. The very thorough report of the cross-party group in January 2019 found that the vast majority of the strategy's actions were either on track or complete. I agreed with these findings and wanted to take the opportunity to look at what work now needs to be taken forward to build on the significant progress we have made. Research and innovation is continually redefining how we work and offering new ways to improve and we must utilise and learn from these innovations. Therefore, I want us to constantly ask ourselves how our cancer services and wider efforts to tackle cancer can take the next steps of continuing improvement.

In light of current circumstances, I would like to acknowledge the ongoing COVID-19 pandemic and the increased burden placed on the NHS across Scotland. As it is now apparent, all of our government's effort is being focused on COVID-19 and how we can protect the people of Scotland. The impact of COVID-19 on people with cancer is a top priority in all our planning. Due to the nature of treatment for cancer, a large proportion of people with cancer are immunocompromised, putting them at higher risk than the general population. We have convened a national cancer treatment response group, who are providing ongoing advice and guidance around the balance of risk versus treatment as the situation continues to evolve. This guidance will be made available for the public to access. Our immediate focus will be the response to COVID-19, but this strategy refresh will be key to continue to drive forward action once the risk reduces and our NHS can return to full capacity.

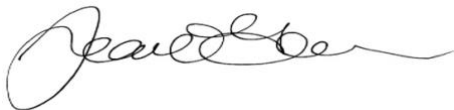
This update of our cancer strategy recognises some excellent progress and successes, with Scotland leading the UK in a number of areas. However, it will also highlight areas of unmet need where we can and must do more, testing changes that could be nationally integrated as we begin developing our next full cancer strategy into next year. Potential technological advancements and innovations will be actively monitored and considered.

As well as input from the Cross-Party Group on Cancer's report in November, this update has had input from the Scottish Cancer Coalition, many individual charities, and a range of national stakeholder groups covering all aspects of cancer, from prevention through to research, convening voices from clinical, planning and service management communities. We have also drawn together various ongoing workstreams and new initiatives and considered them in the round, with patient experience at the centre. We have paid particular attention to how we can improve patient pathways through diagnosis, treatment and support, and how they are communicated with along the way. We are also giving specific consideration to those cancers that have not seen the improvements in survival that we would want, and less common cancers.

As screening programmes evolve and improve, we will consider how we manage all aspects of this patient journey, including anticipated impacts on diagnostic services. As evidence develops and technology brings more opportunities, we will continually review our screening programmes to make sure they are operating as well as possible for people. Making sure that all who may wish to take up their screening appointment do so is a continuing challenge, with significant inequalities associated with this. We will continue to test and evaluate solutions to this, scaling up those that are proven to work.

This update will set out fifty-three actions we will take forward in this latest phase of our strategic response to cancer in Scotland, including testing new and innovative approaches to ready ourselves for the subsequent phase that will be our next national cancer strategy. At the heart of this update will be a range of efforts to deliver best what matters to people with cancer- how they can have the best possible chance of good outcomes, smooth and joined up journeys through our health services, and comprehensive support throughout.

The third sector is an increasingly vital partner in our efforts and I thank the Scottish Cancer Coalition for their input to this refresh and support for developing the next strategy. We should all be hugely grateful for the commitment and impact you make for people with cancer and their loved ones. As we continue forward during these unprecedented times, I would like to thank our partners, both within health services and the third sector in tackling the immediate national priority, COVID-19. In due course, we will endeavour to achieve the actions laid out in this strategy refresh.



**Jeane Freeman MSP**  
**Cabinet Secretary for Health and Sport**

## Action and achievements to date

Our £100million cancer strategy launched in March 2016 with 54 actions across a wide range of areas. Significant progress has been made across the vast majority of these actions, as well as significant additional successes since then which have further bolstered our efforts to improvement outcomes and experience for people with cancer in Scotland.

