Scottish Parliament Cross-Party Group on Cancer
Minutes of meeting held on Wednesday 1st September 2021, 18:00 - 19:00 (via Zoom)

MSP Members present:
Jackie Baillie MSP
Miles Briggs MSP

Non-MSP members present:
Alice Russell, The Brain Tumour Charity
Alison Robb, Make 2nds Count
Audrey McNellan, Cancer Research UK (Ambassador)
Charlotte Martin, Leukaemia Care
Christine Brown, British Dietetics Association
Christine Campbell, Cancer Research UK
Daniel Cairns, Myeloma UK
Darragh Casey, Cancer Research UK
David Cameron, University of Edinburgh
Dawn Crosby, Pancreatic Cancer UK
Debs Roebuck, AbbVie
Elinor Jayne, Scottish Health Action on Alcohol Problems (SHAAP)
Emma Jane Farren, Cancer Research UK (Ambassador)
Fiona Brown, Pancreatic Cancer Action
Fiona McKirdy, Cancer Research UK
George Davidson, GlaxoSmithKline
Georgina Smerald, Breast Cancer Now
Gerard McMahon, Bowel Cancer UK
Gillian Hailstones, Beatson Cancer Charity
Gregor McNie, Scottish Government (Guest)
Hannah Wright, Jo's Cervical Cancer Trust
Heather Rankine, Exact Sciences
Henry Lovett, Prostate Cancer UK
Jen Hardy, Individual member
Jessica Potter, Target Ovarian
Joe Woollcott, Brain Tumour Research
Karen McNee, Kidney Cancer Support Network
Kate Cunningham, Ochre
Leigh Smith, Melanoma Action and Support Scotland (MASScot)
Lindsay Campbell, West of Scotland Cancer Network (WoSCAN)
Lynsey Cameron, Royal College of Occupational Therapists
Marianne Nicolson, Clan Cancer Support
Martin Coombes, Bristol Myers Squibb
Michael Heggie, Cancer Research UK (secretariat)
Michael Moore, Cancer Research UK (secretariat)
Noor Khan, Less Survivable Cancers Taskforce
Peter Hastie, Macmillan Cancer Support
Roseann Haig, Circle of Comfort
Satyavānī McMillan, CANDU
Steve Brown, Roche
Tom Martin, Cancer Research UK (Ambassador)

Tonks Fawcett, University of Edinburgh

Apologies:
Jane O'Neill, Individual member
Lesley Shannon, Individual member
Lynda Murray, Individual member

Welcome
Miles Briggs MSP (Chair) opened the meeting and welcomed members. He acknowledged the work of the CPG in the last session and gave a brief overview of the ambition for the new session.

Election of office bearers
Michael Moore (Cancer Research UK) asked for a member to propose the election of Miles Briggs and Jackie Baillie (JB) as Co-conveners. This was proposed by Roseann Haig (RH, Circle of Comfort) and seconded by Satyavani McMillan (CANDU) and MB and JB were elected.

MB asked for a member to propose the re-election of Cancer Research UK as secretariat. This was proposed by George Davidson (GlaxoSmithKlein) and seconded by Martin Coombes (Bristol Myers Squibb). Cancer Research UK was re-elected.

Minutes of the previous meeting
The Chair noted that these were approved in March, as required before the dissolution of Parliament. Cancer Research UK shared a link to the minutes.

Update on the National Cancer Plan
The Chair welcomed Gregor McNie (GM) from Scottish Government to provide an update on the implementation of *Recovery and Redesign: An Action Plan for Cancer Services*.

GM: Thanked the Chair and welcomed the return of the CPG. Noted reference to future cancer strategy and offered to keep an ongoing dialogue on this. Noted that the NHS continues to face a very challenging situation, as seen in recent media coverage of non-urgent operations being cancelled to focus on the most urgent cases which include cancer. This was also before the arrival of winter pressures and in recognition that staff have had to take on additional evening and weekend working – services now seeing some of the human costs of these pressures. Cancer remains a priority for Scottish Government and was emphasised in the recently published NHS Recovery Plan.

GM updated on four flagship actions within the National Cancer Plan:

1. Early Cancer Diagnostic Centres (ECDCs) – three are now up and running, being closely monitored with weekly updates from Boards. Feedback has been positive, and patients have reported good experience. It is important to avoid any unintended consequences which could lead to adverse incidents. An independent evaluation of the three current ECDCs will take place to inform roll out to remaining Boards.

2. Prehabilitation – Recognition of window of opportunity immediately after diagnosis to make sure the patient is as ready as possible for treatment both mentally and physically. This can include interventions around diet, physical activity, alcohol consumption, tobacco consumption and various other factors where small chances can increase the likelihood of positive treatment outcomes. A national partnership with Maggie's has launched to offer prehabilitation from each of their eight centres in Scotland. Every patient in Scotland will have access to a new service offering advice and support in advance of treatment. A working group has been established to create a national framework for Boards to offer a consistent prehab service.
3. Single point of contact – This recognises that patients entering the cancer pathway often experience uncertainty around what happens next and communication from the service can be improved. The commitment is to ensure someone within the relevant Board is responsible for providing this clarity to the patient at each step. Several Boards have these services up and running. The format is varying across Boards to ensure that the offer to patients fits within existing services. Scottish Government is currently seeking funding bids from Boards to fund further initiatives to ensure patients have access to a single point of contact.

4. Dedicated national resource for cancer – this has now been established as the Scottish Cancer Network. Initial focus on two jobs, firstly on clinical management guidelines. Most of these have previously been produced on a regional level but taking a 'once for Scotland' approach will help to reduce duplication and maximise clinical time. Patients will also be reassured that they are being treated according to common national guidance. The Scottish Cancer Network is also starting to host existing national networks – usually for low volume cancers that benefit from a national approach. Early findings are improvements for sharing learning and working more efficiently.

