

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

**Monday 15<sup>th</sup> September 2020, 17:30-19:00**

### **1. Welcome**

Miles Briggs MSP (Chair) opened the meeting and welcomed members.

The Chair briefly covered virtual meeting etiquette, Lobbying (Scotland) Act 2016 guidelines and the agenda.

Minutes for the meeting on 29<sup>th</sup> June 2020 were approved with no amendments.

### **2. AGM**

The Chair began the AGM by highlighting the key moments for the CPG on Cancer over the past year including the collaborative work of members to develop two policy papers and several successful meetings where we welcomed experts from across the cancer pathway.

Kirsty Slack (KS), Cancer Research UK (Secretariat) asked for a proposer for Anas Sarwar MSP and Miles Briggs MSP to remain as Co-Conveners, the only nominations.

Rob Murray, Cancer Support Scotland proposed Anas and Miles are re-elected. Dawn Crosby, Pancreatic Cancer UK seconded this.

The Chair asked for someone to propose Cancer Research UK to remain as secretariat.

Daniel Cairns, Myeloma UK proposed Cancer Research UK are re-elected as secretariat. Ryan Devlin seconded this.

The Chair thanked members and confirmed Anas Sarwar MSP and Miles Briggs MSP would remain Co-Conveners and Cancer Research UK would remain Secretariat to the Cross-Party Group on Cancer.

### **3. Update on National Cancer Recover Plan and Q&A**

The Chair noted the Scottish Government's announcement to remobilise and re-design cancer care through a new National Cancer Recovery Plan. He then welcomed Gregor McNie (GMC), Cancer Policy Team Lead at Scottish Government to update.

GMC: The cancer recovery plan is due to be launched in autumn and is due to run for 2.5 years until March 2023.

There has been a 'once for Scotland' response to COVID-19, this momentum will be harnessed for the cancer recovery plan.

We're looking at some navigation role to help patients throughout the healthcare system and across complex pathways. On the pathways, patient journeys may be quickened by reviewing and optimising the pathway. There is a focus on diagnosis and treatment, these areas have been most impacted and provide the greatest opportunity for change.

Peter Hastie, Macmillan: CPES results, will the plan recognise these good results.

GMC: We've been looking at the same evidence, we still look at the gap and what can be improved. The patient journey and negotiation between services will be our focus.

Chair: Is there any anecdotal evidence on the restart of treatment, are we aware of any variation by Health Board?

GMc: We've got anecdotal and hard evidence. We're not aware of any regional variance, although there will be some obvious differences based on location based on distance to treatment facilities. Surgery has been the most impacted treatment; the mortality rate is concerningly high (1 in 5) so we're particularly cautious. For chemotherapy, we're getting more confident with how we could continue providing this service if there are local outbreaks or if there was to be a second wave. We're looking to bring patients out of hospital and provide services within the community. Radiotherapy has largely held up, there is still an extensive cleaning process, so things had slowed a little but has still continued at 90% pre-COVID-19 levels.

Martin Coombes: Will genomic testing or targeted lung health checks be featured in the cancer recovery plan?

GMc: Yes. We're very aware of the Glasgow Cancer Test, we're also looking at others that are available. We're looking to accelerate national leadership around this. For target health check in lung, there is a need to do more and you should expect to see something on this in the recovery plan.

Rosann Haig (RH), Circle of Comfort: Can you explain why patients are required to have 2-week isolation before an operation?

GMc: The mortality rate is particularly high with surgery, so we still think in balancing the risk that 2-week isolation is currently the best option.

Fin Carson MSP: In Dumfries and Galloway, we have confusion with treatment pathways. Is there anything to ensure that patients in this area can have equity of service?

GMc: There will be some patients that prefer to go through the standard cancer pathway (Edinburgh) versus having treatment in Glasgow. What we've seen is that people are now getting prioritised treatment and this may now take place outside their Health Board, but that may be closer to home. We are looking to reduce these barriers.

Debbie Provan: I appreciate the need to focus on diagnostic and treatment pathways. My hope is that this does not exclude opportunities to look at the follow-up phases as it may be that more sustainability comes from releasing clinical time from that end of the pathway to support the front end. I also hope that holistic care is considered during diagnosis and treatment phase i.e. rehab and rehab given the potential impact on outcomes and managing the consequences of diagnosis. Work on PROMs and digital can complement this.

GMc: PROMS is something we're looking to get a handle on, there are some innovative approaches in this area, but it can be confusing. We're likely look at a national approach on this.

Rob Murray (RM), Cancer Support Scotland: Call for investment in mental wellbeing support for people affect by cancer.

GMc: There are some interesting proposals around mental health support. The third sector and NHS have good offerings, there are things that can be done regionally to offer personalised support. We're keen to hear ideas on this. We'll definitely be looking to address this in the report.

Chair, on behalf of Jen Hardy: The NHS has learnt a lot during covid19 (in particular how to do things quickly) and seem more relaxed about what services need to be paused going forward should we have a second wave/lockdown. Will future lockdowns result in services being paused again?

GMc: Services would be impacted and likely slowed down or stopped. We've learned a lot about what can continue, cancer services would remain priority.

MC: We're keen to see best standard of care return, will guidance be updated to provide clinicians

GMc: I hope clinicians are not being steered away from standard care, more options have been offered currently and many of these will continue while they produce good outcomes. The SMC is largely back, and we will be looking at a national approach for chemotherapy.