Key successes and impacts to date include:

- The age-adjusted cancer mortality rate for all cancers combined has **decreased by 10%** over the 10 year period of 2009-2018.
- Amongst Scotland's cancer patients, **95% rating their overall experience of cancer care positively**.
- Scotland has led the way internationally in a range of radical public health measures, such as **banning the use of sunbeds by under-18s, prohibiting smoking in public places**, and **minimum unit pricing for alcohol**.
- Continuing these efforts, we have been **preparing a world leading Bill to restrict the promotion and marketing of targeted food and drink high in fat, sugar or salt**, which we will bring to Parliament this year.
- In 2018 the Scottish Government published **strategies and action plans on all of the greatest cancer risk factors**: smoking, diet and healthy weight, physical activity and alcohol.
- Working with Teenage Cancer Trust, we have supported an education programme that **has reached over 80% of secondary schools with early detection and prevention messages**.
- Cancer **referral guidelines for GPs have been comprehensively updated** to ensure they are equipped with the best information and support to improve early detection of cancer.
- Evidence is showing the HPV vaccine is driving **significant reductions in cervical pre-cancers** detected.
- Scotland was the first nation in the UK to introduce the new faecal immunochemical test (FIT) test to the bowel screening programme. Already this has resulted in **an increased uptake in the programme, particularly in the most deprived areas, and the number of cancers and pre-cancers detected**.
- To further tackle screening inequalities, we have invested in **29 different projects to challenge inequalities** around access to cancer screening programmes in hard to reach and vulnerable communities. For example, Jo's Cervical Cancer Trust is exploring work to improve screening coverage for the over 50s through one of its three grants from the fund.

- **Change recommendations of the Clinical Review of Cancer Waiting Times in Scotland** are all on track with four already complete.
- A new **“your urgent referral explained” leaflet** is available for all patients with an urgent referral with suspicion of cancer have the same clear and high quality information, so they can be fully informed and understanding of their journey.
- Since 2006 there has been an **80.4% increase in consultant oncologists** and a **48.7% increase in consultant radiologists**.
- **Modern Digital mammography technology** is now in place across all Scotland’s breast screening centres, meaning superior quality imaging can further enhance our ability to detect cancers early.
- We have launched a **new Scottish Cancer Registry and Intelligence Service**. This will quickly identify variation in practice, allow clinicians to benchmark with peers and for the first time offer near real-time data to drive improvement.
- Through the Detect Cancer Early (DCE) Programme and a wide range of associated actions to improve early stage detection we have driven a **11.8% increase in the most deprived areas of early stage detection** of three of the biggest cancers.
- For lung cancer, we have helped drive a **38.1% increase in stage one diagnosis** in the most deprived areas of Scotland since DCE began.
- Overall, since the start of DCE programme over **1,000 more people in Scotland have had their cancer diagnosed at an early stage**.
- Since 2016, the **acceptance rate for all ultra-orphan, orphan and end of life medicines has risen to 78%** from 48%, for orphan and cancer medicines between 2011 and 2013.
- Through significant investments in radiotherapy equipment and workforce, Scotland is leading the UK with all its cancer centres now **routinely delivering modern radiotherapy** to their patients.
- **Robot assisted prostate cancer surgery** is now available for men in each of Scotland’s cancer networks so they can benefit from the most advanced surgical techniques.
- We have invested in the Cancer Medicines Outcomes Programme (CMOP). The work of CMOP represents an important step forward in Scotland’s **use of real world evidence** to improve clinical care and drive value through access to new treatments, ensuring patients can have more certainty about how their treatments may work for them.

- Glasgow's Precision Oncology Laboratory has developed an internationally-recognised **new cancer testing approach for research and clinical trials** to enable patients to benefit from precision medicine-based cancer treatments.
- It has also been recognised as a **centre of excellence for DNA sequencing**.
- In pancreatic cancer, research will be vital to progress and that's why the Scottish Government seed funded the **PrecisionPanc project, leading to a large follow-on investment from Cancer Research UK**.
- Cancer Research Network is supporting clinical trials that are testing innovative new treatments, including practice-changing research such as the use of immunotherapy instead of standard chemotherapy as first line treatment in lung cancer.
- Experimental Cancer Medicine Centres (ECMC), co-funded by Scottish Government with Cancer Research UK, **offer patients early phase trials** aimed at discovering and developing new approaches to cancer medicine.
- Through the £1m Cancer Innovation Challenge funded by the Scottish Funding Council and involving the Scottish Government funded Innovative Healthcare Delivery Programme (IHDP), two viable tools have been produced to collect **Patient Reported Outcome Measures and Patient Reported Experience Measures data**.
- IHDP has nurtured a total of **13 innovation projects** to increase the use of innovative technology and routine NHS cancer data to improve Scotland's cancer outcomes.
- This data, from the Cancer Patient Experience Survey conducted alongside Macmillan Cancer Support, has **harnessed patient experience data to drive improvements** focussed on what matters to them.
- Thanks to our pioneering partnership with Macmillan Cancer Support, we have begun work for Scotland which will lead the UK in providing **access to a key support worker for all people with cancer**.