GM noted that the context has already changed significantly since the plan was published in December. The NHS Recovery Plan has been produced with recognition of pressure points, particularly in diagnostics – includes a further £20m for Detect Cancer Early and £9m for diagnostics generally. Resources will continue to be targeted at areas under most pressure.

The Chair initiated Q&A by asking about the catch-up in screening programmes. GM said that all programmes are back up and running and work is happening with Boards to ensure clinical prioritisation of those who need treatment. GM to share written update via secretariat.

Roseann Haigh (Circle of Comfort) asked about which Boards the ECDCs are running in, and for an update on hospices. GM said the Boards are Dumfries & Galloway, Fife, and Ayrshire & Arran. Hospices are open, there may have been temporary closures due to local outbreaks, but CPG members are welcome to share any more information they have.

Martin Coombes (Bristol Myers Squibb) asked for an update on the first round of funding bids in relation to the action plan. GM said that the Maggie's prehabilitation scheme is being funded as a result of this, as is the HPB national network as an

initiative linked to less survival cancers (e.g. pancreatic). GM to share written update via secretariat.

Tom Martin asked about steps being taken to increase workforce numbers. GM acknowledged that workforce across the NHS is extremely challenged and that a lot of retirees have returned to work in the past 18 months. This potential is likely exhausted now, as many are very tired, and some have chosen to re-enter retirement. The Scottish Government is currently creating a new workforce plan which is due by the end of the year. It will consider Covid pressures and measures to alleviate these. It will also look at ways to maximise existing skills within the workforce within clinical license (for example, in NHS Lanarkshire nurses are conducting breast cancer surgery which frees up surgical time). Training places and international recruitment are also being looked at, and there is a significant commitment in the NHS Recovery Plan on this.

The Chair asked whether the new prehabilitation services have been designed to be delivered online or in person. GM said it will include both, initially online but with potential face-to-face support being delivered when possible.

JB thanked GM for the update and asked whether the NHS Recovery Plan has set 2026 as the target date for achieving the 62-day standard. GM affirmed that the target is set for within the lifetime of the plan. JB noted it is a critical target and asked what needs to happen for the target to be accelerated. GM explained that the target considers existing capacity and challenges within Boards, as well as modelling of anticipated future demand. It has been set in order to be realistic and achievable in that context.

JB asked how long the catch-up in screening programmes is expected to take, whether it is now likely that more advanced cancers will be picked up, and the pause of self-referral for breast screening for women aged over 70. GM noted earlier commitment to provide more information on the screening backlog in writing via the secretariat. The change to breast screening self-referral is one of several difficult clinical prioritisation decisions taken in response to the impact of the pandemic. Existing evidence of how cancers are picked up for people in that age group was considered, alongside the likelihood of harm resulting from adding to the time for treating people with faster growing cancers.

JB noted that a written answer to a recent parliamentary question on breast screening referred to a catch-up period of 39 months, rather than the size of the backlog. The service cancels more appointments than do the people invited to screening. Has additional capacity been created to address the backlog? Since the number of self-referrals by woman aged over 70 is small, why are they being excluded? GM to include information in written follow-up via the secretariat.
Christine Brown (British Dietetics Association) highlighted a forthcoming pilot project in Lanarkshire to ensure that information on screening, smoking cessation, nutrition, exercise is available to patients in primary care who may be diagnosed with upper GI or lung cancers. Also, the ability to link this work in with the national group is a positive opportunity to drive early interventions.

The Chair asked whether there is any information available on screening innovations and how they are performing. GM noted colon capsule endoscopy and cytosponge as two examples of how the pandemic has accelerated innovation in diagnostics.

Question in chat about plans for additional training places, particularly for the upcoming academic year (e.g. dermatologists, radiologists, pathologists). GM noted that training places will be an aspect of the workforce plan due by the end of this year. An exercise on cancer specifically is about to conclude, asking Boards for in-depth workforce data, potential 'cliff-edges' in retirements, skill-mix, upcoming maternity leave etc. This will inform what the trainee pipeline needs to look like.

Tom Martin asked if training places have increased in the two years since the CPG discussed workforce shortages in relation to the previous cancer strategy. GM confirmed that numbers have increased in oncology and radiology and precise numbers will be shared via the secretariat.

The Chair asked whether the forthcoming plan will consider demographics such as average ages within the cancer workforce. GM confirmed that this is integral to workforce planning and will be part of the thinking behind the new plan.

Martin Coombes (Bristol Myers Squibb) asked how industry and the third sector can support. GM said that officials hold regular meetings with the Scottish Cancer Coalition, and this has been very helpful for both feedback and challenge from patient groups during the pandemic. The third sector is providing various services, e.g. Maggie's prehabilitation scheme, the partnership with Cancer Research UK facilitators to work with GP practices on lung cancer diagnosis, and the national partnership with Macmillan to rollout support workers to help with non-clinical needs. In terms of industry and medicines, there are national groups involving Scottish Government colleagues.

The Chair asked if current pressures on GP practices is affecting how pilots for early diagnosis are being taken forward. GM explained that virtual consultations has limited how much can be done e.g. ruling out any where physical contact and examination is required. In contrast, others have been helped – for example, initiatives around AI in diagnostics which are likely to accelerate over the next year or two in same manner as cytosponge etc. Breast cancer and melanoma are two areas where these developments will apply.

The Chair thanked GM for attending to provide the update and field questions and noted that it would be helpful to identify a colleague who can attend the next CPG meeting to speak on screening.

AOB

Michael Moore (Cancer Research UK) gave a short update on planning for an online Scottish Cancer Conference later in the year.