

## **Scottish Parliament Cross Party Group on Cancer**

**Tuesday 16<sup>th</sup> January 2018, 17.30-19.00**

### **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 20<sup>th</sup> September 2017 were approved by the group without amendments.

### **3) Group Update**

The Chair announced that the co-convenor of the CPG Cancer, Jenny Marra has decided to step down from this position.

### **4) The Chair then welcomed Lisa Cohen (LC) to discuss Cancer Research UK's Healthcare Professional Engagement Programme**

LC began by stating Cancer Research UK's aim to see 3 in 4 people survive cancer for 10 years by 2034, currently this figure is around 2 in 4. Another aim for the charity is to see 3 in 4 people diagnosed early (in stage I and II by 2034). She stated that one of the aims of the Healthcare Engagement Delivery Programme is to help reach this goal.

The Healthcare Professional Engagement Programme, or Facilitator Programme started in England in 2013, starting in Scotland in 2014. The facilitators visit practices in 6 Health Boards: Greater Glasgow & Clyde, Forth Valley, Lanarkshire, Grampian, Tayside and Lothian. In NHS GG&C, where the programme has been running for the longest, facilitators have engaged with 75% of the GP practices.

The programme has four key objectives which are to:

- Improve uptake of screening, particularly bowel screening
- Improve the referral of patients
- Increase participation of GPs in audit activity such as the National Cancer Diagnosis Audit
- Increase awareness of cancer's lifestyle risk factors

The Cancer Research UK Facilitator Programme works with GP practices, Health Boards and other regional bodies to help drive improvement in cancer prevention and diagnosis. In their work with GP practices, the facilitators work with all staff in practices from GPs to admin staff, and LC stated that their work with practices is most effective when all staff are engaged with.

LC explained that the facilitators find out what the needs of the practices are and where they can help most. In the course of their meeting with practices, facilitators discuss cancer prevention and early diagnosis with the staff and also undertake education sessions to aid improvement. As well as this, they also provide feedback from the practices to screening committees and other strategic groups. The programme was reviewed last year and feedback showed that 91% of respondents found the facilitators' visit was 'very useful.'

LC then highlighted some of the key ongoing projects that the Facilitator team is engaging in. These include: supporting the introduction of FIT, reducing the barriers to participation in cervical screening and the introduction of information about weight management in Lanarkshire

symptomatic breast cancer clinics. She also highlighted the work the team does with practices on cancer referrals, noting ongoing work done in Glasgow on those urgently referred to ears, nose and throat specialists, where only 8% of cases result in a cancer diagnosis. Finally, LC discussed their work supporting the National Cancer Diagnosis Audit, where the facilitators are going into practices to discuss safety-netting and their significant event analyses in light of the results of the audit.

#### **5) Questions to LC and Gillian Phillips (GPh)**

On the breast cancer referral guidelines not addressing under 50's correctly, LC stated that the referral guidelines are to be reviewed in 2018/19 and many clinicians accept that this process will be useful. On the numbers of GP's reached by the Facilitator Programme and whether the programme is engaging GPs who may have been previously resistant, LC stated there are varying levels across the Health Boards covered depending on how long the team has been operating in each area. GPh noted that the team focus on GPs with a specific cancer interest initially, and LC noted that the GP cluster system is helping them to engage with new GPs through holding sessions with whole clusters.

On the team's work on less survivable cancers, LC stated that the programme covers all cancers and discussed ongoing work on brain cancer in Lanarkshire. GPh mentioned that there is also ongoing work to signpost GPs to support tools for those cancers that present with vague symptoms. She also mentioned the work on safety netting and Significant Event Analyses that is being done around the NCDA.

On enabling GPs to bring up the issue of weight management in their consultations, LC stated that a lot of work with GPs is opportunistic and the team are working with other charities to engage with GPs whenever possible. GPh noted that there is a lack of confidence among many to speak about obesity where they are comfortable to discuss smoking. She stated that the team are working to create pathways which help GPs to refer patients based upon their BMI level.

The chair asked about what is being done in the programme to help hard to reach patients. LC stated that the facilitators target practices in more deprived areas and that they hope repeatedly visiting these GPs can create changes in their practice which will improve cancer outcomes.

#### **6) The Chair then welcomed Lorraine Tulloch (LT) to discuss Obesity Action Scotland's work around the Scottish Government's Diet & Obesity Strategy.**

LT began by outlining the statistics on obesity in Scotland. 2 in 3 adults and 29% of children are overweight or obese in Scotland. She highlighted that in children there is an increasing inequalities gap, with the most deprived children becoming heavier. She then highlighted the link between obesity and cancer, noting Obesity Action Scotland's work with Cancer Research UK on Obesity and Cancer Awareness week in October last year. LT then highlighted the economic impact of obesity, costing the NHS in Scotland £600 million a year.