## **New actions and tests of change**

A wide range of work is underway to consider what changes and improvement can be delivered through the next cancer strategy which will be published next year, whilst ensuring changes or improvements that can be made now are taken forward as quickly as possible.

We will take forward work in all of the areas listed below. These 53 actions will help ensure we are making impacts now to improve patient experience and outcomes, but also build evidence and business cases to take forward larger programmes through the next strategy. They are all additional to or will enhance existing actions in the *Beating Cancer: Ambition and Action* strategy of 2016.

## **Actions on public health and cancer prevention**

We will continue with existing activity and begin new actions to create healthier environments for people, make improvements and refinements to existing screening programmes and work to consider the safe and effective introduction of new technologies and ways of working where they will benefit patients. Some 40% of cancers are preventable, and we will continue to take brave and radical measures to combat the various risk factors for cancer. The Scottish Government has made long-term commitments to halve childhood obesity by 2030 and create a tobacco-free generation by 2034.

We believe that work on these commitments will have a significant protective effect on the Scottish population and cancer incidence. Scotland's new public health body, Public Health Scotland, will be established in April 2020 and will have a key role in embedding the preventative and protective actions and commitments into a wide, whole-system approach across health, care and other key areas where change will help prevent cancers.

We will take positive action to prevent cancer through our public health strategies – in particular our four delivery plans on smoking, diet and healthy weight, physical activity and alcohol. These commitments have an overarching aim to reduce health inequalities, focusing on people in our least well-off communities, where we know there is a disproportionate level of cancer.

Specific activities to support the prevention of more cancers include:

- 1) We will make progress to remove smoking from more public places, such as around hospitals; and restrict the advertising and marketing of electronic cigarettes.
- 2) We are consulting on actions around restricting alcohol marketing. Consuming any amount of alcohol on a regular basis increases the risk of developing a range of cancers, and that level of risk increases in line with the amounts of alcohol being drunk. Just over a quarter (28%) of deaths fully or partly attributed to alcohol consumption in 2015 were due to cancer, the largest contributor by disease type.
- 3) We are considering over this year the evidence for introducing the 9-valent vaccine to prevent more HPV-related cancers. Huge progress has been made in

detecting more cervical pre-cancers, but we will monitor opportunities to continue to improve.

4) Recognising the potential of our existing population cancer screening programmes we will further develop our approach to bowel and breast screening to enable us to better target areas of low uptake, particularly in our most deprived communities. We must do all we can to look at ways to encourage participation in screening programmes by educating people on the benefits of screening and empowering them to attend when invited, to ensure those in most need benefit fully.

5) We will monitor research into Cytosponge™, one method of detecting Barrett's Oesophagus, a precursor condition to oesophageal adenocarcinoma, to assess the potential benefits for people in Scotland.

6) We are working now to define a national consensus and approach on the best use of the FIT test in primary care for people with potential cancer symptoms. With the same test having had very significant impacts on detecting early stage cancers and pre-cancerous polyps of the bowel, there is understandable interest in its potential for testing people with potential cancer symptoms. We will support focussed work to ensure a national approach that follows the best evidence.

7) We will work to fully assess the options for the safe introduction of self-sampling for cervical cancer screening.

### **Actions on early detection**

Improving early stage detection has been a crucial factor in improving survival and outcomes for people with cancer, and we will continue to place significant focus in this area; through public and professional awareness, and optimising systems and processes within services, whilst looking at all opportunities to improve patient experience throughout. We will take forward a range of work to continue improving the awareness of symptoms among professionals and the public.

All Health Boards are expected to deliver against 31 and 62 day waiting times standards for cancer, but we recognise that some people are still taking too long to receive the help they need. Our Waiting Times Improvement Plan focusses on this challenge and we expect more boards to be improving performance against these standards over the coming period. The plan includes the goal of 95% of cancer patients receiving their first treatment within 62 days of an urgent suspicion of cancer referral.

8) We will continue to air our latest campaign 'Survivors', which aims to tackle the fear of cancer and encourage people to present to their GP with any worrying signs or symptoms that could be cancer.

9) As part of the £850 million Waiting Times Improvement Plan, we have made £102 million available to Health Boards in 2019-20 to drive down the length of time patients wait for appointments and procedures, prioritising those who are waiting the longest.



10) A further £9.9 million has been made available to specifically target improvement in cancer and diagnostic waiting times.

