

FINANCE COMMITTEE

DEMOGRAPHIC CHANGE AND AGEING POPULATION INQUIRY

SUBMISSION FROM MACMILLAN CANCER SUPPORT

1. Macmillan Cancer Support welcomes the opportunity to respond to this consultation. Our comments are particularly focused on your questions 1 & 2 on Health & Social Care and our ageing population. We are also submitting a response to the Scottish Government Consultation on Health & Social Care that is also taking place at the moment. At the end of last year we submitted evidence to the Health Committee consultation on the Parliament's Budget in which we stated that without integration of health & social care the potential of preventative spend savings could not be achieved.

Background

2. In Scotland there are currently an estimated **190,000** people living with or beyond cancer, a figure that reaches two million when taken across the UK. This number is growing by around **3% per annum**, which means, if current trends continue, by **2030** there could be over **360,000** cancer survivors in Scotland; with breast, prostate and colorectal cancers accounting for over half.

3. Until recently, cancer has been viewed in simple terms; either people are cured and get back to normal or else they will have terminal cancer and die. However the cancer landscape is changing and the picture emerging is a more complex one. While some people still die within a year of diagnosis, advances in treatment mean that those with incurable cancer can live for years and experience similar illness patterns to those with long-term conditions, with many suffering from complex co-morbidities.

4. Even for people considered cured, returning to normality is fraught with difficulties, as the consequences of the disease and treatment impact not only upon their physical condition, but also on an individual's psychological, financial and social functioning. The consequences of treatment can occur soon after treatment but serious effects can also be experienced years later.

5. In addition, the next 20 years will see an ageing population, a continued shift in the patterns of disease towards long-term conditions and a growing number of older Scots with cancer along with a number of other medical conditions. The culmination of both increased incidence and multiple morbidities will increase demand on healthcare and presents us with a challenge to design care that begins to meet this changing landscape.

6. Put simply without change our social services will not be able to cope with the demands placed on it.

Macmillan's Consultation Response – Proposed Changes needed:

7. Your consultation asks what *planning* is being done to address the demographic problems we face. **Macmillan is working with the Scottish Government to transform care after treatment** as the way to radically change how we use available services. We aim to help meet the government's aspirations around improving self-management, and the utilisation of patient experience and understanding of their own condition will be an integral part of the redesign of cancer care. **The work will seek to redesign care within the parameters of current/planned resource.**

8. The overall aim of this programme is to ensure that Scots diagnosed with cancer are prepared for and supported to live with the consequences of the diagnosis and its treatment. It will seek to build upon what has already been achieved in Scotland and other parts of the UK but will also contribute to the delivery of the Healthcare Quality Strategy to:

- Inform and support people to manage and maintain their health and manage ill health;
- Promote a change in culture across Scotland in the way we deliver and engage with our healthcare; and
- Ensure that every patient encounter is an opportunity to improve health rather than treating the disease alone.

9. It presents a unique opportunity to initiate and deliver a fundamental shift in the culture of health and social care from a sole focus on the treatment of cancer to improving the wider health and wellbeing of Scots living with cancer by actively involving them in the planning and delivery of their care after treatment.

10. The success of the proposed programme will be measured against the delivery of the following key objectives:

- i. Reshape the provision of care to provide capacity for the predicted increase in cancer incidence and prevalence;
- ii. Promote and initiate an integrated and sustainable approach to the provision of care involving health, social care and third sector partners that drives a shift in focus from treating the disease to health and wellbeing;
- iii. Create a culture of confidence in patients and professionals which supports people to regain control of their lives, facilitates self-management, develops new approaches to surveillance and reduces unnecessary reviews – thus transforming the overall patient experience.

11. This proposal supports the following published national outcomes:-

- We live longer and healthier lives
- We have tackled the significant inequalities in Scottish life
- We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others
- Our public services are high quality, continually improving, efficient and responsive to local people's needs

Current work that tackles demographic changes

12. In addition to our proposals for transforming care, Macmillan's current work in Scotland also aims to relieve the pressure on budgets and resources through:

- i. Our Clinical Nurse Specialists: we believe the co-ordination of care via a CNS in cancer and other fields helps produce the most efficient use of resources, and can help drastically reduce re-admissions and other duplication of services.
- ii. Macmillan Benefit advisers ensure that the financial consequences of ill-health are understood as a vital part of the patients' journey – and through alleviating financial problems can help reduce further income related health problems.