Daniel Cairns, Myeloma UK: Call to include a specific mention of blood cancers in the recovery plan.

GMc: It's been a challenging area in COVID-19 response, but this will be included in the recovery plan. We're also looking at shielding and what that may look like in a second wave.

Annie Anderson, SCPN: Comment on the inclusion of obesity services in the strategy.

GMc: There are thoughts about whether the recovery plan is the place for cancer and obesity specific calls. It's unlikely to use this to respond on obesity, it will likely be largely national approach.

AA: Cancer patients with excess weight should get some priority.

GMc: We'll pick this up with the obesity team in Scottish Government.

Chair, on behalf of Alison Tait and RH: What consideration is there to the collection of data, secondly how is the third sector able to get involved and provide support?

GMc: On data, we're looking at all routinely collected data. We're trying to harness what data we need to move forward with recovery. The plan will be very data informed.

On third sector response services, SG work very closely with the Scottish Cancer Coalition. This has been an excellent vehicle to drive this and may be the best place to go through.

Kirsty Slack, Cancer Research UK: What might be included on workforce in the recovery plan?

GMc: There are various ways this will be tackled. We can create the vacancies, but we are looking at global shortages in specific medical areas. We're looking at retention of trainees and skills mix. We want to optimise the current workforce.

Chair, on behalf of Jen Hardy: Will the collection of secondary breast cancer data be included in the recovery plan? Call for this to be prioritised.

GMc: It's been a challenge for a long time, we've had conversations with breast cancer stakeholders on this. A large part is looking at this navigator role, we should have some transformational effects with the patient journey by focusing on this. I don't think we need to feel that the data is holding us back.

#### **4. Cancer support and wellbeing services**

The Chair welcomed Lesley Howells (LH), Lead Psychologist at Maggie's who will present on how Maggie's has adapted their support, the issues being raised by centre visitors and how they plan to move forward.

LH presentation showcased the holistic approach Maggie's takes to cancer support throughout the cancer pathway. The Cancer Support Specialists at Maggie's are the expert navigators who provide a detailed personalised care journey starting from diagnosis through to end of life support.

She continued, explaining that people visiting their centres are currently feeling overwhelmed; abandoned; angry from feeling let down by local community; isolation with usual coping strategies being blocked; fearful of changes to treatment options; concerned over finance and redundancies.

Maggie's has adapted to change. They did not close throughout the pandemic, they moved to virtual services (making governance a priority without diluting quality and safety). They have also remained accessible over the phone with centres re-opening from June.

LH illustrated the impact and response with case studies of personal experience using Maggie's services.

In future, Maggie's will consider with the hope of continue a wide range of virtual services so they can extend reach.

The Chair thanked LS and welcomed Rob Murray (RM), Chief Executive of Cancer Support Scotland (CSS) to present.

CSS's priority remains to protect and improve the wellbeing of those affected by cancer. Prior to COVID-19, CSS services included counselling; stress management workshops; complementary therapies; support groups and podiatry. Their service users experienced isolation, stress, anxiety, fear, pain, sleeplessness and fatigues with around 1 in 3 people experiencing depression or anxiety following cancer diagnosis.

Since COVID-19, CSS has provided counselling 'Here for You'; various online tools; virtual stress management and The Wellbeing Session. These have been accessible online and over the phone, free of charge across Scotland.

RM explained that CSS conducted a study to assess the impact of COVID-19 on people affected by cancer. Initial results demonstrated that 43% experience isolation as a family; 27% experience money issues; 42% experience mental health problems in their family; 90% said shielding had increased stress levels with 89% saying this has a negative impact on their mental well-being. Finally, 93% are concerned about a second wave and possibly shielding again. RM continued detailing the concerns around treatment delays and changes.

The Chair thanked both speakers and opened the meeting to a discussion.

## **5. AOB**

The Chair noted that following the CPG meeting in January, members agreed to contact the Cabinet Secretary for an update on Lung Health Check due to be shared in March. This didn't progress as planned so we updated the letter to consider the impact of COVID-19, this is with the Scottish Government.

As agreed during our meeting in June, we have contacted the Cabinet Secretary for Health about genomic testing. A reply will be shared once available.

Lastly, the Chair noted an update on the secretariat.

## **6. Close**

Attendance	
Miles Briggs MSP	Less Survivable Cancer Taskforce
Anas Sarwar MSP	Macmillan Cancer Support
Finlay Carson MSP	Maggie's Centres
Abbvie	MASScot
AMGEN	Myeloma UK
Anthony Nolan	Novartis
Brain Tumour Research	Ochre
Breast Cancer Now	Pancreatic Action Scotland
Bristol Myers Squibb	Pancreatic Cancer UK
Cancer Research UK	Real Digital International
Cancer Support Scotland	University of Edinburgh
CANDU	University of Glasgow
Circle of Comfort	WoSCAN
Clan Cancer Support	Scottish Cancer Prevention Network
Lesley Stephen	Gregor McNie, Scottish Government
Ferring Pharmaceuticals Ltd	Ali Walker
Funding Neuro	Heather Goodare
Gilead	Jen Hardy
Kyowa Kirin Limited	Liz Porterfield
Jo Williamson, Cancer Research UK Ambassador	Stella Glenhurst
Rosa MacPherson, Cancer Research UK Ambassador	Alison Tait