11) We will continue to work with boards to increase GP direct access to CT scans for people who may have cancer, and will deliver other tests of change in diagnostic pathways, helping more people be tested more quickly, where they would benefit.

12) We are supporting boards with the Effective Cancer Management Framework and education sessions for staff to improve monitoring of people with suspicion of cancer to make sure that cases are escalated effectively when required. Most recently we have seen success in NHS Tayside's adoption of this, with 96.6% of cancer patients receiving treatment within 62 days, up from 81.4% the previous year.

13) We will evaluate and identify the potential to scale up successful projects from the screening inequalities fund, using the opportunity of the next cancer strategy to accelerate progress in this area.

14) Our DCE programme social marketing campaigns will focus on people who are most likely to present with later stage disease and less likely to participate in screening.

15) We are also supporting the dissemination of the updated Scottish Referral Guidelines for Suspected Cancer, including the development of dedicated e-learning, to support primary care clinicians to ensure those with symptoms suspicious of cancer are referred on the right pathway at the right time.

16) We will invest an initial £2 million in gallium scanner technology to improve the detection of advanced prostate cancer.

### **Actions on smoother patient journeys**

Many people have multiple tests for cancer, and this process can cause very significant anxiety for them and loved ones. The required sequencing of tests and all the expert staff needed to administer and interpret them can lead to delays. Occasionally tests have to be repeated. All of this is in the context of increasing demand on the service, with 10% more patients being treated in 2018 compared to 2013 and 21% more being referred for diagnostic tests in the same period.

17) We are working with clinical leads to discuss with boards how diagnostic pathways can be expedited for patients with potential pancreatic cancer

18) We are also working with clinical leads and the Scottish HepatoPancreatoBiliary Network to discuss the possible redesign and development of an early intervention / "first responder (CNS)" for patients referred with a suspicion of pancreatic cancer

19) We will this year take forward new pilots to test improvements in this area, including examining whether the introduction of rapid diagnostic centres may benefit people being tested for cancer. We will examine evidence and impacts from other similar models in the UK and internationally, and consider how this approach could best benefit people in Scotland.

20) We will also consider whether the introduction of new or refined pathways may benefit patient experience and outcomes.

21) We will increase capacity in our health service, including by expanding capacity at the National Waiting Times Centre, increasing clinical effectiveness and efficiency by implementing targeted action plans for key specialties and clinical areas, and implementing new models of care. For instance, as part of our waiting times improvement plan, we are delivering six elective, diagnostic and treatment centres that will provide additional, sustainable capacity which meets the need of a growing and increasingly elderly population.

### **Actions on unmet need**

The evidence of a significant disparity in survival between certain types of cancer is very clear, with long-term improvements in survival not being seen for particular types of cancer including those of stomach, oesophagus, pancreas and brain. Overall improvements in cancer survival emphasise even more the disproportionately poor progress for these cancers. Rarer cancers and those particularly hard to diagnose and treat require greater focus. We will take new action now to address this unmet need, whilst building continued action into the next cancer strategy.

We will regularly review how lessons and experiences from work in specific cancer areas should be applied to other types of cancer facing similar challenges. Unmet need is also seen in some areas where survival may have improved significantly overall, but the needs of many patients could still be better served, such as those with secondary breast cancer.

Acting on this unmet need will be additional to rather than replacing any continued and necessary action across the wide range of other areas covered in our cancer strategy and this update. We recognise the need for continuous improvement across all cancers requires ongoing action and our wider strategic efforts will work towards these.

22) We will consider new stretching targets for key areas of unmet need- including around cancers with poorer survival rates, rarer cancers, and social economic inequalities. Any targets would have to be linked to a range of focussed actions and resourcing, to ensure they were meaningful and that patients as well as staff from across the health service, third sector and national groups can all play their part in working to meet them.

23) In the immediate term we are, through effective cancer management framework, discussing with boards appropriate swift processing of “red flag” radiology referrals.

24) We are collaborating with the Less Survivable Cancers Taskforce to develop further actions on how to address the unmet need of the cancers where survival has not improved at the same rate as others. We will share expertise and experience with them to consider approaches for the next cancer strategy.

25) Recognising the unmet need around Scotland's lung cancer rates, we will this year make significant investment through our DCE programme on a new symptom awareness campaign for lung cancer.

26) We have supported a clinical audit of pancreatic cancer services that has made a range of recommendations for improvements and are working with clinical leads and people affected by cancer to take these recommendations forward. These recommendations could benefit patient experience by reducing the number and/ or frequency of appointments, improving how they are communicated with and potentially increase their chances of better outcomes.