The problem of the Scottish diet was then discussed. LT noted that Scots eat three times more sugar than the recommended level and stated that Scots are also eating too much fat. In the Scottish Health Survey it was found that 36% of children were drinking a non-diet soft drink every day. LT emphasised that a single can of some drinks have more than a child's recommended amount of sugar for a day. She emphasised that the issue is about the decisions that are being made about our diet for ourselves and our children.

LT then stated that we need to tackle the 'obesogenic' environment, highlighting the issues that exist around food in advertising, promotion and portion sizes. She stated the goals of Obesity Action Scotland to: Regulate portion sizes, support the Soft Drinks Industry Levy, regulate the promotion of

foods high in fat, sugars and salt (HFSS), support the reformulation of foods and reduce the amount of advertising of HFSS foods.

The Scottish Government's Consultation on a Diet & Obesity Strategy was then discussed. She noted that since the previous strategy many have accepted that education alone isn't enough and that regulatory action is needed. She first looked at the Government's proposals around the food environment. These include: regulating on price promotions, looking at what can be done in Scotland around advertising, a commitment to creating a strategy for the out of home sector, looking at the planning system, looking at food labelling which is currently regulated at an EU level, encouraging reformulation and food and drink levies.

The recent NHS Health Scotland survey on attitudes to reducing levels of overweight and obesity in Scotland was then discussed. Of the 14 possible interventions on obesity that were asked about, 13 had the support than more than 50% of the public, indicating that the public agree that radical action is needed to tackle obesity.

LT then discussed the section of the consultation on 'Living Healthier and More Active Lives.' This includes potential actions around: Maternal health, School Food, Weight Management for those at risk of diabetes (for which £45 million has been invested), active travel and active schools. She also discussed the section on 'Leadership and Exemplary Practice' section. This section aimed to urge everyone to consider what their role is in tackling obesity, including: those who work in the public sector, the food and drink industry and the Scottish Government. LT noted the desire to create a whole nation movement against obesity.

Obesity Action Scotland have shared [their response to the consultation online](#) and LT encouraged attendees to read it and to use it to inform their own response to the consultation. LT concluded by emphasising that no single intervention will create a sufficient impact to tackle obesity, that a sustained, systemic portfolio of initiatives were needed to address it. She restated that education and personal responsibility are insufficient and that structural changes are needed to make a difference.

## **7) Questions to LT**

On whether the proposals in the Government's new consultation will work to tackle obesity, LT stated that the success of any strategy is due to its implementation, citing the previous obesity strategy which was not successfully implemented. LT noted that this time there is greater public support for action, which will make it easier.

On the labelling of sugar and calories on alcoholic drinks, LT stated that Obesity Action Scotland were working with Alcohol Focus Scotland and Food Standards Scotland to investigate calorie labelling on alcoholic drinks. On the need for weight interventions for people with cancer due to poorer prognosis, LT emphasised that only 43% of people are aware of the link between obesity and cancer and that more work is needed to educate the public on the effect of obesity on cancer prognosis.

On weight management in nurses, LT stated that rates of obesity are high but noted the ongoing work to tackle this such as the Healthcare Retail Standard and the Healthy Living Award which improve the quality of food available in hospitals. She noted that this issue was not in the strategy consultation but stated it should be taken forward under the leadership section. The chair noted that there is an ongoing discussion in Parliament about how best to address this issue.

On what is the headline issue in the strategy, LT argued that there is no single action that will tackle obesity on its own, but that a package of measures are needed to turn the tide. On how to ensure public support for action, LT emphasised the need for organisations to continue to talk about the issue to increase public awareness.

On whether the price promotions action could be water down and whether organisations and people need to keep pressure on the Government. LT stated that the message does need to be reinforced as much as possible. Stating that discussions are still to be had on what type of price promotions and what foods should be regulated.

On schoolchildren leaving school to buy HFSS foods rather than school meals, LT pointed to Obesity Action Scotland's report on the issue and that their calls on this issue are within their consultation response.

### 8) A.O.B

The chair noted that the Mental Health Foundation are conducting a research project into mental health and cancer. He noted that they are looking for organisations to discuss the mental health needs of those affected by cancer, the support services available in Scotland and what support providers feel best helps maintain good mental health. If you are able to take part in the project, please contact Kate Hughes at [KHughes@mentalhealth.org.uk](mailto:KHughes@mentalhealth.org.uk).

9) **MB then closed the meeting.** Next meeting 17.30-19.00, Wed 28<sup>th</sup> March 2018.

### Attendees

#### Group Members

Member
Miles Briggs MSP
Anas Sarwar MSP
Macmillan Cancer Support
Pancreatic Cancer Scotland
Heather Goodare
MSD
Pfizer
Beatson Cancer Charity
Breast Cancer Now
Breast Cancer Care
Scottish Cancer Foundation
Scottish Cancer Prevention Network
South East Scotland Cancer Network
Heads Up Cancer Support Group
Jeannie Erskine
Lynda Murray
Mental Health Foundation, Scotland
Cancer Research UK

#### Non-Group Members

Member
MSD