27) We are also undertaking work to consider how some people may benefit from targeted lung cancer health checks, whilst balancing the harms of unnecessary interventions, incidental diagnosis and avoiding "all clear" messaging for those with negative results who still remain at high risk.

28) Recognising the significant number of women living with secondary breast cancer, we will work with Breast Cancer Now on: ways to improve symptom awareness among the public and health professionals; how we can improve data about secondary breast cancer; improving access to specialist nursing, including what funding and training could support this; support for NHS employees with breast cancer; and access to clinical trials.

### **Actions on "prehabilitation"**

29) Working with Macmillan Cancer Support, we have convened a range of experts from across Scotland to begin work to introduce "prehabilitation" into our cancer services, helping patients receive lifestyle support and advice that can improve their experience of cancer treatment and maximise their chances of positive outcomes.

30) In working towards the next cancer strategy, we will also consider how people can be more broadly prepared for treatment, understand how various types of treatment are administered and what to be aware of. We will include action to ensure that existing excellent patient information resources, including from charities such as Maggie's, on this, can be shared as widely as possible.

### **Actions on treatment**

Regardless of where anyone lives in Scotland, they should be able to expect a consistency of treatment and experience to anyone else in the country. We will take various actions to match this expectation, challenging unwarranted variations in our service. In line with Realistic Medicine, all patients should feel empowered to discuss their treatment fully with healthcare professionals, including the possibility that a suggested treatment might come with side effects – or even negative outcomes. These actions will also work towards the National Clinical Strategy aims of ensuring patients receiving the right tests and treatments, in the right place, at the right time.

31) Through the Scottish Cancer Registry and Intelligence Service, we will this year integrate two key datasets - Radiotherapy and Systemic Anticancer Treatment -

providing a national picture of cancer treatment, allowing benchmarking and facilitating consistency of treatment for patients across Scotland.

32) We will begin work immediately with Scotland's cancer networks to support common approaches to the development of cancer clinical management guidelines. Networks and NHS boards will regularly meet to share evidence and plans for future guidelines, making sure these are harmonised as much as possible.

33) We will support the Innovative Healthcare Delivery Programme, funded by Scottish Government in working with the NES Digital Service (NDS) to develop a technical solution to allow use of cancer treatment summaries for patients in Scotland, giving key information in a clear format.

34) We will work over this year with NHS National Services Scotland to ensure that access to specialist surgery where it would be of benefit to patients is the norm for all people with cancer.

35) We will monitor and consider potential new initiatives and service changes to improve recovery after surgery, such as the Enhanced Recovery After Pancreatic Cancer Surgery (ERAS) programme. Poorer recovery from surgery can result in longer stays in hospital and readmissions, which can affect quality of life. Complications sometimes prevent further treatment options, which may in turn affect outcomes.

36) Concerning variation exists around access to specialist surgery for ovarian cancer. This is unacceptable and we will prioritise challenging health boards to find solutions in this vital area.

37) We will work with the Scottish radiotherapy community to this year develop a national plan for the best possible radiotherapy service. Building on the solid foundation of delivering modern radiotherapy in all our centres, ahead of any other UK nation, our plan will use this to embed research across all centres. One in four people in Scotland will receive radiotherapy and this plan will also ensure that more people with cancer in Scotland are treated with a view to curing their cancer.

38) We will conduct our final manual survey of delivery of modern radiotherapy treatment across Scotland's cancer centres- using this to again challenge for improvement and benchmark current delivery. Following this we will introduce shortly the automated Radiotherapy Data Set (RTDS), which will routinely collect this data and, through our national groups we will regularly interrogate this to drive continuous improvement.

39) A common approach to patient consent for systematic anti-cancer therapies will soon be launched, ensuring patients across Scotland have the same support for fully informed consent in their treatment.

40) We will support in the coming months the next phase of the Cancer Medicines Outcomes Programme (CMOP) to build a scalable and sustainable capability of expertise in cancer medicines intelligence to drive continued improvement in the safe and effective use of the medicines across Scotland. Better understanding the effects

of medicines on patients is vital to the future provision on the best treatments, maximising patient benefits and minimising harms.

41) We will monitor and take forward any solutions from work by Health Improvement Scotland to develop testing principles and methodology to support the production of advice that will maximise use of off-patent cancer medicines, where doing so presents opportunities for improving patient outcomes.

42) We have convened a Genomics Leadership Group to advance areas of greatest opportunity for patients in Scotland. The advice from the Scottish Genomics Leadership Group will shape how we implement the benefits of genomic medicine from research to routine clinical care in Scotland.

### **Actions on best care and support for all people with and beyond cancer**

Clinical diagnostics and treatment are crucial elements of our cancer services, but wider patient support is just as important. As well as providing the best clinical care, we have recently invested in an £18 million partnership with Macmillan Cancer Support to make sure everyone at the point of a cancer diagnosis has contact with a link officer to talk about their specific needs and receive information and support tailored to them. This will make Scotland the first nation in the UK where all people with cancer can benefit from financial, emotional and practical support that is right for them, meaning that they and their families are looked after from diagnosis, through treatment and beyond.

43) We are now rolling out the Transforming Cancer Care programme in partnership with Macmillan Cancer Support, making sure people with cancer in all parts of Scotland have access to a key support worker.

44) We will work with the Scottish Cancer Coalition to help all people with cancer receive consistent quality information and support, building on work by NHS inform and Macmillan libraries. This support can include services like counselling and psychological support provided by both the NHS and third sector organisations, such as Maggie's, CLAN, Beatson Cancer Charity or Cancer Support Scotland.

45) We will assess how the Scottish Government can support the wider provision of patient information and support, including through maximising the reach and impact of local directories, and how people with cancer travelling for treatment and care can be best supported.

### **Whole system actions**

Developments in prevention, earlier detection and treatment of cancer all rest on research, and we continue to make best use of Scotland's academic strengths in this area. Also, continuing our support for the Experimental Cancer Medicines Centres will help patients access early phase trials, and drive cutting edge research in Scotland.

Our NHS Research Scotland's Research Networks provides support for industry-led and non-commercial clinical studies, of which cancer trials form a major part. We are

currently reviewing the Research Network infrastructure to ensure Scotland remains a leading centre for trials, and that those living with cancer have the opportunity to participate in world-class clinical trials.

In December 2019, we published the first Integrated National Health and Social Care Workforce Plan in the UK. Developed in partnership with COSLA, the Integrated Plan sets out how health and social care services will meet growing demand to ensure we have the right numbers of staff, with the right skills, across health and social care services.

A series of case studies and scenarios have also been published alongside the Integrated Plan, covering health and social care professions that are particularly affected by growing demand. These scenarios will allow modelling of the numbers needed for future years, in response to growing demand, and include Clinical Radiologists and Reporting Radiographers.

46) We will work with Cancer Research UK to pilot new approaches to workforce planning, with a focus on the diagnostic workforce.

47) We will also work with National Services Scotland to test the most effective and cutting edge ways to model future service needs, which could inform clinician-led workforce planning requirements.

48) Building on strong investment in our medical workforce, high levels of medical school placements, and testing these new approaches, we will build a long-term vision for the cancer workforce to be taken forward in the next cancer strategy.

### **Actions on using data for improvement**

Many of our successes to date have been built on access to data that can build understanding of our challenges and how to address them. For many future challenges, data will be just as vital to success.

49) We will work to support the continued unlocking of data to drive improvement across the four key enablers of: sources, infrastructure, access and intelligence.

50) As well as national systematic improvements, we will work to collate new or better use existing data sources for improvements, such as around the increasing prevalence of secondary breast cancer.

51) ISD Scotland will conduct an audit of Cancer Waiting Times in 2020 to ensure consistency across data capturing and adherence to exclusion criteria.

52) As new data sources allow more timely and rigorous assessment of services, where actions are required these need to be taken at pace. To help facilitate this, we will review existing national governance structures and reporting mechanisms to ensure they are as responsive as they can be to these new opportunities for improvement.

53) With Macmillan Cancer Support, we will develop and deliver the next Scottish Cancer Patient Experience Survey for 2021, benefitting from benchmarking against two previous surveys, whilst ensuring boards are given reasonable time to make necessary changes identified.

### **Our next cancer strategy**

All of these actions will help make immediate impacts across a range of areas, and build for our next strategy in 2021. We will review all actions, progress and lessons learned to help inform this. We will work through the year to enhance impacts and improvements with other related strategies and funds across Scottish Government, including but not exclusively mental health, realistic medicine, eHealth and, underpinning all this, what matters to people with cancer. Continued focus on unmet need will be crucial as will strong action to tackle continuing inequalities that must be challenged. We will continue to engage with a wide range of stakeholders on this, and their input and support will be vital to success.



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